

Community Health Care Association of New York State (CHCANYS) within the NYC Health Care Coalition

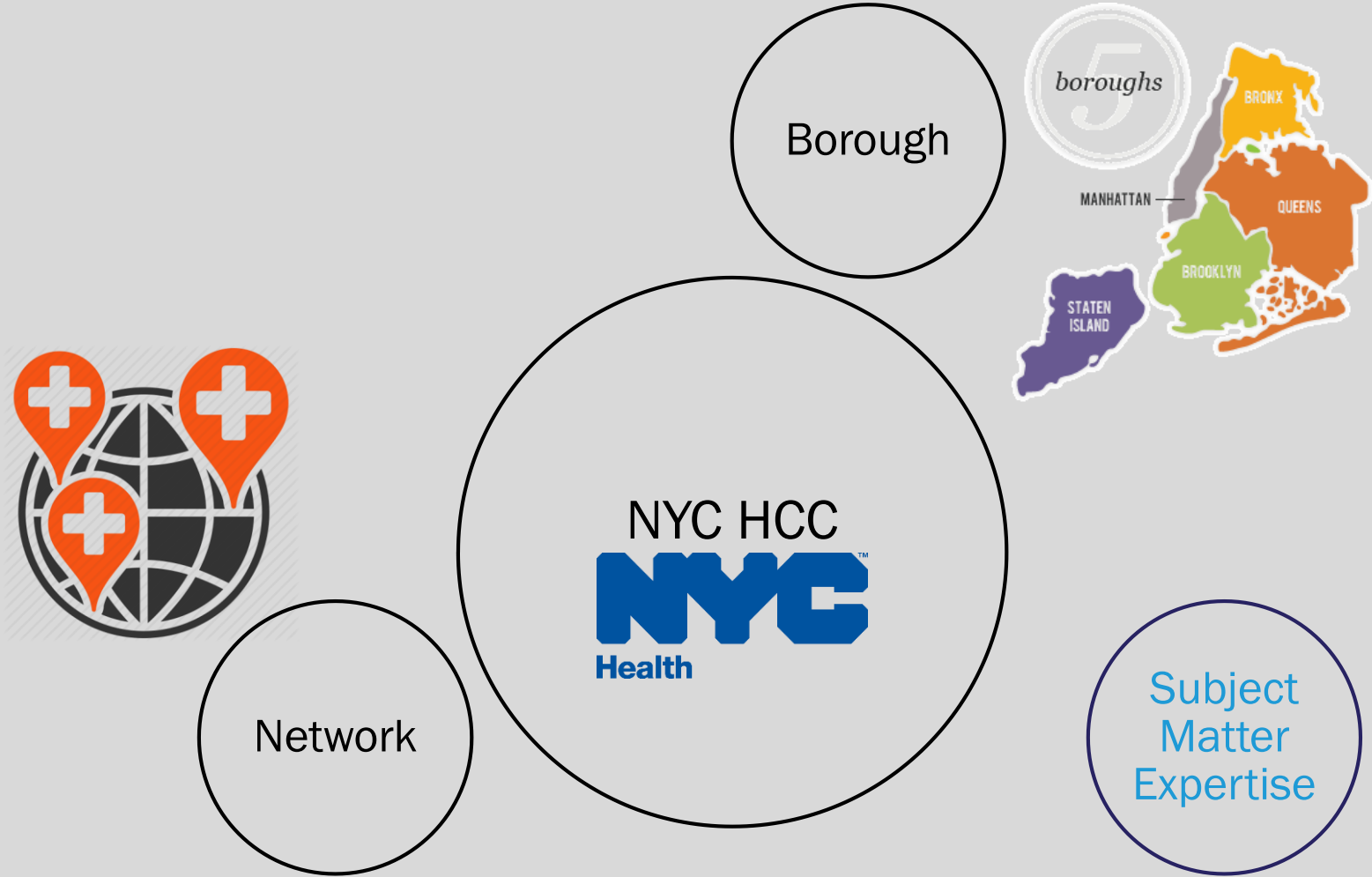
Presentation to Membership

May 30, 2019

SUNY Downstate Medical Center



NYC Health Care Coalition Structure



CHCANYS - New York State's Primary Care Association

OUR VISION:

Every New York State community has primary care that encompasses all aspects of each patient's health and well-being.

OUR MISSION:

Champion community-centered primary care in New York State through leadership, advocacy, and support of Community Health Centers.

<http://www.chcanys.org>



Primary Care Associations (PCAs)

- PCAs are private, non-profit organizations offering a variety of services, as well as individualized support, to meet Community Health Center (CHC) needs including:
 - *Training and technical assistance (T/TA)*
 - *Support for new and existing CHCs*
 - *Group purchasing programs*
 - *Workforce retention and recruitment*
 - *Lobbying and advocacy with regulatory and legislative entities*

CHCANYS Program Areas

- As the Primary Care Association (PCA) for New York State, CHCANYS educates, and advocates on behalf of more than 60 Federally Qualified Health Centers (FQHCs) across New York.

Health Center Support

- Operations, Governance, and Compliance
- **Emergency Management**
- Primary Care/ Workforce Initiatives
- AmeriCorps

Policy & Advocacy

- New York State Policy
- Federal Policy
- Payment Reform Resources
- Outreach and Enrollment

Quality & Technology Initiatives

- Health IT
- Clinical Quality Improvement
- Data & Research

www.chcanys.org



About Health Centers

- Health Centers include all organizations receiving grants under Section 330 of the Public Health Service Act and those that meet program requirements but do not receive 330-funding (known as Look-alikes).
- As Federally Qualified Health Centers (FQHCs), Health Centers qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits (Federal Tort Claims Act (FTCA) coverage, 340B Pharmacy Program, etc.)



<https://bphc.hrsa.gov/about/index.html>

5 Characteristics of All FQHCs

1

Must serve a high needs area (designated Medically Underserved Area or Population)

2

Comprehensive healthcare and related services based on the needs of the community

3

Open to all regardless of insurance status or ability to pay

4

Governed by the community (51% of board members **MUST** be patients)

5

Held to strict accountability and performance measures for clinical, financial and administrative operations by Health Resources and Services Administration (HRSA)

Federal Oversight



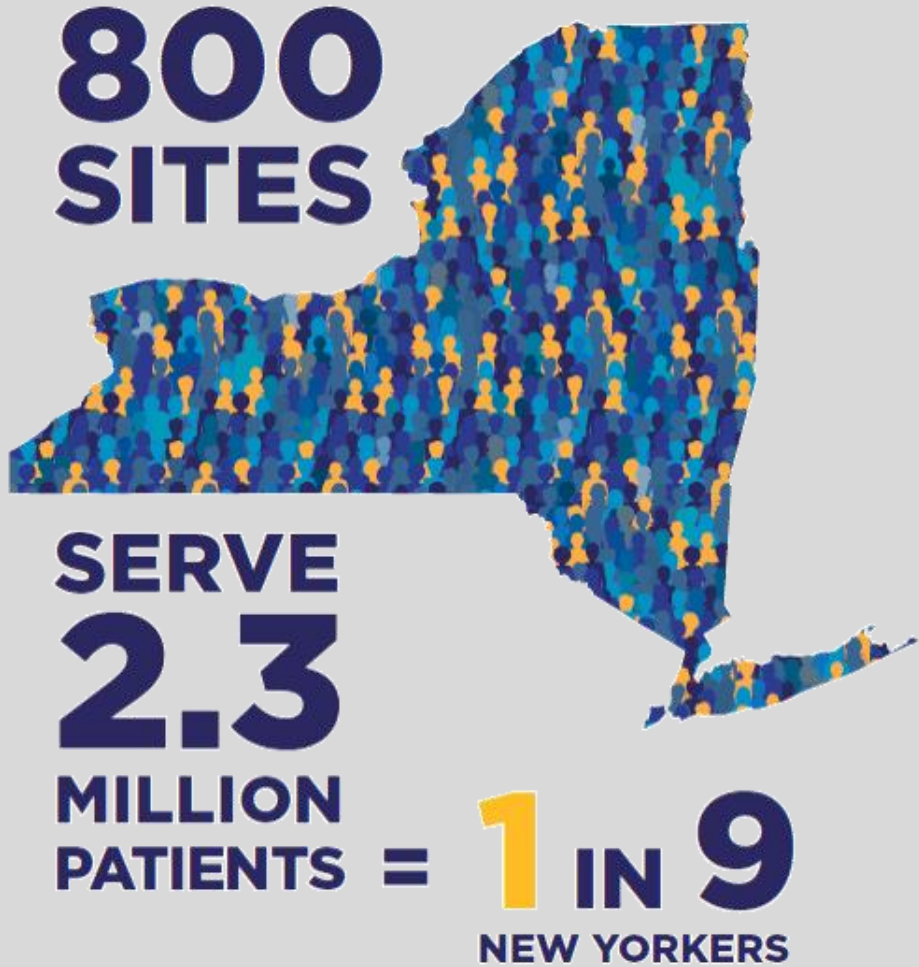
Health Center Compliance Domains

1. Health Center Program Eligibility
2. Health Center Program Oversight
3. Needs Assessment
4. Required and Additional Health Services
5. Clinical Staffing
6. Accessible Locations and Hours of Operation
7. Coverage for Medical Emergencies During and After Hours
8. Continuity of Care and Hospital Admitting
9. Sliding Fee Discount Program
10. Quality Improvement/Assurance
11. Key Management Staff
12. Contracts and Subawards
13. Conflict of Interest
14. Collaborative Relationships
15. Financial Management and Accounting Systems
16. Billing and Collections
17. Budget
18. Program Monitoring and Data Reporting systems
19. Board Authority
20. Board Composition
21. FTCA Deeming Requirements

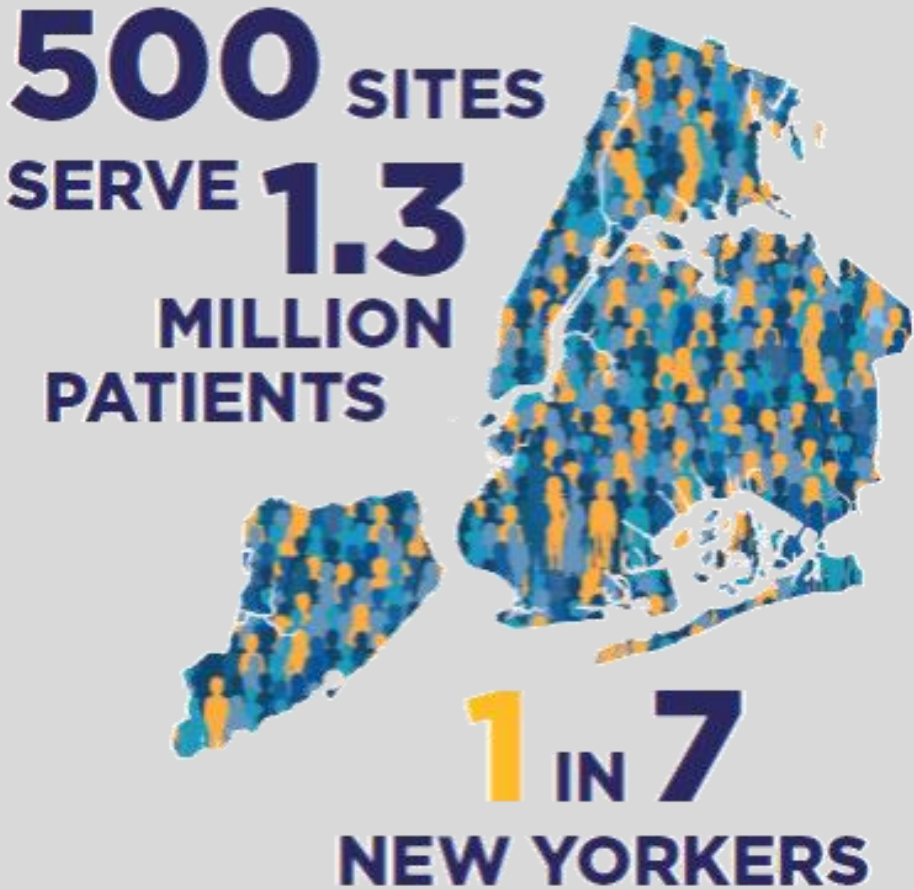
<https://bphc.hrsa.gov/programrequirements/index.html>



New York FQHCs



New York State



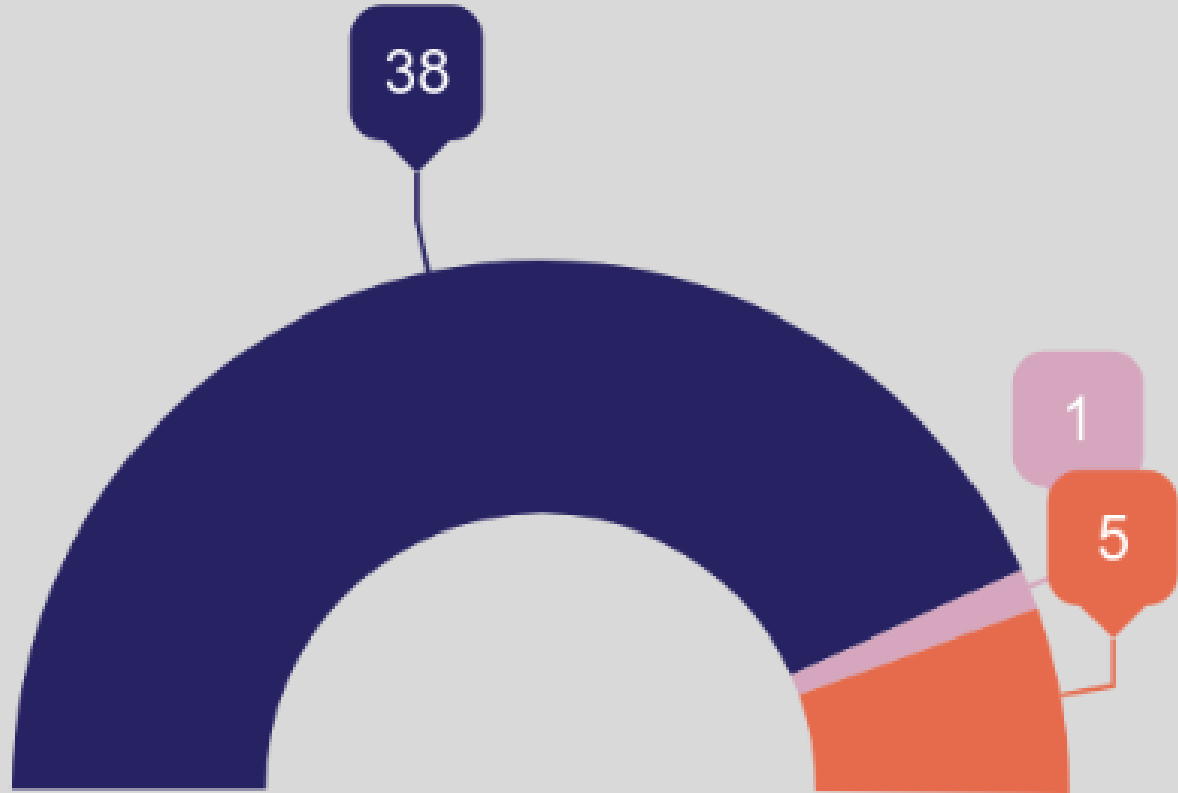
New York City



Source: UDS 2018 Data

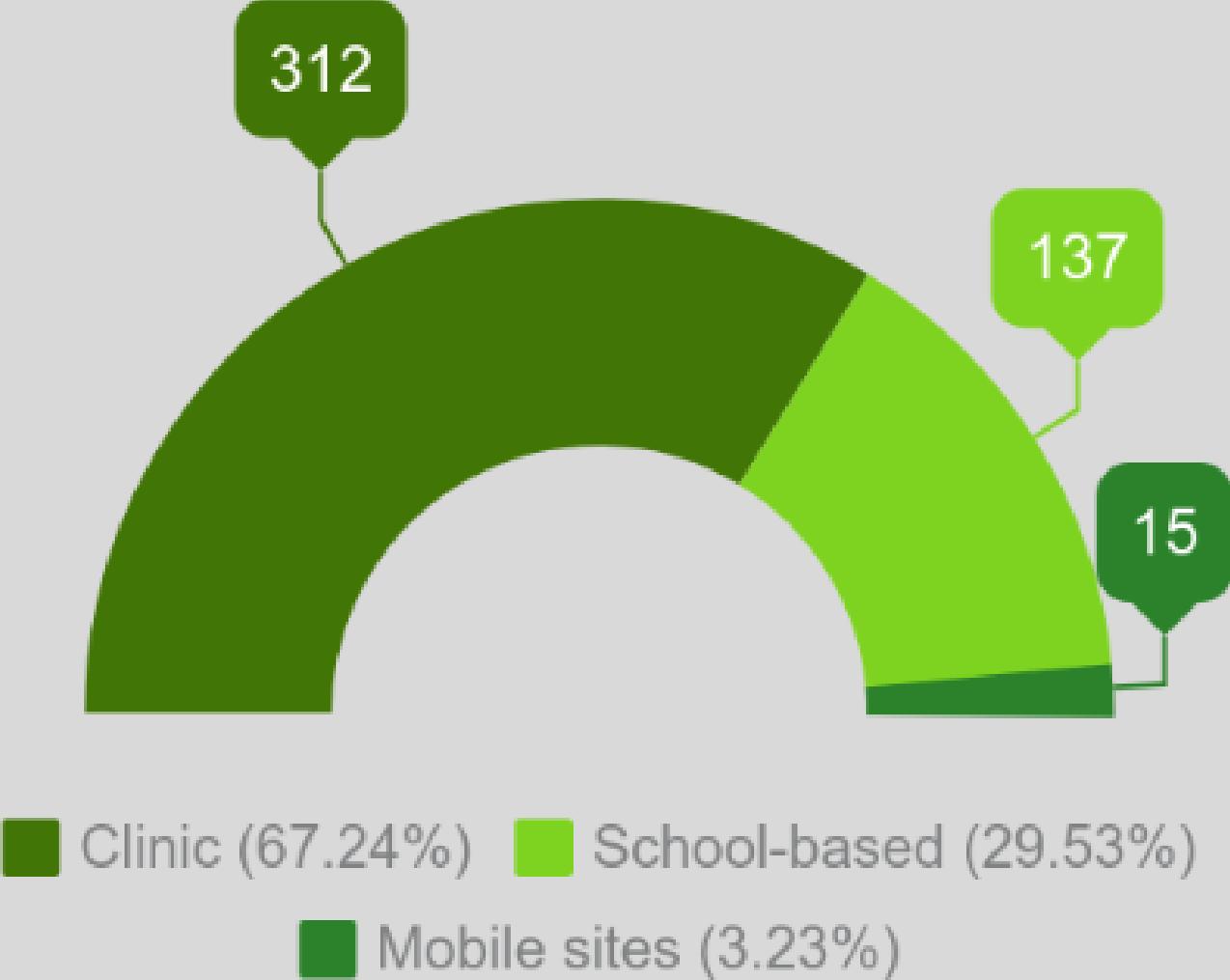
NYC-based Health Centers (N=44)

CHCANYS EM Team



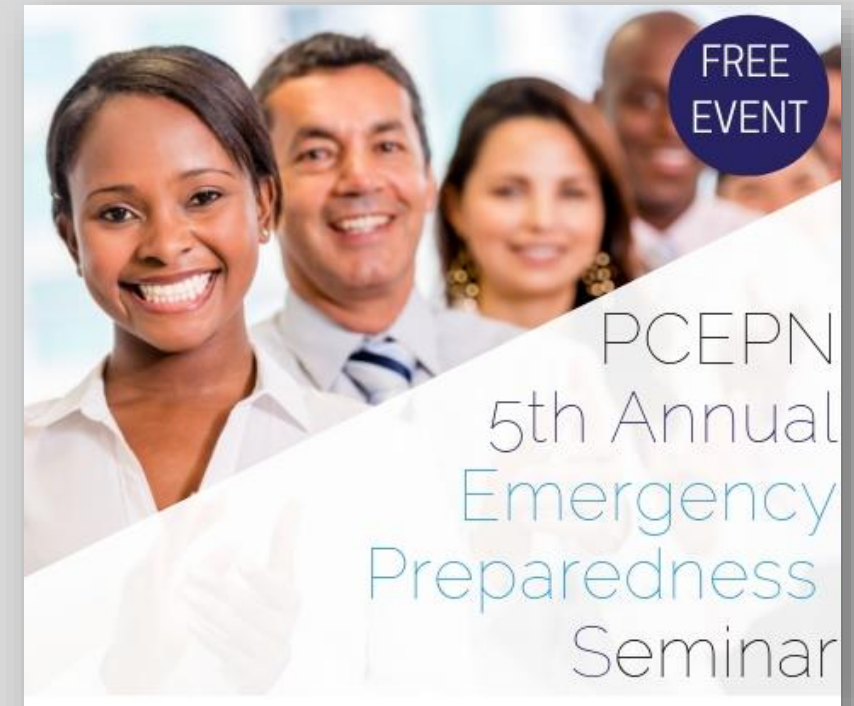
■ FQHC (86.36%) ■ Look-Alikes (2.27%)
■ Subrecipients (11.36%)

NYC Health Center Locations (N=464)



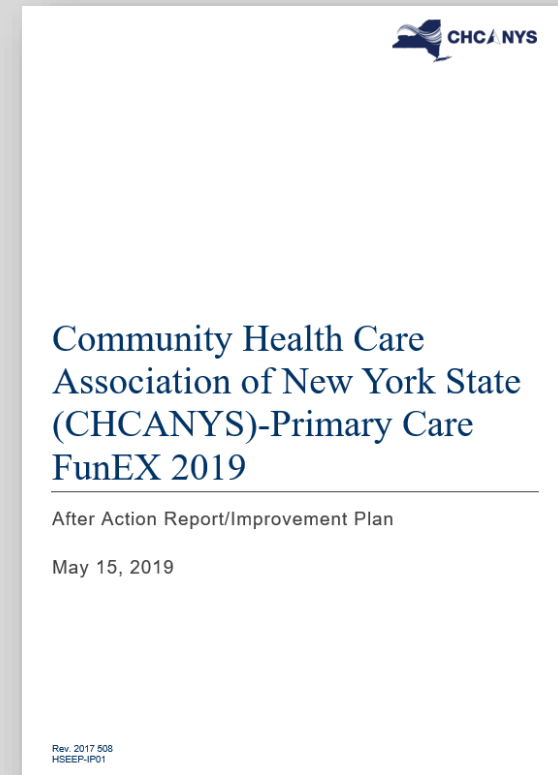
Annual Emergency Management Seminar

- Annual Emergency Management 1-day Seminar
- The Seminar is growing:
 - *2017 seminar* - 86 attendees from 21 FQHCs
 - *2018 seminar* - 89 attendees from 28 FQHCs
 - *2019 seminar* - 93 attendees from 28 FQHCs
- Have included a variety of interesting **speakers** from other primary care associations, State Department of Health, Department of Homeland Security, Greater NY Hospital Association, health center staff, other partners – AmeriCares, Harvard University and more.
- Produced *Active Shooter Annex Development* guidance document and *Running Exercises at Your Health Center* practical sessions.



Functional Exercise for Primary Care

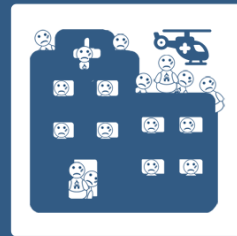
- 33 individual primary care sites enrolled, representing 28 unique organizations (27 FQHCs + 1 non-FQHC). *NOTE: 2 FQHCs pulled out on the day of the exercise, bringing total participating sites to 31.*
- Exercise included 5 objectives – 2 unique to CHCANYS and 3 for participating primary care centers.
- 2 **Communication Drills** conducted in concert with the exercise.
- **Strengths** (highlights) – emergency plans exist; centers are able to complete activation of ICS, without staffing issues with clearly defined ICS roles and responsibilities; participants able to submit requested data to CHCANYS. Internal plans for CHCANYS worked well.
- **Lessons Learned** (highlights) – challenges with communication technologies, space for ICS, some staff need additional ICS training, lack of redundancies. CHCANYS will be improving communications technology (messaging and data collection), as well as improving protocols.



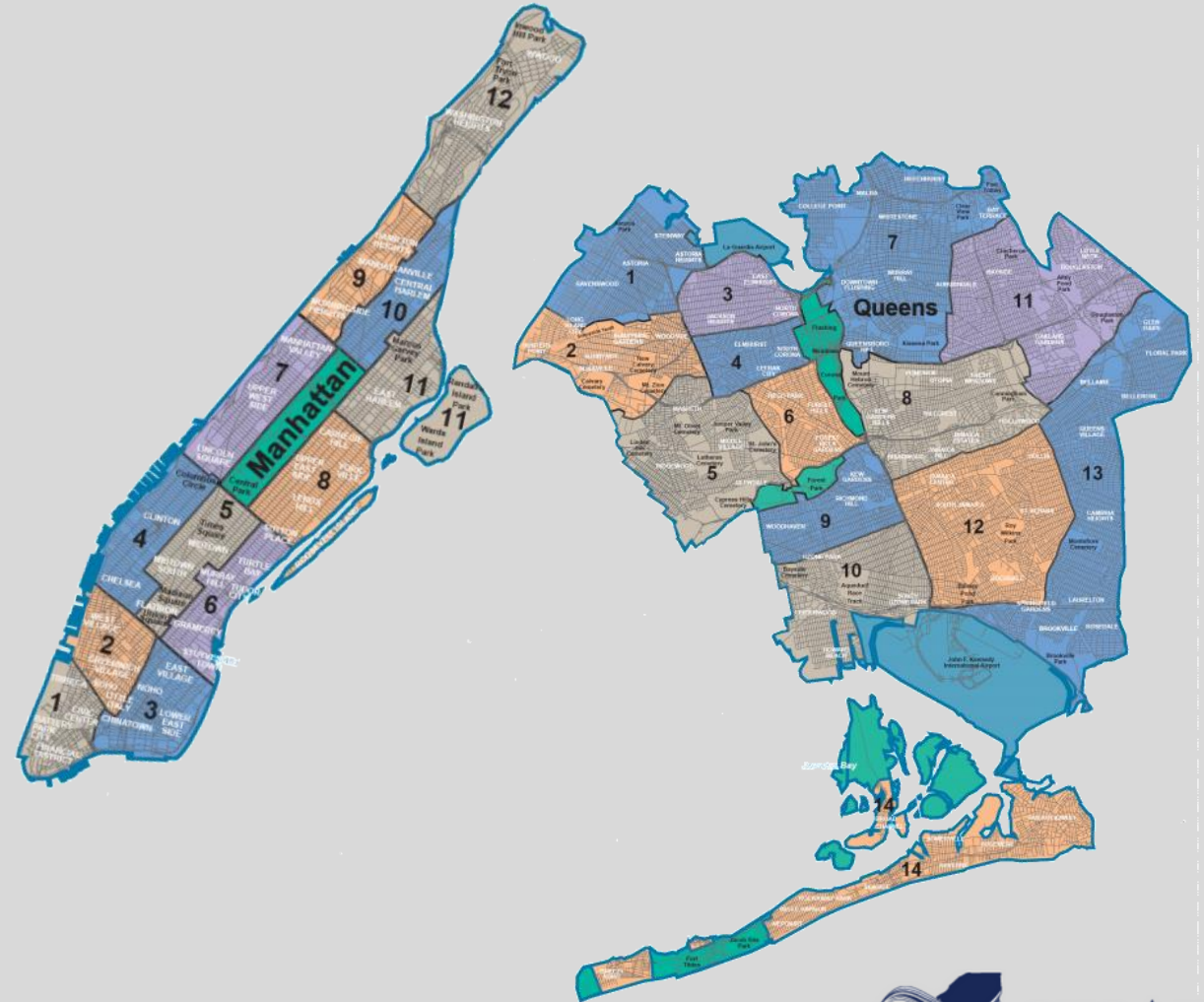
Supporting the Coalition



**NYC
Pediatric
Disaster
Coalition**



Surge Test



Looking Forward – 2019-2020

- Participate in New York City Health Care Coalition activities;
- Convene FQHC Leadership Advisory Council (LAC) for primary care preparedness;
- Assess preparedness capabilities of NYC-based FQHC Networks;
- Conduct call-down drills with NYC-based FQHCs;
- Functional exercise (FE);
- 6th Annual Emergency Management Seminar;
- Collaboration with the Pediatric Disaster Coalition (PDC).

*NOTE: All activities are contingent upon final confirmation by DOHMH.



Contact Us



Alexander Lipovtsev, LCSW

Director / Emergency Management Program
Health Center Support

alipovtsev@chcanys.org

212-710-4192