



NATIONAL ASSOCIATION OF
Community Health Centers®

ELEVATE NATIONAL LEARNING FORUM



Partnerships

November 14, 2023



THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



NACHC Quality Center



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Quality Center

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Partnerships

November 14, 2023

Who can see your messages? Recording On

To: Hosts and panelists ▾

Type

- Hosts and panelists
- ✓ Everyone

Unmute Stop Video Participants 2 Chat Share Screen Record Reactions Leave

During today's session:

- **Questions:** Throughout the webinar, type your questions in the chat feature. Be sure to select "Everyone"! There will be Q&A and discussion at the end.
- **Resources:** If you have a tool or resource to share, let us know in the chat!

Agenda: Partnerships



- **A Message on Partnerships from NACHC's President & CEO Dr. Kyu Rhee**
- **Partnerships: *WHY, WHAT, HOW?***
- **A Conversation with the Field Around Partnerships**
 - **La Maestra Community Health Centers (California)**
 - **Valley Health Partners (Pennsylvania)**
- **Payor Partnerships**
- **Q&A**

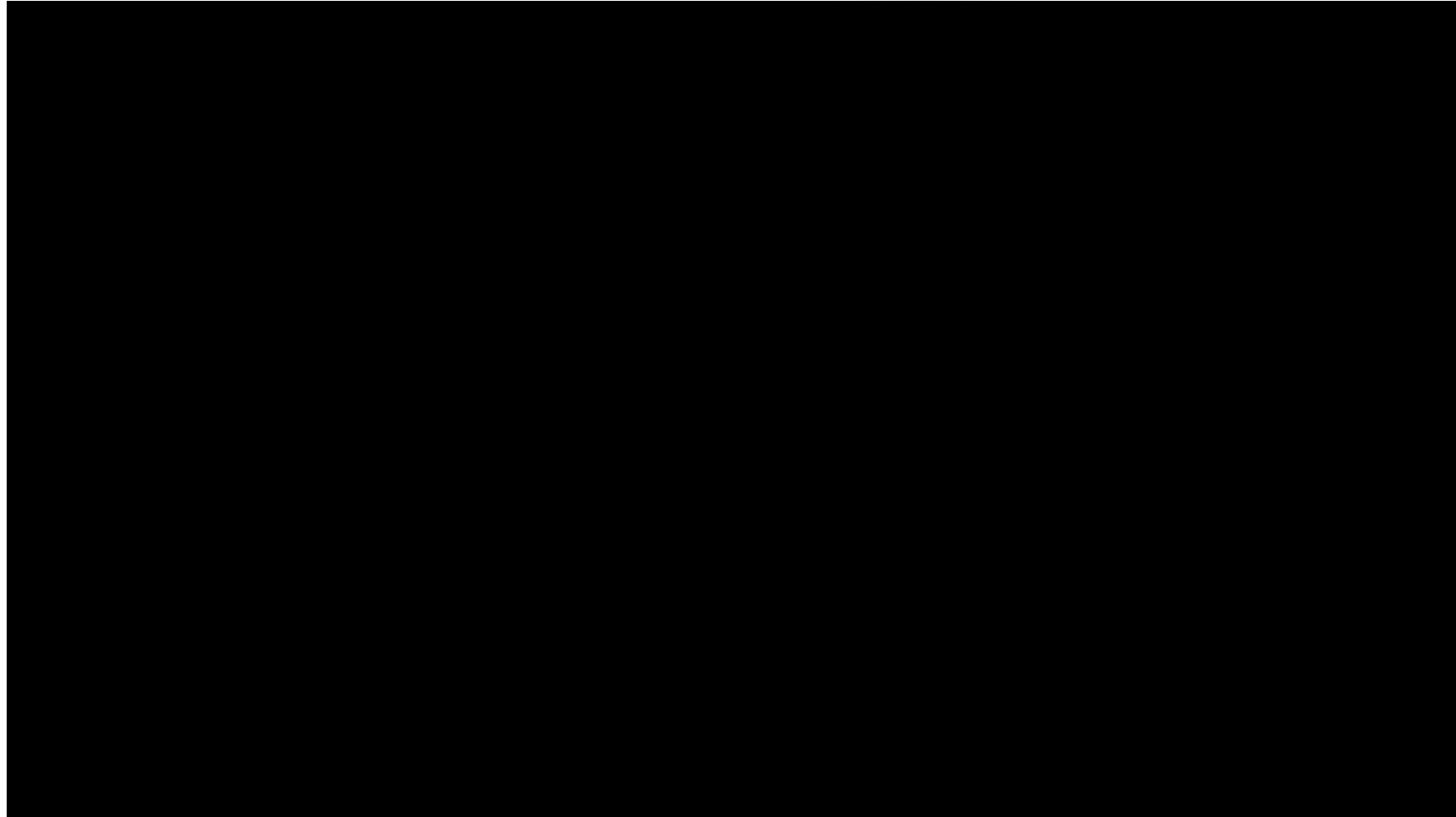
A Message on *Partnerships* from NACHC's President & CEO



Dr. Kyu Rhee, MD, MPP
President and CEO
National Association of Community
Health Centers

Prior to joining NACHC, Dr. Rhee most recently served as Senior Vice President and Aetna Chief Medical Officer at CVS Health. Prior to that, he was Chief Health Officer at IBM for a decade. Before IBM, Dr. Rhee was Chief Public Health Officer at the Health Resources and Services Administration, the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. Dr. Rhee also previously served as director of the Office of Innovation and Program Coordination at the National Institutes of Health, the primary federal agency for medical research. Prior to his public service, Dr. Rhee practiced as a primary care physician for the National Health Service Corps and served as Chief Medical Officer for Unity Healthcare and Baltimore Medical System, community health centers in the Washington, DC/Baltimore area.

A Message on *Partnerships* from NACHC's President & CEO



A Message on *Partnerships* from NACHC's President & CEO



Partner of Choice with All 7 Ps of the Health System...

A Message on *Partnerships* from NACHC's President & CEO



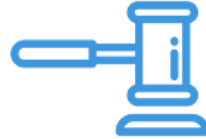
Providers



Payers



Purchasers



Policymakers



Producers



Pioneers



Patients



Partnerships

WHY? WHAT? HOW?

Partnerships



WHY?



WHAT?

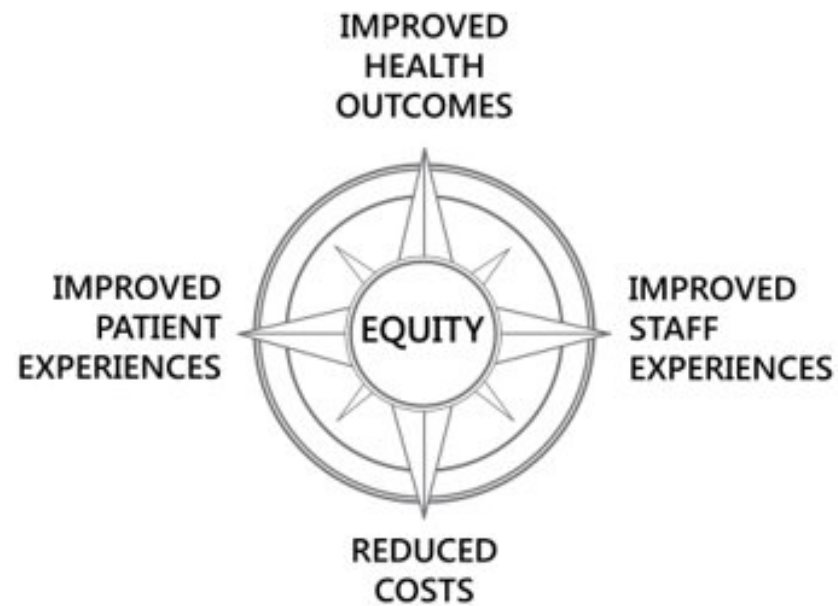


HOW?

WHY partnerships?



Working together to more efficiently and effectively achieve Quintuple Aim Goals:



Partnerships



WHY?

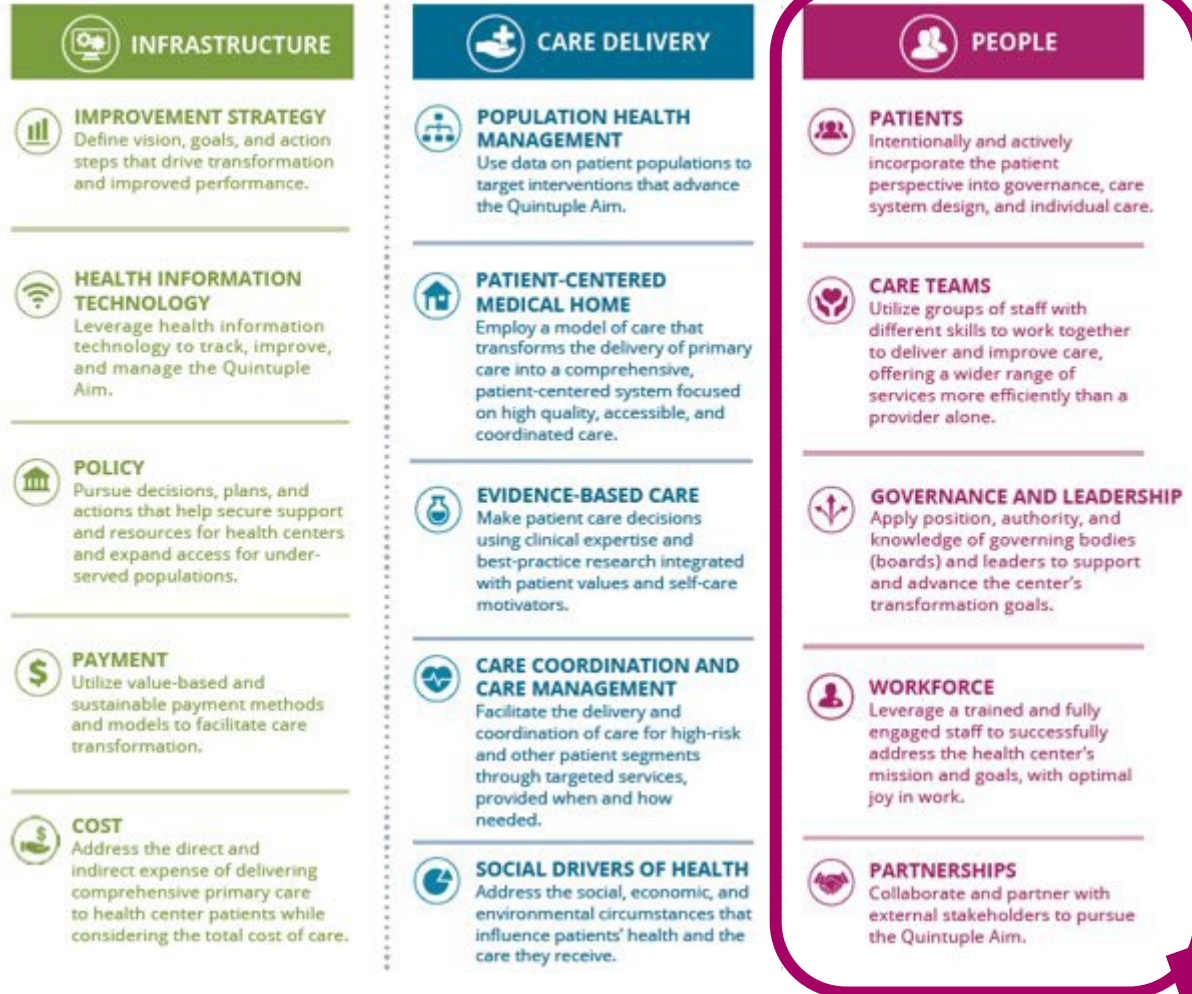


WHAT?



HOW?

Partnerships



The Value Transformation Framework

15 Change Areas organized by 3 Domains:

Infrastructure

Care Delivery

People: the stakeholders who receive, provide, and lead care at the health center, as well as partners that support the goals of high-value care

- Stakeholders include patients, care teams, governance and leadership, workforce, and external **PARTNERSHIPS**

Partnerships



WHAT?



WHY?



HOW?

HOW to build successful partnerships



- STEP 1** Understand your patients and community
- STEP 2** Define your care model to drive partnership decisions
- STEP 3** Identify gaps that partners can fill
- STEP 4** Build and align partnerships
- STEP 5** Connect back to the 'PEOPLE'

Understand Your Patients and Community



Step
1

*Consider both **empaneled** and **attributed** patients*

*Know your local **community***

*Understand **social drivers of health***

Step
2

Step
3

Step
4

Step
5

Use data to drive partnership decisions!

Define Your Care Model

Step
1


Step
2

Step
3

Step
4

Step
5

Defining your care model(s) is essential to building partnerships to support and enhance model(s).

Identify Gaps Partners Can Fill

Consider Gaps Partners Can Fill

- Patient Care and Services
- Social Drivers of Health
- Infrastructure
- Capital
- Culture
- Data
- Other

Step
1

Step
2


Step
3

Step
4

Step
5

Build and Align Partnerships

The Science and Art of Partnerships

- Culture and mission alignment
- Shared values
- Quality program and measures alignment
- Capital considerations
- Roles and responsibilities
- Sharing of technology and data

Step
1

Step
2

Step
3



Step
4

Step
5

Connect back to the 'PEOPLE'



Patients



Care Teams



Governance and Leadership



Workforce

Step
1

Step
2

Step
3

Step
4



Step
5

Featured Speaker



LA MAESTRA
COMMUNITY HEALTH CENTERS
City Heights · El Cajon · National City · Lemon Grove



Zara Marselian, PhD, FACHE

President and CEO

La Maestra Community Health Centers

Zara is an award-winning author, a well-regarded speaker, and an international consultant. For more than 36 years, she has developed programs and services that meet the community's needs. Zara developed a holistic, solutions-based model to address overall health and well-being for all patients, regardless of their ability to pay. The model known as the La Maestra Circle of Care® provides primary and specialty health care and social services to address the social determinates of health.



Cynthia Kaser

Chief Community Development, SDOH Justice Involved Champion

LaMaestra Community Health Centers

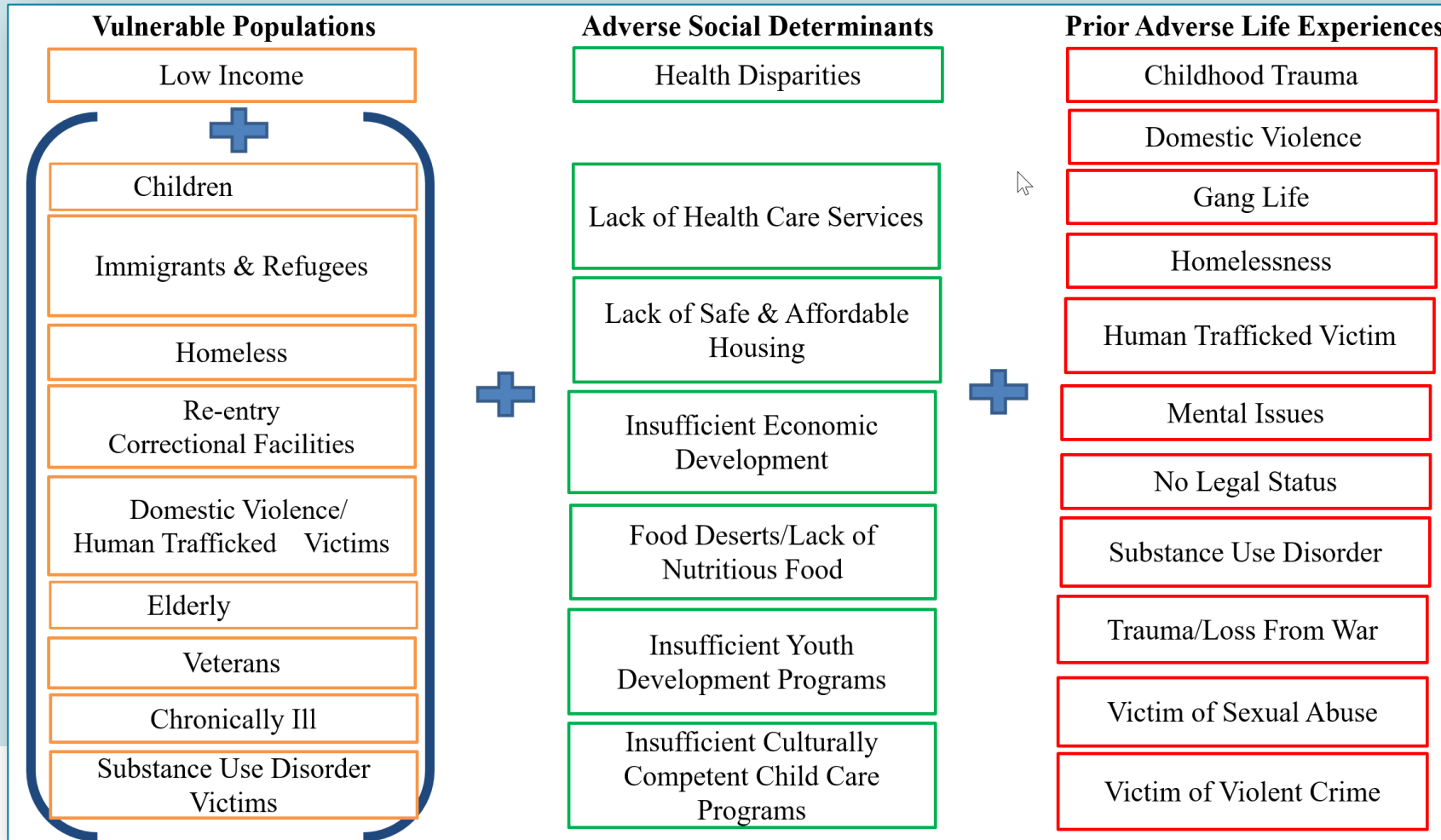
Cynthia Kaser has been with La Maestra for over a decade in various capacities and currently serves as the organization's Chief of Community Development Programs- Social Determinants of Health Officer. Ms. Kaser oversees, the Community Health Access Department, Homeless Outreach, Re-Entry "warm transition" Custody to Community Program, and the Mobile Medical Units.

La Maestra



- 21 Sites in 4 San Diego communities: City Heights, El Cajon, National City, Lemon Grove.
- One of the most culturally diverse health centers in California – sites are in refugee resettlement areas and along US-Mexican border.
- Serves over 40,000 patients.
- 75% of patients prefer communication in languages other than English. Staff come from the cultures served, ensuring cultural and linguistic competency.
- More than 55+ languages and dialects spoken by 850+ employees.
- *Medically Trained Cultural Liaisons* provide translation and culture, serve as navigators throughout continuum of care, case manage. Serve as conduits of two-way communication, educate, role models.

Our Patients and Community

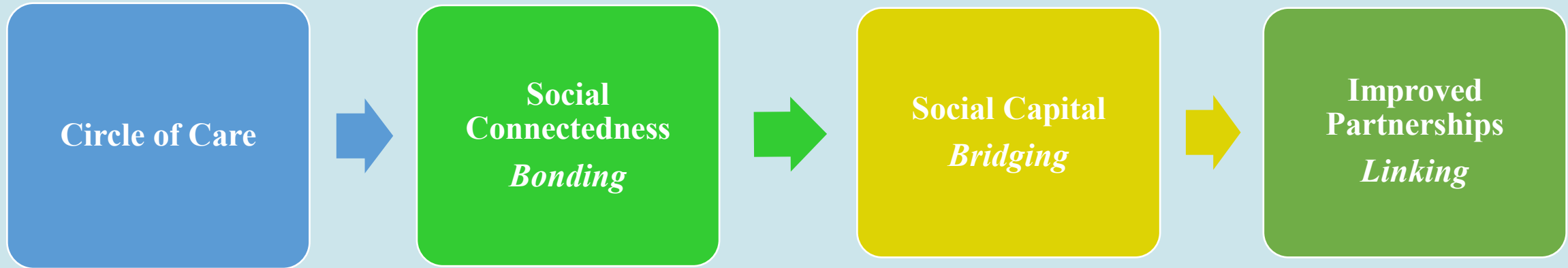


Circle of Care Model



A solutions-based model to guide each individual and family to self-sufficiency by ensuring their overall health and well-being needs are fully met through compassionate care.

Partnerships Build Social Capital



“Getting by”

“Getting ahead”

Partnerships Create Collaborative Networks



- La Maestra's Network of Collaborative Partners since 1986
- Partners span across all service sectors of La Maestra's Circle of Care delivery model to increase access
- Aligned with Patient/Client Needs
- Established partners create pathways to additional well-being resources
- Memorandums of Understanding (MOUs) are Essential to prevent further obstacles from social prescribing
- Enhanced grant opportunities



La Maestra Specialty Clinics

- Diabetes Clinic
- Hypertension
- HIV Clinic
- Liver Clinic
- Asthma Remediation Clinic
- Senior Centers of Excellence
- In Home Visit Program
- Cognitive Wellness Assessment Clinic

Liver Clinic Partnerships:

- Specialists
- Imaging
- Liver Coalition,
- Hep B Foundation
- Universities
- Clinical Trials
- Pharmacy

Housing Insecure & Justice Support Services

The Justice Involved Support Services:

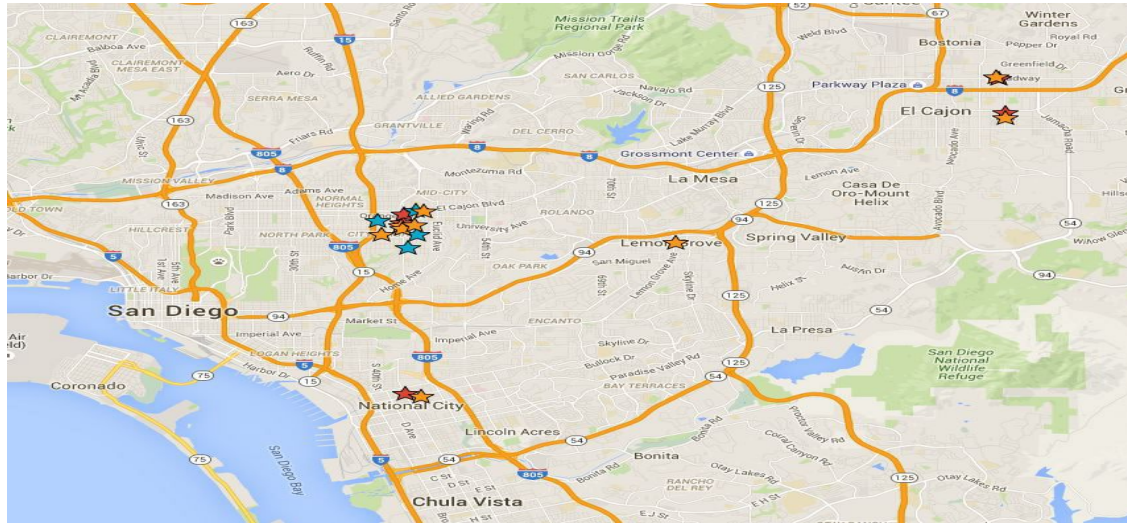
Collaborate with judicial partners to develop an affective pathway into the community through La Maestra's integrated model, advocacy and case management with the patient centered, trauma informed approach.



Partnerships with assisting Justice Involved individuals:

- Local Law Enforcement Agencies per jurisdictions
- Judicial Partners, Public Defender and District Attorney
- Managed Healthcare Plans
- Faith Based Organizations
- Local and State Institutions
- Hospitals, Urgent Care, Detox & Treatment centers
- Transitional Housing Programs
- Shelters for Women and Children
- Shelters for Men
- Shelters for Veterans
- Affordable Housing Programs
- Workforce Development Programs
- Adult Educational Programs
- Re-Entry Programs
- Medication Assisted Treatment (outpatient)
- SUDS Counseling
- AA, NA
- Support Groups

Mobile Clinic Partners



The FIRST Mobile Mammography Coach serving San Diego Countywide with a 3SD Tomosynthesis breast screenings and health education in California partnership with;

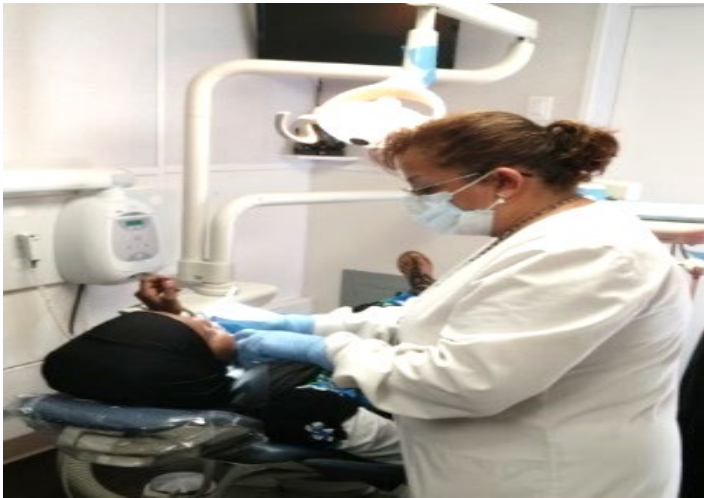
- Sister FQHC's
- Community Events
- Faith based Organizations
- YMCA
- Local Business Partners
- Women's Detention/Re-entry Facilities
- Local Grocery Stores and Farmer Markets

La Maestra's Mobile Medical and Dental Clinics partnership extends immediate access to services, and resources to individuals in;

- City/County Homeless shelters
- Faith based Transitional Housing Centers
- Affordable Housing Programs
- Unified School Districts with Immigrant and Refugee Students
- Head Starts and Early Child Development Programs
- Community College's, Adult Vocational Programs
- Justice Involved Institutions
- City/County Community Events
- Employment Right's Group events
- Public Parks and Recreation Centers

Our Dental Clinics

9 Dental Sites Mobile Dental Clinics



Partnerships with:

- Residency Programs
- Head Starts
- Unified School Districts
- Community Events
- Transitional Housing
- Affordable Housing Programs
- Faith Based Transitional Programs
- Shelters for Women and Children
- Shelters for Men
- Re-Entry Institutions



Senior In-Home Healthcare Program



Partnership with;

- Managed Healthcare Plans
- Landlords
- San Diego Housing Commission
- Affordable Housing Group
- Weatherization Programs
- Utility Discounted Programs
- Rental Assistance Programs
- Meals on-Wheels
- La Maestra's Super Pantry
- La Maestra's Pharmacy home-delivery program/ 340B Program

Over 800 patients 65 years and over engaged in the program, case managed, and immediate intervention provided to patients during in-home intake assessment.

Chronic diabetic Patient, nonfunctioning refrigerator, advocated with healthcare plan and utility company. Success, replaced refrigerator and obtained lower energy rate, and home assessed for energy savings appliances and window insulation program. Patient compliant with diabetic care plan!

Community Health Access Department



Our CHAD department provides the following:

- Medi-Cal & Cal-fresh applications
- Financial Education
- Covered California
- Nutrition classes
- SDG&E CARE discount
- Senior Bingo
- Garden Day
- Monthly Health Fair

Through Partnership with:

- Head Starts
- Local Libraries
- Neighborhood Grocery Stores
- Community Health Events
- Unified School Districts
- Transitional Housing
- Community Colleges
- Youth and At-Risk Centers
- Judicial Partners

School-Based Health Centers



La Maestra SBHCs Services:

- Routine physicals, well-child exams, and sports exams
- Vaccination administration
- Integrated Behavioral Health
- Family Planning
- OB/GYN
- Case Management/Service Referral
- Food Pantry
- Sick Visits
- Telemedicine
- Medi-Cal enrollment
- SDOH
- Eligibility

La Maestra SBHCs Partners

- School Districts
- Universities
- Counseling / suicide prevention
- Hot Meals
- Social Services
- Justice Evolved \ Youth Partners
- SUDS

Lessons Learned



- Create a process to vet partners
- Solidify the nature of partnerships; utilize MOUs
- Look for partners with demonstrated experience
- Use social prescribing
- Understand challenges from patient/client perspectives

Featured Speaker



VALLEY HEALTH PARTNERS



Julia Jurkiewicz MSN, RN, NE-BC, AMB-BC
Administrator of Population Health
Valley Health Partners

Julia Jurkiewicz MSN, RN, NE-BC, AMB-BC has worked in a variety of nursing leadership positions over the last 15 years, her most recent role being Administrator of Population Health at Valley Health Partners Community Health Center (VHP), a FQHC-look alike in Allentown, PA. She has been recognized in numerous awards within VHP for her leadership and clinical expertise, most notably receiving the 2021 Guildan Award for Clinical Innovation for the improvements in optimizing her Enabling Services team and addressing social drivers of health. Julia holds a great passion for caring for her community, prioritizing continuous quality improvement and advancing health equity.

Valley Health Partners



- Allentown, PA
- 33,000 empaneled patients; 120,000 annual visits
- 350 employees
- Accessible via public transportation
- Adults, Peds, OBGYN, Dental, Vision, Chiropractic Medicine, Street Medicine, School Based Health
- 8 clinics previously under Lehigh Valley Health Network for 30+ years; transitioned to Valley Health Partners (VHP)
- Officially designated as FQHC Look-Alike in September 2021

Partnerships in our Mission and Core Values



VALLEY HEALTH PARTNERS

Our Mission

Partnering with the people of our community to achieve health and wellness through the delivery of extraordinary care that is compassionate, accessible, and affordable in a family-centered and culturally sensitive environment.

VALLEY HEALTH PARTNERS

Our Core Values

Respect: We respect and value the rich diversity in our community and strive to promote equity, inclusivity and acceptance across all walks of life



Excellence: With a strong commitment to clinical care, education and innovation, we aspire to deliver care of exemplary quality, value, and experience.

Compassion: Our patients are our primary focus. We will passionately support their medical and social needs with kindness and empathy in pursuit of better health and well-being.



Connectedness: We forge trusted relationships and deliver culturally competent care through an unwavering commitment to listening, understanding and empowering the voice of our patients.



Understand Our Patients Define Our Model



SDOH Screening

2021 – Screening via EPIC SDOH Screening Questionnaire
2022 – Scaled across health center, implemented 'Find Help'
2023 – Screening NPs, Preventive (18+), & AMW visits

Domains:

Physical Activity, Financial Resource Strain, Housing Stability, Transportation, Food Insecurity, Stress, Social Connections, Intimate Partner Violence, Alcohol Use

Top Domains:

Physical Inactivity
Financial Resource Strain
Stress – Anxious
Food Insecurity

Highest Need/Top Referral Disciplines:

Behavioral Health Specialists
Social Work



Understand Our Patients Define Our Model



Enabling Services

Services and programs to meet patients where they are and reduce barriers to care

Address complex medical/SDOH needs

Integration of services to maximize care coordination

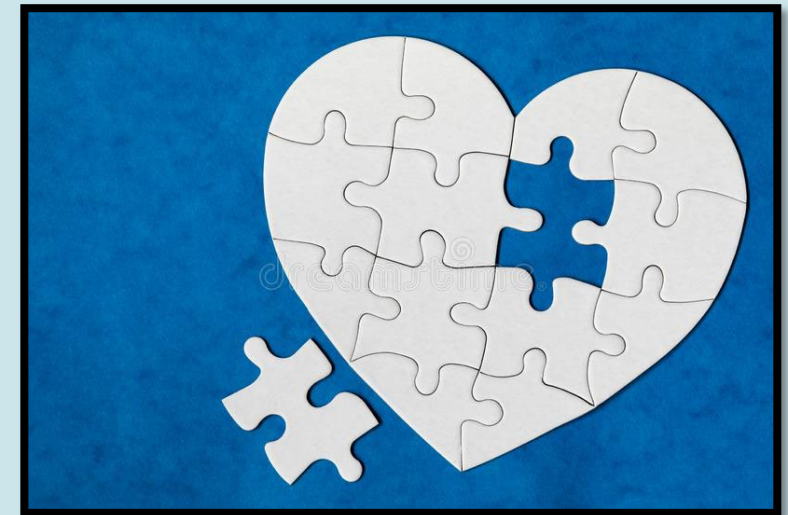
- Care Managers
- Social Workers, Community Health Workers, Outreach Liaisons
- Behavioral Health Specialists
- Case Managers
- Clinical Pharmacists
- Financial Counselors
- Dieticians
- Trained Medical Interpreters
- Transition of Care Team

ADCES Accreditation – CDEs, Pre-DM/DM Classes (Eng/Sp)

Transportation Support (Uber Health)

Medical Legal Partnership

Community Partnerships (over 100+) – 27 Formal Collaboration/MOUs



Identify Gaps Partners Can Fill



Community Based Programs Subcommittee

- Internal subcommittee stood up in 2020, meets monthly
- Key Stakeholders – 15 colleagues and clinicians
- Project plan to address top SDOH domains
- Provide input where gaps exist
- Strategize opportunities to partner with community-based organizations (CBOs)
- Create shared agenda, brought in CBO “Champion” (trust & relationship building = key!)



Identify Gaps Partners Can Fill



Meeting SDOH Needs

- **Transportation:** Uber Health; Highmark Wholecare Pilot for SDOH needs
- **Financial Resource Strain:** Resource Guide, Financial Budgeting classes
- **Food Insecurity:** Food Bank resource by county, links for grocery stores accepting SNAP, Cooking with VHP video series, addressing emergent need
- **Physical Activity:** Look Good Feel Amazing Campaign; 'Walk with a Doc' Program; Chiropractor for Exercise and Bone Health
- **Stress:** 'Mindfulness' video series by Director of Behavioral Health

Look Good Feel Amazing!

Benefits of Physical Activity

Why physical activity is important?

<p>Healthy heart and lungs Reduce risk of Diabetes, Cancer, High Blood Pressure, Stroke Live longer</p>	<p>Reduce stress Improve mood and self esteem Improve sexual intimacy Healthier skin</p>	<p>Boost brain and memory function Sleep better More energy</p>	<p>Stronger muscles and bones Weight loss Reduce lower back pain</p>
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How to start being physically active?

<p>Strength Training Per Week At least two times a week. Using weight or resistance about 12 to 15 repetitions (pushups, lunges, squats, planks, calf raises, lateral raises) Start with one set of each exercise and work your way up</p>	<p>Cardio Per Week Start with 150 minutes of Moderate activity (dance, biking, gardening, play catch, walking 1 mile/ 20 blocks in 20 mins) 75 minutes of Vigorous activity (jogging, walking up hill, jumping rope, fast dancing)</p>	<p>Drink plenty of water Enjoy yourself, find an activity you love and will continue to do Find a workout partner Start small and work your way up. Set exercise goals that are right for you</p>
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VALLEY HEALTH PARTNERS



Community Partnerships



- “Partnering with the people of our community”
- 110+ Community Partners, 27 MOUs
- Social Services agencies, schools, healthcare, SUD/mental health, veteran-focused organizations, and more
- 2 CHWs embedded in partner organizations to address SDOH needs, link patients to care
- Established quarterly meetings with CBOS, shared agenda
- Celebrated 1st Annual VHP Health Fair in 2023!



Partnerships Supporting Integrated, Whole-Person Approach



Academia



Association of Diabetes Care & Education Specialists



...and more

Professional Organizations

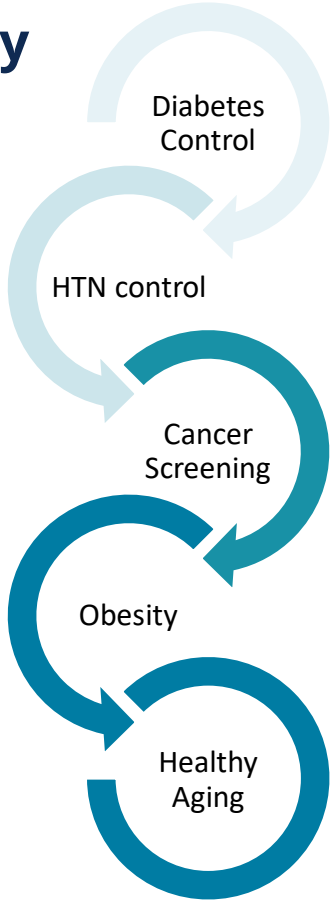
Technology



Research



PCAs & HCCNs



Innovators



American Cancer Society (ACS) and Health Centers Partnerships

- Since 2013, ACS has health system team members in select communities focused on developing partnerships with health centers on improvements to cancer related UDS measures.
- In 2023, 88 CHCs partnered with ACS in structured HPV vaccination and cancer screening QI improvement projects.
- Collaboration on public policy, access to care, social determinants of health resources, and referrals for cancer diagnostics and follow-up.
- NACHC participates as a member of the ACS Breast Cancer Roundtable Steering Committee and is a member of the Colorectal, Cervical, and Navigation Roundtables.



Payor Partnerships



Assess Current State

- Patient Population Analysis
- Contract and Payment Analysis



Identify Priorities and Set Clear Objectives



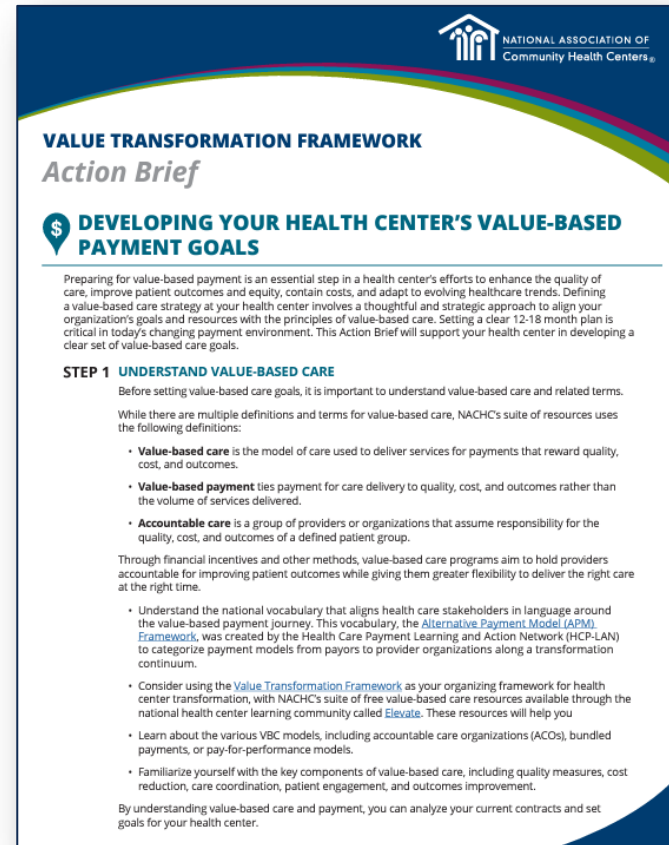
Establish Key Performance Metrics and Goals



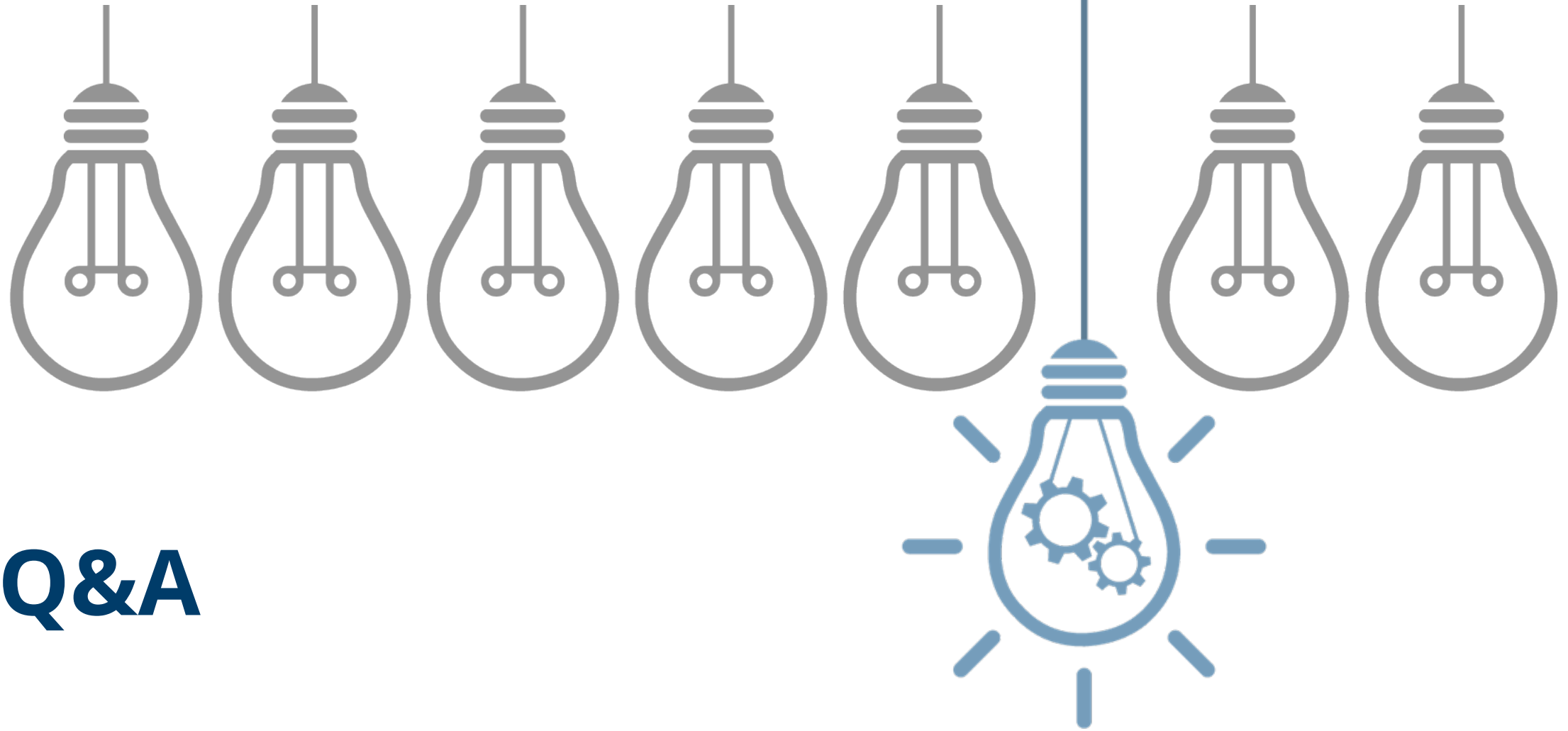
Develop Strategy and Action Plans



Continuous Monitoring and Improvement



[Action Brief: Developing VBP Goals](#)



Q&A

Leading the Transition to Value-Based Care

Value Transformation Framework



- ✓ Supports systems change
- ✓ Organizes and distills evidence-based interventions
- ✓ Incorporates evidence, knowledge, tools and resources
- ✓ Links health center performance to the Quintuple Aim

elevate^o National Learning Forum

>700 CHCs | 75 PCAs/HCCNs | >15 Million Patients

-
- ✓ Monthly Webinars
 - ✓ Supplemental Sessions
 - ✓ Evidence-Based Action Guides
 - ✓ Action Briefs
 - ✓ eLearning Modules
 - ✓ Tools & Resources
 - ✓ Professional Development Courses
 - ✓ Online Learning Platform
 - ✓ Elevate registration

Leading the Transition to Value-Based Care

Leverage the Value Transformation Framework and Elevate:

Your transformation journey begins here!



STEP 1 - ENGAGE
Register for Elevate and participate in the **FREE** health center learning community



STEP 2 - ASSESS
Measure transformation progress using the Value Transformation Framework (VTF) Assessment



STEP 3 - PLAN
Incorporate transformation efforts into your Improvement Strategy



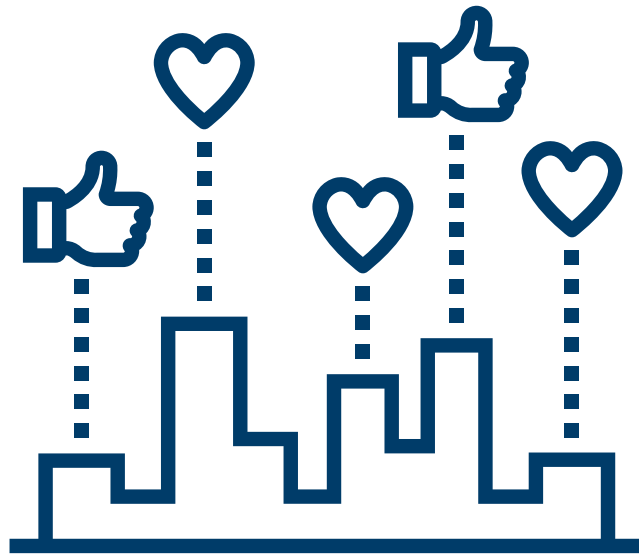
STEP 4 - TRANSFORM
Apply the VTF and suite of **FREE transformation tools and resources**



STEP 5 - REASSESS
Measure transformation progress over time using the VTF Assessment; monitor, adjust, and improve



Action Brief: How to Use the VTF and Elevate
Action Brief: Assess Transformation Progress



Provide Us Feedback

Call for Applications!

2023-2024 QI Advisory Board Members:

Applications are now being accepted for members to serve on NACHC's QI Advisory Board for the term of

Jan 1, 2024 - Dec 31, 2025

Deadline: December 1, 2023

[Apply here!](#)



Elevate Pulse

Be on the lookout for the **Elevate Pulse** from the **NACHC Quality Center**:

- ✓ Slides & recordings
- ✓ Tools & resources
- ✓ Upcoming opportunities

Sent the 2nd Friday of each month!



SMBP Forum



Access resources
and previous
session recordings!



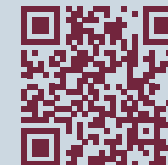
NATIONAL ASSOCIATION OF
Community Health Centers®

12/14/2023 | 1:00 - 2:00 pm ET

The Effects of Cuff Size on Blood Pressure Readings

The session will focus on the importance of appropriate blood pressure device cuff size in yielding accurate blood pressure measurements, illuminate the variation in manufacturer cuff size descriptions vs. actual cuff circumference range, and offer examples of what care teams can do to match the optimal cuff size to their patients.

REGISTER TODAY!



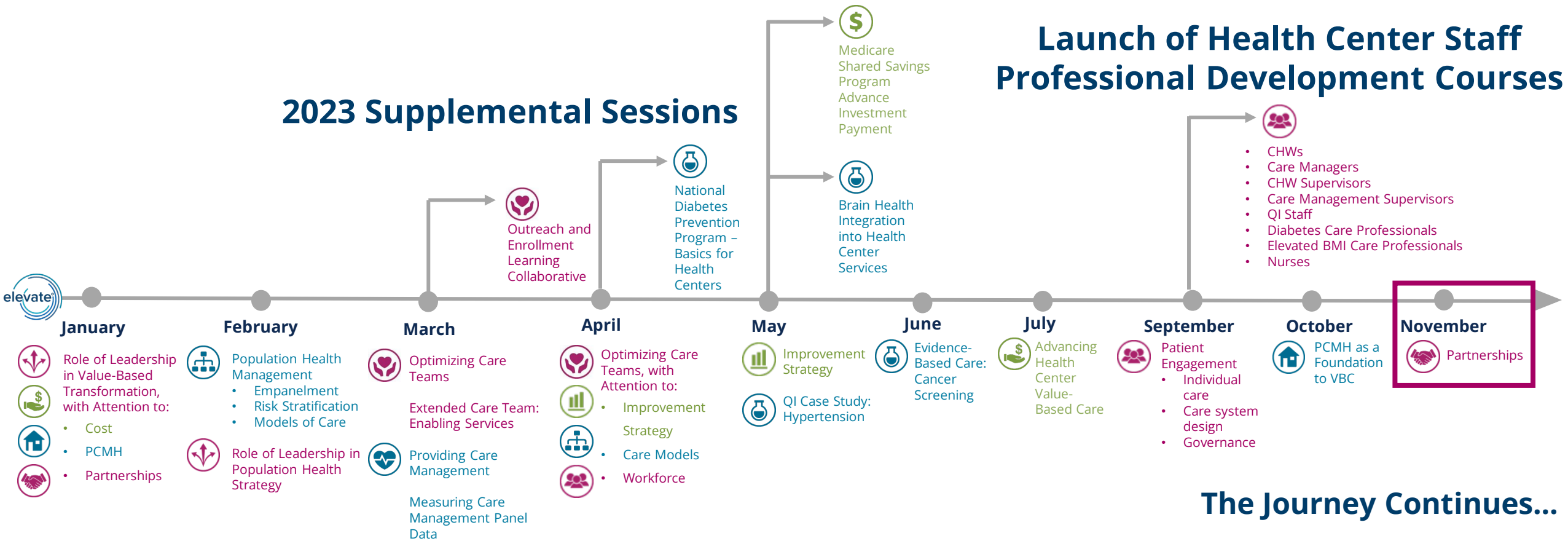
FOR MORE INFORMATION CONTACT
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301.310.2250

Next Monthly Forum Call:

December 12, 2023
1:00 – 2:00 pm ET

Leading the Transition to Value-Based Care



2023 Core Elevate Learning Forums



elevate°

**Together, our
voices elevate° all.**

The Quality Center Team

Cheryl Modica, Cassie Lindholm, Holly Nicholson, LeeAnn White, Tristan Wind, Rachel Barnes

qualitycenter@nachc.org