Program Narrative Update

1. Environment (2,000 character limit – with spaces) 1,996

Discuss current major community, state, and/or regional changes, since the last budget period, that have directly impacted and/or have the potential to impact the progress of the funded project, including changes in

- *service area demographics and shifting patient population needs;*
- *major health care providers in the service area;*
- *key community partnerships and collaborations; and*
- *changes in insurance coverage, including Medicaid, Medicare and Children's Health Insurance Program (CHIP)).*

DEMOGRAPHICS.
Carolina Health Centers (CHC) serves Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, and Saluda counties, South Carolina. The service area population of 255,733 has remained nearly constant since 2000 increasing by 1.5%. Within the service area, almost half of residents (45.3%) or 115,845 individuals live with incomes below 200% of the Federal Poverty Guideline (FPG), an increase of 24.2% since 2000 (US Census, *American Comm. Survey*, 2013-2017, and *Census* 2000).

PROVIDERS.
Hospital-based consolidation of primary care continues in the service area, with Self Regional Healthcare (SRH) and Prisma dominating the market. In 2019, Greenville Health System and Palmetto Health consolidated to form Prisma. There is only one family medicine physician in Greenwood not affiliated with SRH, and the only specialties remaining are stand-alone OB/GYN, Digestive Disease, ENT and Neurology offices. Prisma has converted their practices in Laurens County into Rural Health Clinics.

The only other provider taking nursery/sick baby calls at Laurens County Memorial Hospital has retired. CHC's HomeTown pediatricians are the only ones in the county taking call.

PARTNERSHIPS.
No recent changes.

INSURANCE.
In 12/2017, the US Congress and administration eliminated the individual mandate penalties under the Affordable Care Act (ACA). Twenty states, including South Carolina, have filed a lawsuit to end the ACA and the Justice Department has stated that following the passage of the Tax Cuts and Jobs Act of 2017, it will no longer defend the parts of the ACA that protect consumers with pre-existing conditions. CHC will continue to track changes in Medicaid, Medicare and insurance enrollment as a result of the changing health care environment.

In the service area, 14.4% of residents are uninsured, increasing to 20.5% for residents with incomes below 200% FPG. Of the population, 22.3% (55,657 residents) are enrolled in Medicaid (US Census, *American Comm. Survey*, 2013-2017).

2. Organizational Capacity (2,000 character limit – with spaces) 1,941

Discuss current major changes, since the last budget period, in the organization's capacity that have impacted or may impact the progress of the funded project, including changes in:

- *Staffing, including key vacancies;*
- *Board membership changes;*
- *Operations, including changes in policies and procedures since the last operational site visit;*
- *Systems, including financial, clinical, and/or practice management systems; and*
- *Financial status, including the most current audit findings, as applicable*

Please see supplemental and one-time award sections for impact of related awards.

STAFFING.
CHC is recruiting pediatricians and reviewing pediatric capacity to address growing demand.

BOARD.
In the past year, one Board member left and was replaced; another converted to ex-officio/non-voting status. CHC is actively recruiting to add one or more Board members.

OPERATIONS.
Per a recent OSV, CHC moved substance use disorder services from Column 2, Form 5A to Column 1 (keeping Column 3). Other updates were made to Form 5A and Form 5C to accurately reflect scope.

CHC updated hours at several sites, and the McCormick Elementary site was removed from scope. See Patient Capacity section for details.

SYSTEMS.
CHC converted to a new EHR in 7/2019, from Allscripts to EPIC (hosted by OCHIN), which will aid data gathering for UDS, Meaningful Use, and other QI efforts.

FINANCES.
CHC completed its FYE 5/31/2019 audit with no material findings. CHC increased revenue 1.63% to $32,450,513 and incurred a small marginal loss of 0.93% after earning 1.9% profit the prior year. Installing the new EHR was reflected in $1 million cash used for property and equipment. Accounts receivable (24.29 days) and payable (7.89 days) changed little from 2018 and are within the acceptable 30-day range. CHC maintained 19.94 days of cash on hand, down from 29.59 days last year. Despite a decline in profit and cash, CHC's capital position was strong with a current ratio of 4.3641 and low debt ratios. CHC's Debt-to-Equity ratio of 0.2437 and Total Liabilities-to-Equity ratio of 0.3591 are ideal. Secure capital position enabled CHC to weather a year of poor profitability and cash flow and still have assets to support growth or obtain financing. CHC has adjusted costs and will emphasize prompt collections and expense management to improve operating results and restore fiscal health. CHC has made a small profit so far in FY2020 and projects a profit going forward.

3. Telehealth (2,000 character limit – with spaces)

Describe how you use telehealth to:

- *Communicate with patients at other clinical locations;*
- *Communicate with providers and staff at other clinical locations;*
- *Receive or perform clinical consultations;*
- *Send and receive health care information from mobile devices to remotely monitor patients (i.e., mobile health, mHealth); and*
- *Provide virtual health care services (list all services that are provided via telehealth).*

CHC is currently piloting tele-psychiatry at the Laurens County Community Care Center. Following the pilot phase, CHC plans to extend tele-psychiatry to Calhoun Falls and potentially McCormick.

Additionally, CHC has set up equipment at every site to connect patients with telehealth services from the Medical University of South Carolina (MUSC). MUSC trained CHC staff on the system in November 2018. Video conferencing is used for telemedicine visits with the MUSC for psychiatry and for nutrition counseling.

4. Patient Capacity (2,000 character limit each section – with spaces)

Discuss trends in unduplicated patients served and report progress in reaching the projected number of patients. In the patient capacity narrative column, explain any negative trends or limited progress toward the projected patient goals.

	2016 patients	**2017 patients**	**2018 patients**	**% Change 2016-2018 Trend**	**% Change 2017-2018 Trend**	**% Progress Toward Goal**	**Projected**
Total Unduplicated Patients (inclusive of the categories below)	26,952	27,705	28,671	6.38%	3.49%	105.58%	27,155

***Total Patients Narrative* (2,000 character limit – with spaces) 1,866**

In 2018, CHC served 28,671 patients, an increase from 27,705 in 2017. Performance remains above the target goal. CHC will continue to take steps to deliver comprehensive primary and preventive services to the target population and increase numbers served.

CHC is recruiting additional pediatricians and reviewing capacity issues in both pediatric buildings to address growing demand for pediatric services. This will increase patients served. Implementation of the AIMS and SUD-MH supplemental funding projects will further add to patient count.

The McCormick Elementary School site was removed from scope, as this site saw very few patients and is located near the McCormick Family Practice site. The clinic was open one half-day a week and was staffed by a provider from McCormick Family Practice.

CHC recently submitted a Change in Scope (CIS) to add 3 hours at the Ridge Spring site on Form 5B to reflect migrant clinic hours.

CHC submitted a CIS to reduce evening and weekend hours at the Laurens Community Care site, as patient utilization did not justify increased cost, and hours also led to challenges with staff recruitment and retention. Staffing has now stabilized at the site, increasing both demand and capacity.

Hours have been increased at the Bethany Center and HomeTown Pediatrics sites to accommodate a new provider at each site, and at Village Family Practice for added Saturday hours. This has increased patient count.

Hours were also decreased at the Uptown Family Practice site due to relocation of Saturday family practice clinic hours to the Village site.

CHC's strategic priorities include opening a third pharmacy in Laurens County, increasing family medicine capacity in Greenwood by adding a third Greenwood family medicine site, and expanding CHC's pediatric footprint in Greenwood. These expansions will further bolster CHC's patient count.

	2016 patients	**2017 patients**	**2018 patients**	**% Change 2016-2018 Trend**	**% Change 2017-2018 Trend**	**% Progress Toward Goal**	**Projected**
Total Migratory and Seasonal Agricultural Worker Patients	434	503	562	29.49%	11.73%	Data not available	434 EHB lists goal at 0

MSAW Patients Narrative **(2,000 character limit – with spaces) 1,968**

In the most recent Service Area Competition (SAC), CHC projected serving 434 MSAW patients by the end of the project period. (Please note that EHB incorrectly shows the patient projection as 0.) In 2018, CHC served 562 MSAW patients, an increase from 503 in 2017. CHC has exceeded end of project period projections and will continue to serve additional patients with comprehensive services. Continuous outreach, year-round presence of workers due to diversification of agriculture, and expansion of the federal definition of agricultural work have all contributed to the increase in MSAW patients.

CHC continues to see agriculture as a year-round business in the service area with more farms diversifying to include fall and winter crops. CHC is evaluating options for expanding services to MSAWs based on increased demand. The center has reduced hours at its migrant clinic through the Ridge Spring Family Practice site to prevent overspending of MHC funds. Current hours at the site are 9am-3pm on Saturdays for which the clinic is open (may close early subject to patient demand). Migrant clinic-specific hours were decreased to every other Saturday for 8 months from September through April and then every Saturday for 4 months from May through August. In order to ensure that no access is lost, CHC is educating employers and workers that they can be seen at Ridge Spring Family Practice during any of the days/times the site is open and do not have to be seen only during specified migrant clinic hours. CHC recently submitted a CIS to add 3 hours at the Ridge Spring site on Form 5B to reflect migrant clinic hours.

CHC is hearing that the two largest farms in the service area are now only hiring H2A temporary agricultural workers, although this has not been independently confirmed. Most of the agricultural workers in SC are now on the H2A program. CHC will continue to monitor impact on the MSAW population, including any decreases in MSAW due to the change.

	2016 patients	**2017 patients**	**2018 patients**	**% Change 2016-2018 Trend**	**% Change 2017-2018 Trend**	**% Progress Toward Goal**	**Projected**
Total People Experiencing Homelessness Patients	116	127	146	25.86%	14.96%	Data not available	0

People Experiencing Homelessness Patients Narrative **(2,000 character limit – with spaces)**
CHC continues to serve small numbers of people experiencing homelessness without special populations funding.

	2016 patients	**2017 patients**	**2018 patients**	**% Change 2016-2018 Trend**	**% Change 2017-2018 Trend**	**% Progress Toward Goal**	**Projected**
Total Public Housing Resident Patients	0	0	0	Data not available	Data not available	Data not available	0

Public Housing Residents Patients Narrative **(2,000 character limit – with spaces)**
N/A. CHC does not receive special populations funding to serve residents of public housing.

	2016 patients	2017 patients	2018 patients	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress Toward Goal	Projected
Total Medical Services Patients	26,952	27,705	28,671	6.38%	3.49%	105.58%	27,155

Total Medical Services Patients Narrative **(2,000 character limit – with spaces) 1,374**
In the most recent Service Area Competition (SAC), CHC projected serving 27,155 medical services patients by the end of the project period. In 2018, CHC served 28,671 medical services patients, an increase from 27,705 in 2017. CHC has exceeded end of project period projections and will continue to serve additional patients with comprehensive services.

CHC is recruiting additional pediatricians and reviewing capacity issues in both pediatric buildings to address growing demand for pediatric services. This will increase medical patients served.

CHC submitted a CIS to reduce evening and weekend hours at the Laurens Community Care site, as patient utilization did not justify increased cost, and hours also led to challenges with staff recruitment and retention. Staffing has now stabilized at the site, increasing both demand and capacity for medical services.

Hours have been increased at the Bethany Center and HomeTown Pediatrics sites to accommodate a new provider at each site, and at Village Family Practice for added Saturday hours. This has increased patient count.

CHC's strategic priorities include opening a third pharmacy in Laurens County, increasing family medicine capacity in Greenwood by adding a third Greenwood family medicine site, and expanding CHC's pediatric footprint in Greenwood. These expansions will further bolster CHC's medical patient count.

	2016 patients	2017 patients	2018 patients	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress Toward Goal	Projected
Total Dental Services Patients	257	365	411	59.92%	12.60%	51.38%	800

Total Dental Services Patients Narrative **(2,000 character limit – with spaces) 1,358**

In the most recent SAC, CHC projected serving 800 dental patients by the end of the project period. In 2018, CHC served 411 dental patients, an increase from 365 in 2017.

CHC's pediatric providers are trained and privileged to provide fluoride varnish in the medical office setting. These providers also provide recommendations for preventive intervention, oral hygiene instruction, and related oral health education such as prevention of oral trauma and oral cancer. These services are provided to pediatric patients only.

To ensure access to a more comprehensive array of preventive dental services for adults and children, CHC maintains formal agreements with Walsh Dental Associates and North Aiken Dental to provide oral health services to CHC patients by referral. In September 2018, CHC renegotiated the agreement with Walsh Dental to include additional payment terms enabling the practice to see more CHC patients. This has led to an increase in dental visits and is expected to lead to further growth in dental patients served. CHC projects that at the current growth rate, the center will approach its goal of 800 dental patients to be served.

CHC has also worked to increase awareness regarding its dental voucher program in order to increase the number of patients accessing the program. This is expected to increase dental services patient numbers.

	2016 patients	**2017 patients**	**2018 patients**	**% Change 2016-2018 Trend**	**% Change 2017-2018 Trend**	**% Progress Toward Goal**	**Projected**
Total Mental Health Services Patients	0	0	0	Data not available	Data not available	0.00%	296

Total Mental Health Services Patients Narrative **(2,000 character limit – with spaces)** **1,998**
In the most recent SAC, CHC projected serving 296 mental health (MH) services patients by the end of the project period. From 2016-18, per UDS, CHC has not served any MH services patients. SBIRT is integrated with primary care visits, ensuring that patients are screened for MH conditions, receive a brief intervention, and are referred for treatment. The Beckman Center for Mental Health co-locates behavioral health counselors onsite at five CHC locations to provide counseling services. However, these services are not recorded on the UDS.

CHC has been seeking funding and exploring pathways to establish MH as a direct service line. The center has hired a Behavioral Health Coordinator in order to develop an in-house behavioral health services model, build relationships with community resources, strengthen existing partnerships, etc. The Behavioral Health Coordinator is working to obtain SC licensure and will begin seeing some patients following this.

CHC utilizes the PHQ-9 for adults and the PSC-17 for pediatrics to screen all patients for MH needs, including depression. The results from the screening are documented in the EHR system, and patients who screen for risk are educated regarding their results by the medical provider. The goal of this brief intervention will be moving the client to a point of readiness to initiate appropriate treatment. Patients are then referred, as needed, to a behavioral health provider. Case management staff assist with making the referral, work to obtain results with the referral provider after the visit, and schedule any needed follow-up visit(s) with CHC.

CHC received 2018 SUD-MH and 2017 AIMS supplemental funding, hiring a Community Health Worker/Case Manager, Behavioral Health Coordinator, and pharmacy staff (see Supplemental and One-Time award sections for further details). This will contribute to MH patients served.

CHC will continue to work toward recording MH patients and visits accurately in the EHR system for UDS reporting.

	2016 patients	**2017 patients**	**2018 patients**	**% Change 2016-2018 Trend**	**% Change 2017-2018 Trend**	**% Progress Toward Goal**	**Projected**
Total Substance Use Disorder Services Patients	0	0	0	Data not available	Data not available	Data not available	0

***Total Substance Use Disorder Services Patients Narrative* (2,000 character limit – with spaces)**

N/A. CHC recently submitted a Change in Scope to begin providing substance use disorder services directly, but the center did not project serving substance use disorder patients by the end of project period.

	2016 patients	**2017 patients**	**2018 patients**	**% Change 2016-2018 Trend**	**% Change 2017-2018 Trend**	**% Progress Toward Goal**	**Projected**
Total Enabling Services Patients	868	561	979	12.79%	74.51%	112.53%	870

***Total Enabling Services Patients Narrative* (2,000 character limit – with spaces)**

In the most recent SAC, CHC projected serving 870 enabling services patients by the end of the project period. In 2018, CHC served 979 enabling services patients, an increase from 561 in 2017. CHC has worked to improve tracking of enabling services after difficulties with inaccurate reporting in 2017.

CHC has exceeded end of project period projections and will continue to serve additional patients with comprehensive services.

5. Supplemental Awards (2,000 character limit each section– with spaces)
In the Supplemental Award Narrative column, describe the following:

a. Implementation status and progress toward achieving goals;
b. Key factors impacting progress toward achieving goals;
c. Plans for sustaining progress and/or overcoming barriers to ensure goal achievement

	Programmatic Goal
FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)	Increase the number of patients with access to mental health services, and substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse by December 31, 2018.

***Narrative* (2,000 character limit – with spaces)**
CHC received AIMS funding in 2017, which is being used to implement and fully integrate the SBIRT (screening, brief intervention, and referral to treatment) model across all of CHC's family practice locations. AIMS funding also proposed to add a Mental Health Counselor (Other Mental Health Providers on Form 2) and a Community Health Worker/Case Manager (Community Health Workers on Form 2) to expand CHC's capacity to provide behavioral health services and to provide additional support for linkage to care for patients who screen positive for behavioral health needs. The Community Health Worker/Case Manager position has been filled, and the center has hired a Behavioral Health Coordinator in order develop an in-house behavioral health services model, build relationships with community resources, strengthen existing partnerships, etc. The Behavioral Health Coordinator is working to obtain SC licensure and will begin seeing some patients following this.

CHC also proposed to use the requested one-time funding for five projects. See One-Time Funding Awards section below for information on the proposed projects and current status.

	Programmatic Goal
FY 2017 New Access Point (NAP) Satellite Grant	Achieve operational status and increase number of patients by December 31, 2018.

***Narrative* (2,000 character limit – with spaces)**
Not applicable.

	Programmatic Goal
FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Supplemental Funding	Increase patients receiving substance use disorder and/or mental health services by December 31, 2019.

***Narrative* (2,000 character limit – with spaces) 1,665**
CHC received SUD-MH supplemental funding in 2018. CHC is planning the development of a multidisciplinary team to address opioid use as part of its Patient Centered Medical Home model. The work of the team falls under PCMH Competency KM (Knowing and Managing your patients). Funding was used to hire a new pharmacist and a Behavioral Health Coordinator who will join the Chief Medical Officer, select providers, and other staff to complete the team structure CHC has envisioned. CHC plans to model this team based on a program being run by Penobscot Community Health Care.

CHC has started a Controlled Medication Stewardship Committee that meets monthly to review patient charts and provider prescribing. Clinical Pharmacists are not fully integrated into any sites on a regular basis yet, but they are doing work at Uptown Family Practice. When the Director of Family Medicine has identified patients on high doses of opioids, the pharmacists come in to the appointment to assist with dosage reduction recommendations.

CHC projected serving no new patients, but 423 existing patients (235 SUD patients, 188 mental health patients) as a result of FY2018 SUD-MH funding. Because behavioral services are provided in primary care, Table 6A is a more accurate reflection of the services provided by CHC. Per Table 6A, CHC treated 336 patients with alcohol or other SUD (excluding tobacco) in 2018. For mental health, the cumulative patients with mental health diagnoses listed in Table 6A was 8,888 in 2018. This is an increase from 315 patients with alcohol or other SUD (excluding tobacco) and 7,084 patients with mental health diagnoses listed in the 2017 UDS Table 6A.

6. One-Time Funding Awards (2,000 character limit each section – with spaces)
In the Activities column, discuss the activities for which one-time funds were used and the impact on the organization. Note: If you did not receive a One-Time Funding Award, the system will display "Not applicable."

	Allowable Activities
FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)	Implementing health information technology (health IT) and/or training investments to: Expand mental health services, and substance use disorder services focusing on the treatment, prevention, and awareness of opioid use disorders; and integrate expanded services into primary care.

	Funding must be used for health IT and/or training investments in one or more of the following Activity Categories: Medication Assisted Treatment, Telehealth, Prescription Drug Monitoring Program, Clinical Decision Support, EHR Interoperability, Quality Improvement, Cybersecurity, Other Training, Other IT

***Narrative* (2,000 character limit – with spaces) 1,984**
CHC proposed to use the requested AIMS one-time funding for five projects:

1) Develop a clinical pharmacy integration model. Progress: CHC developed an integration model for the center based on a site visit with an FQHC with a successful clinical pharmacy integration program. CHC has started a Controlled Medication Stewardship Committee that meets monthly to review patient charts and provider prescribing. Clinical Pharmacists are not fully integrated into any sites on a regular basis yet, but they are doing work at Uptown Family Practice. When the Director of Family Medicine has identified patients on high doses of opioids, the pharmacists come in to the appointment to assist with dosage reduction recommendations.

2) Improve integration of prescription drug monitoring program data into the EHR system. Progress: CHC has changed pharmacy systems and plans to explore improved interoperability with the new EHR. CHC is working on a solution that will allow providers to pull up the prescription monitoring program with one click while viewing a patient chart in the EHR.

3) Further develop the ClinView reporting system and use data to evaluate care gaps and clinical quality, identify areas for innovation, and better manage population health for substance abuse. Progress: Underway.

4) Integrate clinical decision support tools in the EHR, including chronic pain management and prescribing guidelines, condition-specific order sets, and SBIRT screening data. Progress: Completed following EHR transition. The system tracks and notifies users of missing or overdue items.

5) Implement video conferencing technology across CHC linking all sites to facilitate necessary SBIRT training and video communication between the centrally located SBIRT liaison and patients at other locations. Progress: Equipment has been installed and training is complete. Video conferencing is used for telemedicine visits with the Medical University of SC for psychiatry and for nutrition counseling.

	Allowable Activities
FY 2017 Quality Improvement Assistance (August 2017)	Developing and improving health center quality improvement (QI) systems and infrastructure: training staff; purchasing medically accessible clinical equipment; enhancing health information technology, certified electronic health record, and data systems; data analysis; and implementing targeted QI activities (including hiring consultants).

	Developing and improving care delivery systems: purchasing supplies to support care coordination, case management, and medication management; laboratory reporting and tracking; training and workflow redesign to support team-based care; and clinical integration of behavioral health, oral health, HIV care, and other services.

***Narrative Regarding Actual Activities* (2,000 character limit – with spaces) 1,148**
In FY 2017, CHC was awarded HRSA Health Center Quality Improvement Awards for the following categories: EHR Reporter, Clinical Quality Improver, and PCMH Recognition. Supplemental funding was used to enhance health information technology systems through the purchase of a Dell/EMC Unity 400F Storage Area Network unit which consists of integrated hard drives and interfaces. The unit enables CHC to run databases on fast flash storage over a 6GB fabric connection with redundancy on both connectivity and power. The unit has 21TB of storage which allows CHC to host all aspects of EHR and Practice Management. The unit also provides the responsiveness needed to perform nightly backups for data protection and connects with block-level access to networks and servers, facilitating multiple data paths and enhanced application performance.

The balance of funding was used to hire a consultant to advise CHC on strategies to improve IT systems/implement new systems to support QI activities. For example, the consultant assisted CHC in exploring potential implementation of a new EHR system to provide enhanced QI support such as provider dashboards.

	Allowable Activities
FY 2018 Quality Improvement Assistance (August 2018)	Developing and improving health center quality improvement (QI) systems and infrastructure: training staff; purchasing medically accessible clinical equipment; enhancing health information technology, certified electronic health record, and data systems; data analysis; and implementing targeted QI activities (including hiring consultants). Developing and improving care delivery systems: purchasing supplies to support care coordination, case management, and medication management; laboratory reporting and tracking; training and workflow redesign to support team-based care; and clinical integration of behavioral health, oral health, HIV care, and other services.

***Narrative Regarding Actual Activities* (2,000 character limit – with spaces)**
In FY 2018, CHC was awarded HRSA Health Center Quality Improvement Awards for the following categories: EHR Reporter, Clinical Quality Improver, Advancing Health IT, and PCMH Recognition. Retinal screening equipment was purchased to enable provision of diabetic retinal screens onsite in McCormick, where there are many diabetic and Medicare patients. Funds are allocated to pay for consulting assistance with evaluating EHR systems, as well as for QI specialists to provide care coordination. Some funds were also allocated for an architectural

consultant to help redesign and add clinical space at CHC's largest pediatric site.

	Allowable Activities
FY 2018 Enhancing Behavioral Health Workforce	Increase access to quality opioid use disorder (OUD) and other substance use disorder (SUD) treatment by increasing the number of professionals and paraprofessionals trained to deliver behavioral health and primary care services as part of integrated, interprofessional team. Funds must be used to fulfill the following requirements throughout the 2-year funding period: Provide mental health and SUD services either directly or through formal or written agreement for which the health center pays. Have physicians, certified nurse practitioners, and/or physician assistants, on-site or with whom the health center has contracts, who have obtained a Drug Addiction Treatment Act (DATA) of 2000 waiver to treat OUD with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication. Have patients who receive medication-assisted treatment (MAT) for OUD from a physician, certified nurse practitioner, or physician assistant with a DATA 2000 waiver working on behalf of the health center. Develop, host in academic years 2018-2019 and 2019- 2020, and evaluate at least annually, experiential rotations for individuals preparing to become social workers, psychologists, counselors, addiction counselors, paraprofessionals, community workers, or other approved professionals that will teach integrated behavioral health and primary care services, and OUD and other SUD treatment, including MAT.

Narrative Regarding Actual Activities **(2,000 character limit – with spaces)**
Not applicable.

	Programmatic Goal
FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Supplemental Funding	Expand access to quality integrated substance use disorder (SUD) prevention and treatment services, including those addressing opioid use disorder (OUD) and other emerging SUD issues, to best meet the health needs of the population served by the health center; and/or 2) Expand access to quality integrated mental health services, with a focus on conditions that increase risk for, or co-occur with SUD, including OUD. Period of Performance: September 1, 2018 to August 31, 2020.

Narrative **(2,000 character limit – with spaces)**
One-time funding proposed through SUD-MH funds includes education and training of staff to facilitate the clinical pharmacy program at CHC sites; developing software improvements to allow integration of prescription drug monitoring program data in the EHR; and new computers and printers for SUD-MH hires. CHC also plans to seek consultation as needed from Penobscot

and other entities identified as resources for team development and project implementation. New software for integration of the prescription drug monitoring program has been implemented. CHC is currently working on a solution that will allow providers to pull up the prescription monitoring program with one click while simultaneously viewing a patient chart in the EHR.

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7. Clinical/Financial Performance Measures (2,000 character limit each section – with spaces)

Referencing the % Change 2016-2018 Trend, % Change 2017-2018 Trend, and % Progress Toward Goal columns, discuss the trends for:

- HRSA Priority Clinical and Financial Performance Measures (required regardless of % Change 2017-2018 performance trend):
  - Diabetes: Hemoglobin A1c Poor Control
  - Health Center Program Grant Cost Per Patient (Grant Costs)
- The measures for which you have experienced a negative trend of 5 percent or greater **(**Use the % Change 2017-2018 trend data to determine if narrative is required for each measure other than the priority measures.)
- If you have no measures for which you have experienced a negative trend of 5 percent or greater, state this in the Measure Narrative field for the relevant measure(s).
- **When discussing trends, include:**
  - Key contributing and restricting factors affecting progress toward achieving goals; and
  - Plans for improving progress and/or overcoming barriers to ensure goal achievement.

Notes on EHB pre-population of data from UDS

- 2016 – 2018 Measure fields will prepopulate from UDS, if available.
- Performance measure goals cannot be edited during the BPR submission. If pre-populated performance measure goals are not accurate, provide an adjusted goal and explanation in the appropriate Measure Narrative field (e.g., goal for the low birth weight measure has decreased based on improved patient tracking via a new EHR).
- If you were previously a look-alike, your look-alike UDS data will not pre-populate
- (**) Due to the fact that Cervical Cancer and IVD goals were set and reported in UDS based on different measure definitions, data will not display for some fields.

HRSA Priority Clinical and Financial Performance Measures

HRSA Priority Clinical and Financial Performance Measures	**2016 Measures**	**2017 Measures**	**2018 Measures**	% Change 2016-2018 Trend	**% Change 2017-2018 Trend**	% Progress Toward Goal	Measure Goal
Diabetes: Hemoglobin A1c Poor Control	Num: 706 Denom: 3,139 Calc: 22.49%	Num: 833 Denom:3,309 Calc: 25.17%	Num: 904 Denom: 3,400 Calc: 26.59%	18.23%	**5.64%**	120.86%	Goal: 22.00%

Diabetes: Hemoglobin A1c Poor Control (1,000 character limit – including spaces) – **LW to pare based on information elsewhere 972**

CHC saw 5.64% change for the 2017-2018 trend. The low baseline performance (%) caused the appearance of a large change, but performance remained stable (25.17% in 2017 to 26.59% in 2018, a difference of less than 2%).

Contributing: Clinical staff measure HbA1c for patients scheduled for diabetes follow-up and monitor results via EHR. CHC is adding a Medication Therapy Management pharmacy model to optimize medication therapy and improve outcomes.

Restricting: Many new patients present with low health literacy, are MSAW, and/or initially present at CHC's LC4 office, an emergency room diversion site. These patients often face multiple barriers to adherence. CHC links patients with affordable medications and provides education and case management.

CHC will improve performance via existing QI processes, including a targeted performance analysis and responding with an appropriate PDSA cycle. A reporting error was also identified and corrected during EHR transition.

HRSA Priority Clinical and Financial Performance Measures	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress Toward Goal	Measure Goal
Health Center Program Grant Cost per Patient (Grant Costs)	Num: $4,291,355 Denom: 26,952 Calc: $159.22	Num: $4,431,602 Denom: 27,705 Calc: $159.96	Num: $4,230,171 Denom: 28,671 Calc: $147.54	-7.34%	**-7.76%**	95.22%	Goal: $154.95

Health Center Program Grant Cost per Patient (Grant Costs) (1,000 character limit – including spaces) 973

CHC saw -7.76% change for the 2017-2018 trend. Total patients increased by 966 (3.49%). Federal funds decreased by $201,431 (4.55%). CHC strives to decrease grant cost per patient, so this downward trend represents better performance. CHC has outperformed this measure's goal and the national average of $166.26 (2018 UDS).

Contributing: CHC has increased patient count in each of the last two years for a combined 6.38% growth and is seeking to expand pediatric capacity. CHC outreach staff attend health fairs and other events to increase awareness of services. CHC partners with community agencies to promote its mission and commitment to accepting patients regardless of income or insurance.

Restricting: Among patients with known income, 97.80% are below 200% FPG (2018 UDS). Sliding fee payments generated by SFDS patients do not cover the full cost of care. CHC continues to work to improve the payer mix and increase revenue, thereby maximizing use of federal funds.

Perinatal Health

Perinatal Health	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress Toward Goal	Measure Goal
Early Entry into Prenatal	Num: 71 Denom: 97	Num: 83 Denom: 94	Num: 47 Denom: 62	3.57%	**-14.14%**	101.08%	Goal: 75.00%

Care	Calc: 73.20%	Calc: 88.30%	Calc: 75.81%				
Early Entry into Prenatal Care (1,000 character limit – including spaces) 995							
CHC saw -14.14% change for the 2017-2018 trend but still exceeds goal of 75.00%. Contributing: CHC provides pregnancy tests during regular office visits and schedules pregnant patients for prenatal services onsite. Care Coordinators document referrals in the EHR, facilitate transitions across care settings, and ensure patient follow-up. Some CHC providers provide care until 28th week of pregnancy, then transfer care to Self Regional Healthcare. Post-delivery, mother and baby are referred back to CHC. Restricting: Many MSAW pregnant women do not have a first prenatal visit until well into the prenatal period and may only remain patients of CHC for a few weeks before moving away. CHC uses the EHR to track these patients and will arrange referrals at their new locations as needed. CHC will improve performance measures via education on prenatal care, improving tracking, and via existing QI processes, including a targeted performance analysis and responding with an appropriate PDSA cycle.							
Low birth weight (<2500 grams)	Num: 4 Denom: 42 Calc: 9.52%	Num: 8 Denom: 60 Calc: 13.33%	Num: 3 Denom: 45 Calc: 6.67%	-29.94%	**-49.96%**	74.11%	Goal: 9.00%
Low birth weight (<2500 grams) (1,000 character limit – including spaces)							
No upward trend of 5% or greater. Since Low Birth Weight is an undesirable outcome, a downward trend signifies favorable performance.							

Preventive Health Screenings and Services

Preventive Health Screenings and Services	**2016 Measures**	**2017 Measures**	**2018 Measures**	% Change 2016-2018 Trend	**% Change 2017-2018 Trend**	% Progress Toward Goal	Measure Goal

Dental Sealants for Children between 6 – 9 Years	Data not available	Num: 0 Denom: 0 Calc: %	Num: 0 Denom: 0 Calc: % Data not available in EHB	Data not available	Data not available	Data not available	Goal: 0.00%
Dental Sealants for Children between 6 – 9 Years (1,000 character limit – including spaces)							
Per Form 5A, CHC does not employ dental staff or provide sealants or other oral health services in its provision of direct dental services. Instead, CHC provides oral health services through dental vouchers. Typically, these services target adults. For this reason, CHC does not track the sealant measure but instead continues tracking the self-defined oral health measure.							
Body Mass Index (BMI) Screening and Follow-Up	Num: 11,046 Denom: 15,245 Calc: 72.46%	Num: 10,285 Denom: 15,956 Calc: 64.46%	Num: 5,935 Denom: 15,545 Calc: 38.18%	-47.31%	**-40.77%**	54.54%	Goal: 70.00%
Body Mass Index (BMI) Screening and Follow-Up (1,000 character limit – including spaces) 998							
CHC saw -40.77% change for the 2017-2018 trend due to issues with documentation and reporting of follow-up if BMI is abnormal. The new EHR system will improve documentation and monitoring. Contributing: Appropriate documentation of both BMI and follow-up plan in the EHR is vital for this measure. CHC will provide ongoing staff training as needed on appropriate documentation of height, weight, BMI, counseling, and follow-up plan in EHR. Restricting: Many low-income residents, including MSAW, present with low health literacy and lack of access to affordable options for fresh foods and exercise. These factors contribute to obesity. Obese and overweight patients receive dietary counseling regarding limiting fast food, appropriate calorie recommendations, and daily exercise. Counseling is customized for each patient's situation and language. CHC will improve measure performance via existing QI processes, including a targeted performance analysis and responding with an appropriate PDSA cycle.							

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Num: 2,921 Denom: 7,406 Calc: 39.44%	Num: 3,558 Denom: 7,663 Calc: 46.43%	Num: 4,100 Denom: 7,978 Calc: 51.39%	30.30%	**10.68%**	122.36%	Goal: 42.00%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (1,000 character limit – including spaces)							
No negative trend of 5% or greater.							
Tobacco Use: Screening and Cessation Intervention	Num: 5,852 Denom: 11,745 Calc: 49.83%	Num: 8,137 Denom: 12,140 Calc: 67.03%	Num: 9,660 Denom: 12,530 Calc: 77.09%	54.71%	**15.01%**	148.25%	Goal: 52.00%
Tobacco Use: Screening and Cessation Intervention (1,000 character limit – including spaces)							
No negative trend of 5% or greater.							
Colorectal Cancer Screening	Num: 3,057 Denom: 6,651 Calc: 45.96%	Num: 3,100 Denom: 6,935 Calc: 44.70%	Num: 3,225 Denom: 7,406 Calc: 43.55%	-5.24%	**-2.57%**	92.66%	Goal: 47.00%
Colorectal Cancer Screening (1,000 character limit – including spaces)							
No negative trend of 5% or greater.							
Cervical Cancer Screening	Num: 1,678 Denom: 5,356 Calc: 31.33%	Num: 2,294 Denom: 5,431 Calc: 42.24%	Num: 2,116 Denom: 5,519 Calc: 38.34%	22.37% *N/A in EHB. 2016 data for*	**-9.23%**	109.54%	Goal: 35.00%

2016 goals were set and reported in UDS based on different measure definitions.	*N/A in EHB. 2016 data for reference only.*			*reference only.*			

Cervical Cancer Screening (1,000 character limit – including spaces) 996

CHC saw -9.23% change for the 2017-2018 trend but still exceeds its goal of 35.00%. Use of temporary providers in 2018 may have affected progress. Performance should improve with more stable provider staffing. The new EHR will better identify patients who need a Pap smear and monitor progress.

Contributing: CHC educates providers and staff regarding proper documentation and participates in the Best Chance Network, which provides free Pap testing and mammograms for qualifying women. A part-time provider also holds targeted Pap test days.

Restricting: Patients, especially MSAW, often lack health literacy regarding Pap tests. Bilingual providers/staff educate women and give appropriate written materials. CHC also uses a language line if bilingual staff are unavailable. Results of screenings performed by outside providers are requested.

CHC will improve measure performance via existing QI processes, including a targeted performance analysis and responding with an appropriate PDSA cycle.

Childhood Immunization Status	Num: 225 Denom: 840 Calc: 26.79%	Num: 176 Denom: 758 Calc: 23.22%	Num: 147 Denom: 819 Calc: 17.95%	-33.00%	**-22.70%**	59.83%	Goal: 30.00%

Childhood Immunization Status (1,000 character limit – including spaces) 990

CHC saw -22.70% change for the 2017-2018 trend. The low baseline performance (%) caused the appearance of a large change, but performance declined only slightly (23.22% in 2017 to 17.95% in 2018, a drop of less than 5%).

Contributing: CHC brings in PRN or pharmacy staff to pediatric offices for flu clinic days and is focusing on improving rates of well child checks. CHC uses the state vaccination registry to track immunization history and notify parents/guardians of patients who need immunizations.

Restricting: Due to the transient nature of MSAW, and a pattern of disjointed care across state or international lines, obtaining vaccination records of some MSAW children is difficult. Concerns are common regarding vaccine safety. Clinical staff educate parents/guardians regarding the importance of timely vaccination and to reduce concerns.

CHC will improve performance via existing QI processes, including a targeted performance analysis and responding with an appropriate PDSA cycle.

Chronic Disease Management

Chronic Disease Management	**2016 Measures**	**2017 Measures**	**2018 Measures**	% Change 2016-2018 Trend	**% Change 2017-2018 Trend**	% Progress Toward Goal	Measure Goal
Asthma: Use of Appropriate Medications	Num: 454 Denom: 549 Calc: 82.70%	Num: 450 Denom: 570 Calc: 78.95%	Num: 544 Denom: 557 Calc: 97.67%	18.10%	**23.71%**	122.09%	Goal: 80.00%
Asthma: Use of Appropriate Medications (1,000 character limit – including spaces)							
No negative trend of 5% or greater.							
Coronary Artery Disease (CAD): Lipid Therapy	Num: 469 Denom: 584 Calc: 80.31%	Num: 604 Denom: 769 Calc: 78.54%	Num: 207 Denom: 309 Calc: 66.99%	-16.59%	**-14.71%**	83.74%	Goal: 80.00%
Coronary Artery Disease (CAD): Lipid Therapy (1,000 character limit – including spaces) 987							
CHC saw -14.71% change for the 2017-2018 trend. The numerator and denominator dropped in 2018 due to a correction in data collection. Contributing: CHC uses the EHR to document lipid-lowering therapy in the patient's current medication list. The new EHR will also							

improve tracking with outside providers. CHC expands access to affordable medications by providing direct pharmacy services, including site delivery and mail order service.

Restricting: Migratory lifestyle often precludes access to regular treatment for chronic conditions. CHC staff regularly visit MSAW camps to speak directly with workers and crew leaders, taking great care to explain the services available at CHC's Migrant Health Clinic. CHC delivers culturally appropriate education on the role of exercise, nutrition, and lifestyle changes in CAD prevention and management.

CHC will improve performance via existing QI processes, including a targeted performance analysis and responding with an appropriate PDSA cycle.

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet *2016 goals were set and reported in UDS based on different measure definitions.*	Num: 849 Denom: 1,187 Calc: 71.52% *N/A in EHB. 2016 data for reference only.*	Num: 917 Denom: 1,234 Calc: 74.31%	Num: 788 Denom: 1,136 Calc: 69.37%	-3.01% *N/A in EHB. 2016 data for reference only.*	**-6.65%**	92.49%	Goal: 75.00%

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (1,000 character limit – including spaces) 998

CHC saw -6.65% change for the 2017-2018 trend. CHC attributes the decline to diagnoses made outside CHC and care for these problems from outside specialists. The new EHR will help identify patients and show medications prescribed by outside providers. CHC will educate staff to ensure diagnoses and medicines are properly reconciled.

Contributing: CHC has adopted nationally recognized clinical guidelines and offers staff training on guidelines and updates. CHC is

implementing the Medication Therapy Management pharmacy model to optimize drug therapy and improve outcomes.

Restricting: Patients, especially MSAW, often lack health literacy regarding antiplatelet therapy with IVD. Bilingual providers and staff provide education to patients and give culturally appropriate written materials. CHC also uses a language line if bilingual staff are unavailable.

CHC will improve performance via existing QI processes, including targeted performance analysis and responding with an appropriate PDSA cycle.

Hypertension: Controlling High Blood Pressure (adult hypertensive patients with blood pressure <140/90)	Num: 4,737 Denom: 8,091 Calc: 58.55%	Num: 4,985 Denom: 8,504 Calc: 58.62%	Num: 4,816 Denom: 8,476 Calc: 56.82%	-2.95%	**-3.07%**	94.70%	Goal: 60.00%
Hypertension: Controlling High Blood Pressure (adult hypertensive patients with blood pressure <140/90) (1,000 character limit – including spaces)							
No negative trend of 5% or greater.							

HIV Linkage to Care	Num: 4 Denom: 4 Calc: 100.00%	Num: 0 Denom: 0 Calc: 0.00%	Data not available	Data not available	Data not available	Data not available	Goal: 50.00%
HIV Linkage to Care (1,000 character limit – including spaces)							
In 2018, 627 patients were tested for HIV in 700 visits. However, no new cases of HIV were diagnosed, so performance is N/A rather than 0% as reported in EHB. CHC has implemented an HIV screening pilot program that offers opt-out testing. This is expected to increase the number of new cases identified. CHC employs an onsite provider who specializes in HIV/AIDS treatment. CHC also utilizes the resources available through Upper Savannah Care Services, the local Ryan White Part B provider.							

Screening for Clinical Depression and Follow-Up Plan	Num: 4,932 Denom: 14,843 Calc: 33.23%	Num: 5,426 Denom: 15,281 Calc: 35.51%	Num: 6,418 Denom: 15,761 Calc: 40.72%	22.54%	**14.67%**	116.34%	Goal: 35.00%
Screening for Clinical Depression and Follow-Up Plan (1,000 character limit – including spaces)							
No negative trend of 5% or greater.							

Financial Measures

Financial Measures	**2016 Measures**	**2017 Measures**	**2018 Measures**	**% Change 2016-2018 Trend**	**% Change 2017-2018 Trend**	% Progress Toward Goal	Measure Goal
Total Cost per Patient (Costs)	Num: $28,292,993 Denom: 26,952 Calc: $1,049.75	Num: $30,053,231 Denom: 27,705 Calc: $1,084.76	Num: $31,978,598 Denom: 28,671 Calc: $1,115.36	6.25%	**2.82%**	97.23%	Goal: $1,147.09
Total Cost per Patient (Costs) (1,000 character limit – including spaces)							
No negative trend of 5% or greater. For this measure, a negative trend would be an increase of 5% or more.							
Medical Cost per Medical Visit (Costs)	Num: $13,874,637 Denom: 100,433 Calc: $138.15	Num: $14,807,218 Denom: 104,167 Calc: $142.15	Num: $16,151,910 Denom: 105,625 Calc: $152.92	10.69%	**7.58%**	101.30%	Goal: $150.96

Medical Cost per Medical Visit (Costs) (1,000 character limit – including spaces) 994
CHC saw a 7.58% increase for the 2017-2018 trend. Medical visits increased by 1,458 (1.40%). Medical cost increased by $1,344,692 (9.08%). CHC has not yet met this measure's goal; however, CHC's medical cost per medical visit is below the national average of $199.78 (2018 UDS). Contributing: CHC compiles a monthly and YTD utilization report to track productivity of sites and individual providers. In addition to overall encounters, this report measures provider time available and calculates average patients per day by provider to analyze cost effectiveness. Trends are reported to the Board each month with historical comparison. CHC also tracks the encounters by payer to monitor its payer mix. Restricting: CHC receives targeted funding to serve MSAW. This population grew by 29.5% from 2016 to 2018, to 562 patients (2018 UDS). These users tend to have a higher cost of care, often having previously received fragmented care, and present with multiple or uncontrolled medical conditions.

Additional/Other Measures

If you receive funds to serve special populations (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing), you must ensure that at least one additional clinical performance measure that addresses the health care needs of each funded special population is included, as established in your most recent SAC application.

Additional/Other Measures	**2016 Measures**	**2017 Measures**	**2018 Measures**	% Change 2016-2018 Trend	**% Change 2017-2018 Trend**	% Progress Toward Goal	Measure Goal
Oral Health – Percentage of children, age 6 months through 3 years of age, who received fluoride varnish	Num: 241 Denom: 3753 Calc: 6.42% Data not available	Num: 160 Denom: 2893 Calc: 5.53% Data not available	Num: 226 Denom: 2873 Calc: 7.87%	Data not available *% change for reference: 26.22%*	Data not available in EHB *% change for reference: 42.31%*	Data not available	Goal: 10%

during the measurement period.							
Oral Health: Pediatric Fluoride Varnish (1,000 character limit – including spaces)							
CHC tracks a self-defined oral health measure, as the pediatric dental sealant measure does not apply: By the end of the project period, increase the percentage of children age 6 months - 3 years who received fluoride varnish during the measurement period to 10%. No negative trend of 5% or greater.							
Special population (MSAW)- Percentage of MSAW medical visits as compared to baseline year of 2016	Num: 0 (853-853=0) Denom: 853 Calc: 0% Data not available in EHB	Num: -2 (851-853) Denom: 853 Calc: -0.23% Error in EHB reporting requires positive only values. Entered as 0.23% with note in narrative.	Num: 186 (1039-853=0) Denom: 853 Calc: 21.81% Data not available in EHB	Data not available	93.83% in EHB due to inability to put – performance for 2017. Actual trend: **95.83%**	436.20%	Goal: 5%
Special population: MSAW medical visits (1,000 character limit – including spaces)							
In response to special population funding received for MHC, CHC has elected to track the following self-defined measure: Increase the percentage of MSAW medical visits by 5%, as compared to baseline year of 2016 (853 MSAW medical visits). No negative trend of 5% or greater.							

Scope Verification Summary Page

1. Scope of Project Certification – Services (Grantees applying to continue serving their current service area only) – select only one below
[X] By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.
[_] By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.
2. Scope of Project Certification – Sites (Grantees applying to continue serving their current service area only) – select only one below
[X] By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites and zip codes included in my current approved scope of project.
[_] By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.

LW to note reasons for the 2nd box being checked, if applicable, and any client plans to address:

Form 5B: Client has updated hours and include migrant clinic at Ridge Spring Family Practice. Addition confirmed on Form 5B in EHB.