19 OUT OF 21 CHCS PROVIDE DENTAL SERVICES TO LOW-INCOME MISSISSIPPIANS.
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OUR MISSION
Mississippi Primary Health Care Association (MPHCA) is a member organization, which supports its members in their collaborative efforts and advocates for the provision of equal access to quality, comprehensive health care services and the elimination of health disparities in the state.

OUR VISION
The Mississippi Primary Health Care Association (MPHCA) will be recognized as an organization on the forefront of shaping health care policy and as an organization which supports its members as they collaboratively improve the health and wellness of all Mississippians.

OUR CULTURE
SERVICE
TRUST
RESPECT
INTEGRITY
VOLUME
EXCELLENCE
WHO WE ARE

MPHCA is a nonprofit 501(c)(3) membership organization comprised of 20 Community Health Centers providing quality comprehensive health care in accredited medical homes.

Our health centers provide care to over 280,000 patients within 187 sites throughout Mississippi’s underserved communities.

Community Health Centers generate more than a quarter of a billion dollars per capita to our state’s economy. For over three decades, we have provided our members with exceptional training, technical support, and advocacy at the state and federal level.

BEST COST FOR QUALITY CARE

For decades the research has shown that Community Health Centers provide comprehensive and cost-effective primary care and support services that promote access to health care. A 2016 study by the American Journal of Public Health demonstrates that the cost of care is estimated at $2,371 less spending per Medicaid patient.
Thank you to the MPHCA Board of Directors for electing me to serve as your 2018-2019 President. Our work continues to be paramount in addressing the many constructs of population health, inclusive of social determinants of health and the implications that address the value based payment environment.

Community Health Centers improve access to care as evidenced by the 5% increase in patient visits statewide for a total of 887,060 for the current period. The program is a vital economic driver in rural and underserved communities. Employment grew 4% from 1,749 to 1,819, during fiscal year 2017. Many of these are physicians who bring > a $2M economic impact to the local community.

As we work with critical stakeholders and policymakers to address the challenges amid a struggling state budget year, particularly as it relates to Medicaid, please know that CHCs are a vital resource to assist in addressing this issue, both in terms of lowering ER utilization among the underserved and improving health outcomes that drive down the cost of care.

The Mississippi Qualified Health Center funding supported by the legislature demonstrates a significant return on investment. In 2017, $3,755,146 in funding served over 100,000 individuals at a cost of $34.30 per patient.

MPHCA and its member health centers are well positioned to work with you to develop innovative, cost effective programs to improve the health and well-being of all Mississippians.

Sincerely,

Angel Greer, MPH
CEO, Coastal Family Health Center, Inc.
MPHCA MEMBERS

President
Ms. Angel Greer

President-Elect
Dr. Geroldean Dyse

Immediate Past President
Rashad Ali, MD, JD

Treasurer
Jasmin Chapman, DDS

Secretary
Ms. Sabrina Howze

Member-at-Large
Clifton Rodgers, MD

Member-at-Large
Mr. James Nunnally
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Access Family Health Services
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Amite County Medical Services
Ms. Pam T. Poole, Executive Director

Central Mississippi Health Services
Dr. Robert Smith, Director

Claiborne County Family Health Center
Mr. James E. Oliver, CEO

Coastal Family Health Center
Ms. Angel Greer, Executive Director

Delta Health Center
Mr. John A. Fairman, CEO

East Central Mississippi Health Care
Ms. Jill Bishop, CEO

Family Health Care Clinic
Dr. Margaret A. Gray, President/CEO

Family Health Center
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G. A. Carmichael Family Health Center
James Coleman, EdD, CEO

Greater Meridian Health Clinic
Mr. Wilbert L. Jones, CEO

Jackson-Hinds Comprehensive Health Center
Dr. Jasmin Chapman, CEO

Jefferson Comprehensive Health Center
Ms. Shirley Ellis-Stampley, Executive Director

Mallory (Arenia C) Community Health Center
Dr. Rozell Chapman, Interim CEO

Mantachie Rural Health Care
Ms. Marjorie McKinney, CEO

North Mississippi Primary Health Care
Mr. James D. Nunnally, Executive Director

Northeast Mississippi Health Care
Dr. Clifton Rodgers, Executive Director

Outreach Health Services
Ms. Sabrina Howze, Executive Director

Southeast Mississippi Rural Health Initiative
Dr. Geroldean Dyse, CEO
Janice Bacon, MD, Clinical Representative
Louise Patterson, Consumer Representative
Expanding Access to Care & New Services

Jefferson Comprehensive Health Center Moves to New Facility
09-Mar-2017  |  Fayette, MS

Jefferson Comprehensive Health Center held a ribbon cutting ceremony for the grand opening of its new health center in Fayette, MS. This newly built health center is over 17,000 square feet with 12 exam rooms and four dental operatories in addition to the laboratory and X-ray rooms.

Over 300 members of the community came out to celebrate the grand opening. Even Natchez Mayor Darryl Grennell joined the ribbon cutting delegation and spoke about how proud he was of Jefferson Comprehensive Health Care’s new facility as it represents all the neighboring communities around Fayette. “What is positive progress for Fayette is positive for Natchez,” he said.

Congratulations to the JCHC Board, Ms. Ellis-Stampley and her staff for their hard work and vision as we celebrate the opening of the newest community health center in Mississippi.

MississippiCare Joins the Team

December of 2017, Mississippi gained a new community health center in MississippiCare. Run by Dr. Steven F. Collier, MississippiCare is part of the ArCare network and serves Pontotoc, Tupelo, and Oxford. The ArCare network was founded in 1986, and since then has grown to serve three states and employ over 500 people. The MississippiCare clinic offers excellent Primary Care services, including behavioral health and dentistry. With a strong commitment to helping its new home grow, MississippiCare looks to be a strong addition to and vital resource for Pontotoc County and the surrounding areas.
Innovations

Farmacy Program (Fit for Food)
On April 27th, 2011, a violent tornado struck Smithville, Mississippi. The community was devastated by considerable property damage and great loss of life. The town’s only grocery store was lost, which left the town without reliable access to fresh produce. A couple of years later, as ACCESS Family Health Center completed their needs assessment for the area, they determined that food access was a serious deficit in the community.

Organized with local farmers, the Farmacy consists of upwards of 20 vendors come together to sell quality produce and foodstuff. Alongside the vendors, customers can take part in cooking demonstrations that show ways to use the produce for sale.

Baby and Me
Baby and Me Tobacco Free is a national program that helps pregnant women, and those around them quit smoking. The program has partnered with MPHCA to bring its services to Mississippi. In exchange for attending Tabacco cessation Counseling and taking a test to prove that they are no longer smoking, women can earn diaper vouchers to help support them and their child.

Getting to Zero
Imagine no more HIV transmissions in Mississippi in five years. That’s a future that Mazdak Mazarei and Brandon Harrison of the Primary Care Development Corporation want to make real. With their “Getting To Zero” program, Mazarei and Harrison partnered with 5 FQHCs in Mississippi, including Delta Health Center and Coastal Family Health Center.

The Program hopes to improve identification techniques, add resources, and sharpen testing techniques so that HIV patients are easier to identify and subsequently treat and coach. “Getting to Zero” has made a multi-year commitment to Mississippi and its partner FQHCs.

“FQHCs continue to provide communities of caring demonstrating evidence-based outcomes with proven analysis of lower cost.”
—Janice Sherman, CEO, MPHCA
In Community

2017 Champions 4 Health Tour

In 2017 Community Health Centers partnered with key stakeholders to host a series of meetings around the following issues impacting Mississippians:

- Medicaid & Health Policy
- Workforce Development
- Education
- Mental Health & Substance Abuse (Opioids)

The series provided key insights and strategies to these emerging issues and generated over 100 participants among 3 statewide audiences. Conversations with strategic partners continue thanks to our partners at Lemont Scott Group and Capitol Resources Group.

National Health Center Week

Left to right: Ms. Aurelia Jones-Taylor, Mr. John Fairman, and Ms. Marilyn Sumerford
National Advocacy

1. Community Health Centers Secure Funding for Two More Years

In September of 2017, Community Health Center funding expired alongside funding for the Children’s Health Insurance Program. Advocates from across the state of Mississippi and the United States worked together to see that funding was reinstated. A concerted effort including phone call drives, social media posts, and public awareness initiatives, led to a large, inclusive national conversation.

February 6th 2018 was Red Alert for CHCs day. It was a nationwide day of awareness for Community Health Center Funding. Advocates across the Country wore red to visibly demonstrate their support for the CHC movement. That same day, advocates from Mississippi made their way to Washington, D.C., to meet with legislators and policy makers.

On February 9th, the hard work paid off. The United States Congress worked to include 2 years of CHC funding to the tune of $7 billion. Without the efforts of Advocates, CHC employees and stakeholders, and Mississippi lawmakers, the restoration of CHC funding would not have been possible.

2. ACE: Top Advocates in the Country

The Health Center Advocacy Network encourages CHCs to share their voices through participation in the Advocacy Center of Excellence Program (ACE). An ACE CHC is a Health Center that has achieved certain measures of advocacy success and demonstrated an ongoing commitment to advocacy by making it an organizational priority. Becoming an ACE center ensures that the Health Center, the patients you serve, and the community at large has a voice in the process and critical decisions being made by the nations policymakers. Mississippi is a great state for Advocacy. With 1,698 registered ACE Advocates, Mississippi is the top state for advocacy engagement. 2018 will bring more advocacy, with statewide efforts to register more advocates.
Community Health Centers lead the state in Patient Centered Medical Homes. In 2017, we gained 6 new organizations, for a total of 120 sites.

<table>
<thead>
<tr>
<th>Year</th>
<th>CHC’s</th>
<th>Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>10</td>
<td>46</td>
</tr>
<tr>
<td>2017</td>
<td>17</td>
<td>120</td>
</tr>
</tbody>
</table>

**Patient Centered Medical Homes**

The Patient Centered Medical Home (PCMH) is a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand. There are 3 types of certifying bodies CHCs have either:

1. NCQA
2. Joint Commission
3. AAAHC

The objective is to have a centralized setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

**6 “MUST-PASS” ELEMENTS FOR PCMH CERTIFICATIONS**

1. Patient-Centered Appointment Access
2. The Practice Team (Team-Based Care)
3. Use Data for Population Management
4. Care Planning and Self-Care Support
5. Referral Tracking and Follow-Up
6. Implement Continuous Quality Improvement
Evidence-Based Initiatives For Improving Clinical Outcomes

Partnership with the University of Mississippi Medical Center and Community Health Centers: Medication Therapy Management

The Medication Therapy Management (MTM) program involves the pharmacist, patient or caregiver, and other healthcare team members working together to promote the safe and effective use of medication for improved clinical outcomes. Pharmacists as medication experts are well-suited for providing patient care that ensures optimal medication therapy outcomes and that can contribute to the lowering of overall healthcare costs.

The Delta Pharmacy Project draws from the University of Mississippi Medical Center experience, other successful community models such as the nationally acclaimed Asheville Project Diabetes MTM program, and the Core elements of an MTM Service Model as well as other national initiatives, to create a patient-centered pharmacy program in rural community pharmacies and provider clinics in the Mississippi Delta. This new model is structured to address the health care needs in this region and to demonstrate how pharmacists can impact clinical, economic, and humanistic outcomes through MTM.

The clinical pharmacists provided MTM sessions focused on cardiovascular risk reduction in a number of patients identified by the MSDH in four sites:

- Aaron E. Henry Community Health Center, Batesville, and Clarksdale
- G.A. Carmichael Family Health Center, Yazoo City
- Vicksburg-Warren Family Health Center (Jackson-Hinds Comprehensive Health Center), Vicksburg
## UDS DATA

### PHYSICIANS

<table>
<thead>
<tr>
<th>Specialty</th>
<th>FTEs</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physicians</td>
<td>32.70</td>
<td>101,201</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>5.02</td>
<td>16,214</td>
</tr>
<tr>
<td>Internists</td>
<td>19.42</td>
<td>65,516</td>
</tr>
<tr>
<td>Obstetrician/Gynecologists</td>
<td>15.30</td>
<td>41,142</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>19.85</td>
<td>54,525</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>0.09</td>
<td>302</td>
</tr>
<tr>
<td><strong>TOTAL PHYSICIANS</strong></td>
<td><strong>92.38</strong></td>
<td><strong>278,900</strong></td>
</tr>
</tbody>
</table>

### ADVANCED PRACTITIONERS

<table>
<thead>
<tr>
<th>Specialty</th>
<th>FTEs</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioners</td>
<td>166.61</td>
<td>430,100</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>1.67</td>
<td>3,516</td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>1.99</td>
<td>5,891</td>
</tr>
<tr>
<td><strong>TOTAL ADVANCED PRACTITIONERS</strong></td>
<td><strong>170.27</strong></td>
<td><strong>439,507</strong></td>
</tr>
</tbody>
</table>

### DENTAL

<table>
<thead>
<tr>
<th>Specialty</th>
<th>FTEs</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>36.41</td>
<td>83,410</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>14.67</td>
<td>11,640</td>
</tr>
<tr>
<td>Dental Assistants, Aides &amp; Techs</td>
<td>57.40</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL DENTAL</strong></td>
<td><strong>108.48</strong></td>
<td><strong>95,050</strong></td>
</tr>
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</table>

### BEHAVIORAL HEALTH

<table>
<thead>
<tr>
<th>Specialty</th>
<th>FTEs</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>0.62</td>
<td>705</td>
</tr>
<tr>
<td>Licensed Clinical Psychologists</td>
<td>0.09</td>
<td>30</td>
</tr>
<tr>
<td>Licensed Clinical Social Workers</td>
<td>7.39</td>
<td>3,231</td>
</tr>
<tr>
<td>Other Licensed Mental Health Providers</td>
<td>9.22</td>
<td>3,235</td>
</tr>
<tr>
<td>Other Mental Health Staff</td>
<td>4.51</td>
<td>2,550</td>
</tr>
<tr>
<td><strong>TOTAL BEHAVIORAL HEALTH</strong></td>
<td><strong>21.83</strong></td>
<td><strong>9,751</strong></td>
</tr>
</tbody>
</table>

### ENABLING SERVICES

<table>
<thead>
<tr>
<th>Specialty</th>
<th>FTEs</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Managers</td>
<td>35.08</td>
<td>17,500</td>
</tr>
<tr>
<td>Patient/Community Education Specialists</td>
<td>20.16</td>
<td>17,555</td>
</tr>
<tr>
<td>Outreach Workers</td>
<td>22.99</td>
<td>N/A</td>
</tr>
<tr>
<td>Transportation Staff</td>
<td>8.71</td>
<td>N/A</td>
</tr>
<tr>
<td>Eligibility Assistance Workers</td>
<td>35.91</td>
<td>N/A</td>
</tr>
<tr>
<td>Interpretation Staff</td>
<td>19.38</td>
<td>N/A</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>5.68</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Enabling Services</td>
<td>2.00</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL ENABLING SERVICES</strong></td>
<td><strong>149.91</strong></td>
<td><strong>35,055</strong></td>
</tr>
</tbody>
</table>

### QUALITY OF CARE INDICATORS

- Trimester of Entry into Prenatal Care (5,351 total patients)
  - First Trimester: 3,582 (66.9%)
  - Second Trimester: 1,415 (26.4%)
  - Third Trimester: 354 (6.6%)
QUALITY OF CARE INDICATORS (cont.)

Children (2 years old) Who Have Been Appropriately Immunized 40.5%
Female Patients Aged 23-64 Who Received One or More Pap Tests 50.9%
Adult Patients Screened for Tobacco Use AND Received Appropriate Treatment 81.5%
Adult Patients Who Have CAD Who Were Prescribed Lipid Lowering Therapy 77.2%
Patients 50-75 Years of Age Who Received Appropriate Colorectal Cancer Screening 35.5%
Patients Newly Diagnosed with HIV Seen for Follow-Up Within 90 Days of Diagnosis 92.6%
Low Birth Weight Deliveries 12.7%
Hypertensive Patients with Controlled Blood Pressure 57.4%
Diabetic Patients with Hba1c ≤ 9% 64.8%

Mississippi Qualified Health Center Program (MQHC)

House Bill 1651-FY 2017 MS State Department of Health Appropriations Bill

The MQHC Program has been successful in providing comprehensive health care to many working underinsured and uninsured residents in Mississippi. However, access to health care remains a vital issue for the state. Restoring equal funding will yield ongoing progress for the future in support of a cost-effective method for providing critically needed health services to Mississippi’s most vulnerable citizens.

MPHCA AND ITS MEMBER COMMUNITY HEALTH CENTERS WANT TO THANK THE LEGISLATORS OF MISSISSIPPI FOR THEIR UNWAVERING SUPPORT OF THIS PROGRAM.
STATEWIDE CHC EMPLOYMENT TOTALS AND ANNUAL PATIENT VISITS 2016

<table>
<thead>
<tr>
<th>DISCIPLINE/PROFESSION</th>
<th>FTES</th>
<th>PATIENT VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>92.38</td>
<td>278,900</td>
</tr>
<tr>
<td>Advanced Practitioners (NP, PA, CNM)</td>
<td>170.27</td>
<td>439,507</td>
</tr>
<tr>
<td>Nurses</td>
<td>288.71</td>
<td>12,943</td>
</tr>
<tr>
<td>Dentists</td>
<td>36.41</td>
<td>83,410</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>14.67</td>
<td>11,640</td>
</tr>
<tr>
<td>Mental/Behavioral Health</td>
<td>22.66</td>
<td>10,444</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>29.66</td>
<td>N/A</td>
</tr>
<tr>
<td>Optometrist/Vision</td>
<td>8.74</td>
<td>6,410</td>
</tr>
<tr>
<td>Total Enabling Staff</td>
<td>149.91</td>
<td>35,055</td>
</tr>
<tr>
<td>Other Staff</td>
<td>1,006.41</td>
<td>N/A</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,819.82</td>
<td>887,060</td>
</tr>
</tbody>
</table>

Source: HRSA Bureau of Primary Health Care, Health Center Data & Reporting.
http://bphc.hrsa.gov/datareporting/index.html

MISSISSIPPI COMMUNITY HEALTH CENTER PATIENTS, 2008-2015

Source: HRSA Bureau of Primary Health Care, Health Center Data & Reporting.
http://bphc.hrsa.gov/datareporting/index.html

PAYOR SOURCE: CHC PATIENTS VS. GENERAL POPULATION, 2016

Sources:
1. HRSA Bureau of Primary Health Care, Health Center Data & Reporting.
http://bphc.hrsa.gov/datareporting/index.html
2. The Henry J. Kaiser Family Foundation, State Health Facts.
http://statehealthfacts.org
**RACE/ETHNICITY: CHC PATIENTS VS. GENERAL POPULATION, 2016**

- **African American**
- **White**
- **Other**
- **Hispanic/Latino**

**MS HEALTH CENTER USERS BY POVERTY LEVEL, 2016**

- 100% and below: 57.3%
- 101-150%: 16.8%
- 151-200%: 7.5%
- Over 200%: 6.3%
- Unknown: 12.1%


Sources:
2. United States Census Bureau, QuickFacts. [https://www.census.gov/quickfacts/](https://www.census.gov/quickfacts/)
1. Aaron E. Henry Community Health Services Center
2. ACCESS Family Health Services
3. Amite County Medical Services
4. Central Mississippi Health Services
5. Claiborne County Family Health Center
6. Coastal Family Health Center
7. Delta Health Center
8. East Central MS Health Care
9. Family Health Care Clinic
10. Family Health Center
11. G.A. Carmichael Family Health Center
12. Greater Meridian Health Clinic
13. Jackson-Hinds Comprehensive Health Center
14. Jefferson Comprehensive Health Center
15. Mallory Community Health Center
16. Mantachie Rural Health Care
17. MississippiCare
18. North Mississippi Primary Health Care
19. Northeast Mississippi Health Care
20. Outreach Health Services
21. Southeast Mississippi Rural Health Initiative

Colored areas represent CHC presence in the county.
### Key Metrics:

<table>
<thead>
<tr>
<th>Metric</th>
<th>Report Year (2017)</th>
<th>Previous Year (2016)</th>
<th>% Change</th>
<th>6 Year Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues</td>
<td>$2,684,006</td>
<td>$2,849,228.00</td>
<td>-6%</td>
<td></td>
</tr>
<tr>
<td>Program Services Expense</td>
<td>$2,078,046</td>
<td>$2,236,278.00</td>
<td>-7%</td>
<td></td>
</tr>
<tr>
<td>Support Services Expense</td>
<td>$666,003</td>
<td>$756,455.00</td>
<td>-12%</td>
<td></td>
</tr>
<tr>
<td>Net Profit (Loss)</td>
<td>-$60,043.70</td>
<td>-$143,505.00</td>
<td>-58%</td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>$33,157</td>
<td>$16,356.00</td>
<td>103%</td>
<td></td>
</tr>
<tr>
<td>Subawards to CHCS</td>
<td>$54,271.81</td>
<td>$572,424.00</td>
<td>-91%</td>
<td></td>
</tr>
<tr>
<td>Subawards</td>
<td>$52,271.81</td>
<td>$572,424.00</td>
<td>-91%</td>
<td></td>
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</table>