



# FQHCs: Trade Secrets You Need to Know

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**Be careful what you wish for!**

Moving from Behavioral Health  
to Primary Care can be challenging!

*Two different worlds . . .*

*Calm . . . to . . . **chaos!***



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## FQHC Alphabet Soup

### *Acronyms:*

FQHC Look-Alike  
HRSA/BPHC/NHSC  
UDS  
HPSA/MUA/MUP  
WIC  
VFC

## Health Resources And Services Administration (HRSA)

- Part of HHS
- Funding – (BPHC)  
Bureau of Primary Health Care
- Division/Branch  
Chief/Project Officer (PO)

## Secret of Success: Forming the CHC/PO Relationship

- Know your PO.
- Keep them informed about your clinic (the good and bad); they can be your advocate.
- Quarterly reports and discussions.
- They don't get to travel; so if you can, see them.
- NACHC P&I Conference: March meeting with PO and sometimes Branch Chief.



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## The Board

- **Requirements** – 9 to 25 members
  - 51% must be patients of the clinic
  - Of the non-patients, no more than 1/2 can obtain their income from health care
    - If they are patients, they can be from health care
  - The remaining from businesses, legal, banking, construction, community services-reflect the community



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## The Board

(continued)

- **Recruitment –Follow the Bylaws**
  - Develop job descriptions, expectations, application/Interview applicant
- **Retention**
  - Mentoring/Board self evaluation
  - Yearly Work Plan/25% tactical and 75% strategic



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## The Board

(continued)

- **Training**
  - Strong Orientation Process
  - NACHC “Boot Camp” Certification
  - Use of NACHC Governance Bulletins
  - Primary Care Association
    - At every Board meeting – even for a few minutes



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## Know Your Legislators and Staff

### ***Federal***

- Know who you are and what you do.
- Get to know their staff.
- They can be your friend when all else fails.

### ***State***

- Can help with State Medicaid.

## Collaborations

Other FQHCs  
RHCs  
Health Departments  
Hospitals / Show your ROI

## New National and State Organizations

### ***National Association of Community Health Centers (NACHC)***

- Publications/Trainings/ Conferences: P&I (March) and CHI (August and September)
- Dues - Based on Revenue

### ***State Primary Care Association (PCA)***

- Funded by HRSA and Dues
- Board Membership varies/Committees



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## HRSA Site Visits

- Within first few months of operations
- Every 3 years during project period
- Preparation
  - Self evaluation using 19 program requirements
  - Start early – New policies are inevitable!  
Need Board approval
  - Check patient Board members every year



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## Policies

### Do not start from Scratch

- [www.lawndale.org](http://www.lawndale.org) Resources
- *Midwest Clinicians Network*
- *Quality/Privileging and Credentialing*
  - *TACHC Manual*
  - *You still need to make them your own!*

## Technical Assistance

- PCA: Receive grant from HRSA to do technical assistance.
- NACHC: Some are open to all if paid for by HRSA.
- HRSA Requested: TA
  - Board
  - Financial
  - Clinical
  - QA

## Strategic Planning

- One of the requirements
- Essential for business planning
- Use a consultant
- Involve Board and senior staff
- Share with staff, including updates

## Patient-Centered Medical Home (PCMH)

- Puts patient in the center
- Primary care team
- Coordination of care/health reminders
- Intent to improve the patient experience, improve patient outcomes and reduce costs
- Certification by NCQA

## The Road to PCMH can be Rocky!

- Senior Team must buy in and support
- Educate all staff
- Small team for implementation
- Submit: NCQA or JACHO will tell you if you did well

## 340B Pharmacy Program

- Federal Program for low-cost drugs for health center patients
- Compliance and scrutiny
- Own your own versus outsource
  - Local pharmacy
  - Walgreens and others
- Unless it is your core expertise, consider outsourcing

## Federal Tort Claims Act (FTCA) Deeming

- Malpractice – yearly application
- Follow the rules; only serve your patients at the sites and services on Form 5A,B,C
- QI Program
- Board-approved policies for tracking labs, x-rays and referrals

## **Quality: It's more than just clinical.** *It's about performance improvement!*

- **Financial**
- **Operational**
- **Risk Management**
- **HR**
- **Clinical Quality-HEDIS, MU, PCMH**

**Share outcomes with staff –they are competitive!**

## Celebrate Successes!

It will get you through the rough times!

*And it is well worth the ride.*



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