ACCOUNTABLE CARE:
Higher Quality, Lower Costs

2018-2019 ANNUAL REPORT
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MISSION STATEMENT
The Community Health Center Association of Mississippi (CHCAMS) supports its members in their collaborative efforts, and advocates for the provision of equal access to quality, comprehensive health care services and for the elimination of health disparities in the state.

VISION STATEMENT
The Community Health Center Association of Mississippi (CHCAMS) 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.

WHO WE ARE
Established in 1981, the CHCAMS is a 501(c)3 non-profit organization. Its membership is comprised of 21 Community Health Centers operating in Mississippi. These health centers provide quality, comprehensive health care in accredited patient-centered medical homes. These health centers are community-based non-profit organizations that receive federal funds, and state and foundation grant funds. Local boards govern them.

In health care systems, community health centers are known as Federal Qualified Health Centers (FQHCs). For more than 50 years, community health centers in the U.S. have been providing primary care to patients, no matter the insurance status. Community Health Centers have a track record in providing high quality, cost-effective primary care, and support services that promote access to care. Our member health centers run more than

CHCAMS WORK

- Communication, Policy & Advocacy
- Data Research
- Training/Technical Assistance & Member Services
- Outreach & Special Populations
- Finance & Operations
- Addressing Emerging Issues
- Clinical & Continuing Education
- Workforce

CORE CULTURAL VALUES
Service | Teamwork | Respect | Integrity | Volume | Excellence

200 PRIMARY HEALTH CARE SITES for over 300,000 MISSISSIPPIANS.

The Community Health Centers generate MORE THAN $250 BILLION per capita to the state’s economy.

The Association’s role is to provide TRAINING, TECHNICAL SUPPORT, and ADVOCACY at the state and federal level for its members.
Thank you to the Community Health Center Association Board for electing me to serve as your President over the past two years. As my tenure comes to an end and I reflect back, many changes have occurred in the delivery of primary health care for the citizens of Mississippi and so many changes still lie ahead.

Value-based care is the model for health care delivery, and it is changing how we provide care. Population health models are being developed and implemented to keep costs down while patient-centered teams including care coordinators, patient navigators, and community health workers are being built to ensure individualized care to address the needs of individuals. In order to increase access to care, telehealth is offered at many health centers helping patients to overcome transportation and cost barriers. Mississippi community health centers are on the cutting edge of population health and other innovations to improve health outcomes in our state.

As primary health care leaders in the state, community health centers serve many with complex health care needs. Community health centers provide quality community-based primary and preventive care for more than 300,000 Mississipians to manage chronic diseases and to stay well.

Community health centers provide many benefits to communities across the state; here are two key benefits to communities:

- **ACCESS TO PRIMARY HEALTH CARE**
  Community health centers provided access to care for 307,320 in CY 2018 in our community clinics, mobile units, and school-based clinics.

- **FUEL FOR THE LOCAL ECONOMY**
  Community health centers are non-profit businesses that are a vital economic driver in rural and underserved communities. Employment in health centers statewide grew 5.4% from 1,895.53 to 1,956.14 FTEs during fiscal year 2018. Many positions are filled with physicians. Physicians provide an economic impact of more than $3 million* to a local community.

*Source: National Economic Impact of Physicians, National Report, January 2018 for the American Medical Association, pg. 5

We partner with stakeholders and policymakers on various issues, especially relating to Medicaid and access to affordable care for the uninsured. Community health centers remain a vital resource in addressing emergency department use among the underinsured and uninsured and in chronic disease management. Community health centers provide a safety net by creating access to high quality comprehensive care no matter the patient’s insurance status so they can receive the care to remain well. This helps drive health care costs down for everyone.

The Mississippi Qualified Health Center funding provided by the state of Mississippi demonstrates a notable return on the taxpayer’s investment. In 2018, the MQHC program allowed for 48,435 additional patients to receive care at a cost of $74.33 per patient for an MQHC grant of $3.6 million.

In 2019, the MQHC program funding of $3.358 million allowed health centers to serve an additional 69,690 patients at a cost of $48.19 per person. This is a nominal amount to keep these patients well, in school, at work, and just as importantly, out of the emergency rooms.

Community health centers bring incredible value to patients, communities, and the health care system in Mississippi. On behalf of the Board and the Community Health Center Association staff, we look forward to working with stakeholders and policy makers as we work to advance population health in Mississippi.
## COMMUNITY HEALTH CENTER ASSOCIATION MEMBERS

### EXECUTIVE COMMITTEE

**PRESIDENT**  
Angel Greer, CEO, Coastal Family Health Center

**PRESIDENT ELECT**  
Dr. Geroldean Dyse, CEO, Southeast Mississippi Rural Health Initiative

**IMMEDIATE PAST PRESIDENT**  
Rashad Ali, MD, JD, CEO, Family Health Center

**SECRETARY**  
Sabrina Howze, CEO, Outreach Health Services

**MEMBER-AT-LARGE**  
Clifton Rodgers, MD, Executive Director, Northeast Miss. Health Care

**MEMBER-AT-LARGE**  
James Nunnally, Executive Director, North Mississippi Primary Health Care

### BOARD MEMBERS

- Aurelia Jones-Taylor, CEO  
  Aaron E. Henry Community Health Services Center
- Marilyn Sumerford, Executive Director  
  ACCESS Community Health Services
- Pam Poole, Executive Director  
  Amite County Medical Services
- Dr. Robert Smith, Director  
  Central Mississippi Health Services
- James E. Oliver, CEO  
  Claiborne County Family Health Center
- Angel Greer, Executive Director  
  Coastal Family Health Center
- John A. Fairman, CEO  
  Delta Health Center
- Jill Bishop, CEO  
  East Central Mississippi Health Care
- Dr. Margaret A. Gray, President/CEO  
  Family Health Care Clinic
- Dr. Rashad Ali, Executive Director  
  Family Health Center
- James Coleman, EdD, CEO  
  G.A. Carmichael Family Health Center
- Wilbert L. Jones, CEO  
  Greater Meridian Health Clinic
- Dr. Jasmin Chapman, CEO  
  Jackson-Hinds Comprehensive Health Center
- Shirley Ellis-Stampley, Executive Director  
  Jefferson Comprehensive Health Center
- Dr. Rozell Chapman, CEO  
  Arena C. Mallory Community Health Center
- Marjorie McKinney, CEO  
  Mantachie Rural Health Care
- James D. Nunnally, Executive Director  
  North Mississippi Primary Health Care
- Dr. Clifton Rodgers, Executive Director  
  Northeast Mississippi Health Care
- Sabrina Howze, Executive Director  
  Outreach Health Services
- Dr. Geroldean Dyse, CEO  
  Southeast Mississippi Rural Health Initiative
- Dr. Janice Bacon, Clinical Representative
- Louise Patterson, Consumer Representative
THREE MISSISSIPPI COMMUNITY HEALTH CENTERS RANK TOP IN COUNTRY FOR QUALITY IMPROVEMENT FROM HRSA

Access Community Health Services, Inc., North Mississippi Primary Health Care, and Amite County Medical Services earned the Health Resources and Services Administration (HRSA) Health Center Quality Leaders designation this grant period, achieving the best overall clinical performance among health centers. Gold represents the top 10%, Silver is the top 11-20%, and Bronze is the top 21-30% for clinical quality measures among 1,400 CHCs in the country. Congratulations to Marilyn Sumerford and staff at ACCESS Community Health Services for earning the Silver Badge; and Pam Poole and staff at Amite Co. Medical Services and James Nunnally and staff at North Mississippi Primary Health Care, both earning the Gold Badge.

EXPANSION OF TWO HEALTH CENTERS CREATES TWO ACCESS POINTS AND CHC PRESENCE IN LAFAYETTE COUNTY

Home of the flagship university in the state and of several literary giants, NMPHC and MississippiCare will bring quality, affordable healthcare to all in and around the greater Oxford area. North Mississippi Primary Health Care (NMPHC) announced the expansion of services in August 2019. “We are excited for this expansion of primary care services with a focus on children’s dentistry needs,” said James Nunnally, CEO of NMPHC. The site opened August 5, 2019.

MississippiCare won a competitive grant from HRSA in September 2019 to expand care in Oxford. “Mississippi has such a state of need in health care, and I’m proud that MississippiCare can be a part of the solution,” said Dr. Steven Collier, CEO of MississippiCare. The physician hired for MississippiCare’s new clinic in Oxford is a graduate of the University of Mississippi. “It is always good for the community when you can recruit and hire your medical providers that live in the town you serve and are committed to the community,” said Dr. Collier.

ORAL HEALTH CARE EXPANDED THROUGH COMPETITIVE GRANT FROM HRSA

Oral Health Services will expand in Biloxi, thanks to a HRSA grant made in September 2019. “Coastal is ecstatic to be recognized by HRSA for having the capability to positively impact the oral health needs along the Mississippi Gulf Coast,” said Dental Director Dr. Lindberg Clark of Coastal Family Health Services. “As a safety net provider, this funding is crucial for improving access to oral health care for the region. The funds will be used to increase our capacity to offer high quality, income-based dental care in Jackson County. This growth will result in better overall community oral health as more patients will be able to have their unmet dental needs addressed.”

COASTAL FAMILY HEALTH CENTER EARN JOINT COMMISSION GOLD SEAL IN TWO AREAS

Coastal Family Health Center has earned The Joint Commission’s Gold Seal of Approval® for Ambulatory Care and Behavioral Health Care. The Gold Seal of Approval® reflects the organization’s commitment to providing safe and quality patient care. “This accreditation is a dream come true for our team who work diligently to meet and exceed personal goals and leadership expectations. I witnessed widespread commitment throughout all our sites as our team went above and beyond to ensure compliance. This was a grassroots-led effort that our board and executive leadership supported,” said Angel Greer, CEO, Coastal Family Health Center.

Coastal Family Health Center merits The CHCAMS Gold Seal of Approval® for Ambulatory Care and Behavioral Health Care. This Gold Seal of Approval® reflects the organization’s commitment to providing safe and quality patient care. “This accreditation is a dream come true for our team who work diligently to meet and exceed personal goals and leadership expectations. I witnessed widespread commitment throughout all our sites as our team went above and beyond to ensure compliance. This was a grassroots-led effort that our board and executive leadership supported,” said Angel Greer, CEO, Coastal Family Health Center.
WEBINARS 2018

Operational Site Visit & New HRSA Compliance
Marketing Workgroup Webinar
Marketing Workgroup Webinar
Financial Performance Measures
OSV & Beyond: Sharing Best Practices
Properly Reporting Preventive Services
Overview of HITEG Resources
Marketing Workgroup Webinar
Social Determinants of Health & the Homeless Population
Immunizing Adults (Pfizer)
Federal Grant Forum
Chronic Care Management
Hurricane Preparedness
Management of Chronic Pain & Addiction in the Primary Care FQHC Setting

DATE

February 8, 2018
February 8, 2019
February 8, 2018
February 28, 2018
March 29, 2018
May 30, 2018
June 1, 2018
June 8, 2018
June 13, 2018
June 20, 2018
June 21, 2018
July 10, 2018
July 13, 2018
July 24, 2018
September 11, 2018
November 30, 2018

WEBINARS 2019

Stigma, Opioid Use, and Overdose: What’s the Connection
Beyond Positive Screening
Conducting Performance Analysis: Performance Improvement Session
MEND
Readiness for Your Upcoming OSV
Cyber Security Awareness
Moving Toward Continuous Compliance: Clinical Program Requirements
MEND Huddle
MEND Huddle
Stigma, Opioid Use, and Overdose: What’s the Connection

DATE

January 14, 2019
January 15, 2019
February 15, 2019
March 5, 2019
March 7, 2019
March 8, 2019
March 19, 2019
May 3, 2019
May 31, 2019
June 5, 2019
July 3, 2019

TRAINING 2019

2019 CHCAMS ANNUAL CONFERENCE
Beyond the Basics: ACA Market Place Application Process
OSV Session
C Suite Leadership Training
C Suite Leadership Training
Beyond the Basics: ACA Market Place Application Process
Advancing the Health of Vulnerable Populations
Advancing the Health of Vulnerable Populations
Cyber-security Training/Tabletop Exercise
Cyber-security Training/Tabletop Exercise
2019 CHCAMS UDS Training
2019 CHCAMS UDS Training

DATE

July 30, 2019
September 3, 2019
September 3, 2019
September 5, 2019
September 19, 2019
October 1, 2019
October 2, 2019
October 4, 2019
October 29, 2019
October 31, 2019
November 11, 2019
December 3, 2019

TRAINING 2019

All Things Data Training
Stigma, Opioid Use and Overdose: What is the Connection
Provider Documentation & Coding Training
Provider Documentation & Coding Training
2019 Clinical Spring Conference
2019 Clinical Spring Conference
Beyond Positive Screening - illegal substances found and implications
Operational Site Visit: Performance Improvement Session
Telemedicine/ECHO Webinar
Readiness for Your Upcoming OSV Site Visit
Cyber Security

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Moving Toward Continuous Compliance: Clinical Program Requirements
MEND Huddle
MEND Huddle
Stigma, Opioid Use, and Overdose: What’s the Connection

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February 8, 2019
April 5, 2019
May 3, 2019
June 21, 2019
June 21, 2019
July 12, 2019
September 6, 2019
September 27, 2019
October 25, 2019
October 10, 2019
February 8, 2019

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Stigma, Opioid Use, and Overdose: What’s the Connection
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MEND
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Cyber Security Awareness
Moving Toward Continuous Compliance: Clinical Program Requirements
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Stigma, Opioid Use, and Overdose: What’s the Connection

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June 21, 2019
July 12, 2019
September 6, 2019
September 27, 2019
October 25, 2019
October 10, 2019
February 8, 2019
C-SUITE TRAINING PROVIDES PRACTICAL TIPS TO CHC LEADERS

The recent C-Suite training provided practical tips, training, and insights from a veteran health care provider who helped launch the community health center movement in the U.S. More than half of Mississippi's CHCs were represented for the full-day workshop on September 19, 2019.

ANNUAL CONFERENCE

The annual conference provides a time to bring staff and leadership together for training, networking, and information sharing.

2018 MPHCA 31ST ANNUAL CONFERENCE
Laser Focused: Elevating the Patient Experience
July 31 – August 3, 2018 | Beau Rivage, Biloxi, Miss.

MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION CHANGES NAME TO THE COMMUNITY HEALTH CENTER ASSOCIATION

The Association determined that adding community in its name would better align itself with the mission of its members. The unveiling of the new name and logo was a part of the 31st Annual Conference in 2018.

CHCAMS 32ND ANNUAL CONFERENCE
Advancing Population Health: Community Health Centers Leading the Charge
July 30 – August 2, 2019 | Beau Rivage, Biloxi, Miss.

The 32nd annual CHCAMS conference “Advancing Population Health: Community Health Centers Leading the Charge” brought approximately 300 health care professionals and community leaders in the health center movement together July 30 – August 2, 2019, at the Beau Rivage Resort in Biloxi, Miss. Among the highlights of the event were a panel discussion by statewide healthcare leaders around the topic of population health and health outcomes, a presentation by Darrin Bowden of HRSA, and keynote speech by Dr. Soma Stout from the Institute of Healthcare Improvement. A new element of the conference was a poster presentation showcasing innovation at health centers.

CLINICAL AND CONTINUING EDUCATION

INNOVATIONS IN MISSISSIPPI COMMUNITY HEALTH CENTERS SHOWCASED, RECOGNIZED

The first poster presentation was held at the 32nd annual CHCAMS conference. Eighteen posters were on display and evaluated by an independent panel of judges. Posters featured innovations that Mississippi Community Health Centers had implemented. Facilitated by CHCAMS Director of Clinical Quality Dr. Sonja Fuqua, the poster presentation has created an opportunity to share innovations to help improve health outcomes for Mississippians.

Poster Presentation Award Recipients for 2019:

FIRST PLACE
ACCESS Community Health Services for The Farmacy Indoor Farmers’ Market—Meeting a Community’s Need, presented by Marilyn Sumnerford, MS and Tammy Shelton, BSN, RN

2ND PLACE
Coastal Family Health Center for All Hands on Deck: Combating Diabetes and Hypertension Takes a Team, presented by Rachael Butler, PharmD

3RD PLACE
G.A. Carmichael Family Health Center Family Centered Nutrition and Physical Activity Intervention to Decrease BMI and Sedentary Habits in Children ages 7-13 presented by Kyskie Bolton, MS, RDN, LDN, CLC
NATIONAL ADVOCACY

Representatives from Mississippi’s Community Health Center’s visited members of Congress during the National Association of Community Health Center’s Policy and Issues Forum, March 26-31, 2019. During this annual meeting, Community Health Center leaders, along with Association staff, have time to let Mississippi’s congressional delegation know how health centers are serving Mississippians and how federal policy can help in the endeavors.

STATE-LEVEL ADVOCACY

Each year, the leadership of the Community Health Center’s along with leadership and staff at the association have activities at the Mississippi State Capitol. These activities include meetings with state representatives and senators, a legislative reception, and a legislative awards presentation.

COMMUNICATIONS, POLICY AND ADVOCACY

HEALTH CENTER WEEK

The National Association of Community Health Centers spearheads the National Health Center Week. The 1400 health centers across the U.S. are encouraged to host activities to call attention to the importance of community health centers as it relates to access to health care. Mississippi’s Governor Phil Bryant proclaimed August 4 - 10, 2019 as Mississippi Community Health Center Week. This effort coincided with the national Community Health Center week. This proclamation helped call attention to Mississippi’s health centers and was accompanied by media appearances by health center advocates and events held statewide.

POLICY & ISSUES FORUM - NACHC, MARCH 26-31, 2019

The Community Health Center Association delegation visits with U.S. Congressmen Rep. Benny Thompson (left) and Senator Roger Wicker (photo on right) in March 2019.

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Governor Phil Bryant appointed CHCAMS CEO Janice Sherman to serve on the 15-member 2019 Rural Health Task Force. The task force focused on three key areas: sustaining and evaluating the current healthcare infrastructure; growing access, and transforming current healthcare practices into those of the future. These areas were intended to determine the root causes of Mississippi’s rural health issues and provide solutions specific to addressing those solutions.

The solutions in the report are those that the task force felt would best help to solve Mississippi’s rural health concerns. The solutions include policy and legislative recommendations as well as opportunities for rural health strategy.

**Two points of significance for FQHCs in the report:**

1. A reference to leveraging statewide Accountable Care Organization development and the request for support for both FQHCs and hospitals regarding infrastructure support; and

2. The importance of Patient Centered Medical Homes. Recommendations in the report are for Medicaid support of the funding of PCMH facilities.

**CHCAMS INITIATES 340 PHARM WORKGROUP**

340B is a vital pharmacy program for the patients of Community Health Centers, but is administratively complex. That is why the Community Health Center Association established the 340B Pharm Workgroup in 2019. The workgroup’s chairman is Ron Henry, RPh, MPH, CTTS, Pharmacy Director of Family Health Center in Laurel. “The workgroup was needed,” said Mr. Henry. “I appreciate Janice (Sherman) for getting it organized.” Pharmacists, CEOs and other C-suite members make up the workgroup and convene quarterly for conference calls. The pharmacists of the group hold monthly meetings for a more informal dialogue to share information. CHCAMS has engaged a law student who is interning with the association to specifically research policy around 340B pharmacy issues.

**65X65 STATEWIDE OBESITY PREVENTION INITIATIVE**

Mississippi’s obesity rate among adults is 37.3 percent. One-third of the U.S. population is obese, and without dedicated efforts to combat the epidemic, this rate is projected to jump to 50 percent by 2030. (Wang, YC et al.). MS-CHCs are joining in the battle of the bulge by promoting health and well-being through education, disease management, and activities in communities. These efforts provide an opportunity for citizens today to build on healthy habits to pass along to future generations.

The 65x65 Obesity Prevention Challenge is a one-day, statewide effort that provides a chance to have fun while calling attention to the disease of obesity and the healthy ways to fight it. Community Health Centers schedule 5K races and other health-promoting events on the same Saturday in August to raise awareness about obesity prevention. The races culminate Community Health Center Week.

**MEND PROGRAM**

MEND (Mind, Exercise, Nutrition, Do It!) is an initiative to help children and adults learn about healthy lifestyles and best nutritional choices.

The CHCAMS Quality Improvement Workgroup leads this program among participating health centers and is funded by the National Assoc. of Health Center’s Obesity Management Program.

Specific impacts to reduce obesity were recorded. Aaron E. Henry Health Center reported that average waist circumference decreased among participants, and physical activity increased to 32.7 hours per week. Delta Health Center reported reduced BMI among participants after the MEND program. G.A. Carmichael Family Health Center reported more than 50% of children and/or parents had recorded weight loss and that 75% of sessions were attended by participants for the entire program.
OUTREACH AND SPECIAL POPULATIONS PROGRAMS

BABY & ME™ TOBACCO FREE

This program addresses the high prevalence of smoking among young women during pregnancy. By providing counseling support and resources to pregnant women, the goal is they will quit smoking and maintain smoking cessation throughout the prenatal period and beyond to postpartum. The program is successful in helping women quit smoking for good, resulting in improved birth outcomes and long-term positive outcomes for women, children, and their families. Mississippi has 11 health centers participating in the Baby and Me program: Aaron Henry Community Health Service Center, Central MS Health Services, Claiborne County Family Health Center, Coastal Family Health Center, Family Health Center, G. A. Carmichael Family Health Center, Greater Meridian Health Clinic, Jackson Hinds Comprehensive Health Center, Jefferson Comprehensive Health Center, and Southeast MS Rural Health Initiative.

OUTREACH AND ENROLLMENT FOR HEALTH CARE THROUGH THE AFFORDABLE CARE ACT

The CHCAMS provides technical assistance and training to place Certified Assisters in Mississippi community health centers. Certified Assisters help community members navigate enrolling and purchasing health insurance through healthcare.gov. The "Beyond the Basics: ACA Market Place Application Process" training facilitated by CHCAMS and sponsored by Molina was held on October 1, 2019. This training provided a step-by-step overview of the Market Place application with a focus on specific topics such as countable income, especially for the self-employed, building collaborative community partnerships, and establishing a better working relationship with Medicaid, Managed Care Organizations (MCOs) and agents. The 42 participants included representation from 14 CHCs, both Qualified Health Plans (Ambetter and Molina), the same 2 MCOs, navigators, and several licensed agents.

WORKFORCE DEVELOPMENT

The CHCAMS has programs that help foster the development of the provider networks for community health centers in the state through recruitment events and maintaining a website for health centers to post openings.

Training and technical assistance for Human Resources management and staff employed at the community health centers are held regularly as part of this program.

QUALITY IMPROVEMENT

Among the quality improvement activities of the association, it hosts monthly quality workgroup meetings. The association also provides technical assistance and training for Health Centers to earn Patient Centered Medical Home recognition.

The Patient Centered Medical Home is a care delivery model where patient treatment is coordinated through the primary care provider. This delivery model ensures the patient receives the necessary care when and where they need it.

Community Health Centers can receive recognition as a Patient Centered Medical Home from one of the following organizations:

- Joint Commission on Accreditation of Healthcare Organizations
- National Committee for Quality Assurance (NCQA)
- Accreditation Association for Ambulatory Health Care (AAAHC)

The medical home encompasses five functions and attributes:

1. Comprehensive Care
2. Patient Centered
3. Coordinated Care
4. Accessible Services
5. Quality and Safety

Source: U.S. Department of Health and Human Services

15 HEALTH CENTERS IN MISSISSIPPI (71.4%) AS OF SEPTEMBER 2019 ARE RECOGNIZED PATIENT CENTERED MEDICAL HOMES
1. Aaron E. Henry Community Health Services Center
2. ACCESS Community 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-Réids 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

Mississippi Community Health Centers UDS Data
The Uniform Data System (UDS) is a standardized reporting system that provides consistent information about health centers. The UDS includes:

- The number and socio-demographic characteristics of people served.
- Types and quantities of services provided.
- Counts of staff who provide these services.
- Information about the quality of care provided to patients.
- Cost and efficiency data relative to the delivery of services.
- Sources and amounts of health center income.

Community Health Center Site Info
This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,239,882 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
## PROVIDERS

### PHYSICIANS

<table>
<thead>
<tr>
<th>Provider</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physicians</td>
<td>38.04</td>
<td>113,083</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>3.72</td>
<td>13,267</td>
</tr>
<tr>
<td>Internists</td>
<td>17.41</td>
<td>54,359</td>
</tr>
<tr>
<td>Obstetrician/Gynecologists</td>
<td>16.04</td>
<td>44,382</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>16.66</td>
<td>37,676</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>1.12</td>
<td>2,323</td>
</tr>
<tr>
<td><strong>TOTAL PHYSICIANS</strong></td>
<td><strong>92.99</strong></td>
<td><strong>265,090</strong></td>
</tr>
</tbody>
</table>

### DENTAL

<table>
<thead>
<tr>
<th>Provider</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>38.32</td>
<td>78,719</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>14.62</td>
<td>12,047</td>
</tr>
<tr>
<td>Dental Assistants, Aides, and Techs</td>
<td>54.59</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL Dental</strong></td>
<td><strong>107.53</strong></td>
<td><strong>90,766</strong></td>
</tr>
</tbody>
</table>

### ADVANCED PRACTITIONERS

<table>
<thead>
<tr>
<th>Provider</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioners</td>
<td>191.91</td>
<td>468,903</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>2.83</td>
<td>8,128</td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>1.63</td>
<td>5,131</td>
</tr>
<tr>
<td><strong>TOTAL ADVANCED PRACTITIONERS</strong></td>
<td><strong>196.37</strong></td>
<td><strong>482,162</strong></td>
</tr>
</tbody>
</table>

### ENABLING SERVICES

<table>
<thead>
<tr>
<th>Provider</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Managers</td>
<td>40.52</td>
<td>25,454</td>
</tr>
<tr>
<td>Patient/Community Education Specialists</td>
<td>13.11</td>
<td>24,812</td>
</tr>
<tr>
<td>Outreach Workers</td>
<td>18.55</td>
<td>N/A</td>
</tr>
<tr>
<td>Transportation Staff</td>
<td>11.74</td>
<td>N/A</td>
</tr>
<tr>
<td>Eligibility Assistance Workers</td>
<td>39.18</td>
<td>N/A</td>
</tr>
<tr>
<td>Interpretation Staff</td>
<td>18.15</td>
<td>N/A</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>11.01</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Enabling Services</td>
<td>0.50</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL ENABLING SERVICES</strong></td>
<td><strong>152.76</strong></td>
<td><strong>50,266</strong></td>
</tr>
</tbody>
</table>

### BEHAVIORAL HEALTH

<table>
<thead>
<tr>
<th>Provider</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>1.16</td>
<td>1,222</td>
</tr>
<tr>
<td>Licensed Clinical Psychologists</td>
<td>0.34</td>
<td>31</td>
</tr>
<tr>
<td>Licensed Clinical Social Workers</td>
<td>12.90</td>
<td>6,464</td>
</tr>
<tr>
<td>Other Licensed Mental Health Providers</td>
<td>8.53</td>
<td>5,789</td>
</tr>
<tr>
<td>Other Mental Health Staff</td>
<td>8.23</td>
<td>1,275</td>
</tr>
<tr>
<td><strong>TOTAL BEHAVIORAL HEALTH</strong></td>
<td><strong>31.16</strong></td>
<td><strong>14,781</strong></td>
</tr>
</tbody>
</table>
CLINICAL QUALITY PERFORMANCE

QUALITY OF CARE INDICATORS

<table>
<thead>
<tr>
<th>Trimester of Entry into Prenatal Care (5,350 total patients)</th>
<th>First Trimester</th>
<th>Second Trimester</th>
<th>Third Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with Age Appropriate Immunizations by 2 Years of Age</td>
<td>64.0%</td>
<td>29.4%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Female Patients Aged 23-64 Who Received One or More Pap Tests</td>
<td>47.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Patients Screened for Tobacco Use AND Received Appropriate Treatment</td>
<td>83.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Patients Who Have CAD Who Were Prescribed Lipid Lowering Therapy</td>
<td>70.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients Newly Diagnosed with HIV Seen for Follow-Up within 90 Days of Diagnosis</td>
<td>91.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Patients 50-75 Years of Age Who Received Appropriate Colorectal Cancer Screening</td>
<td>40.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Birth Weight Deliveries</td>
<td>13.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertensive Patients with Controlled Blood Pressure</td>
<td>58.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic Patients with HbA1c ≤ 9%</td>
<td>66.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ACCESS TO CARE

MISSISSIPPI COMMUNITY HEALTH CENTER PATIENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>307,320</td>
<td>302,000</td>
<td>297,000</td>
<td>292,000</td>
<td>287,000</td>
<td>282,000</td>
<td>277,000</td>
<td>272,000</td>
</tr>
</tbody>
</table>

STATEWIDE CHC EMPLOYMENT TOTALS AND ANNUAL PATIENT VISITS

<table>
<thead>
<tr>
<th>DISCIPLINE/PROFESSION</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>92.99</td>
<td>265,090</td>
</tr>
<tr>
<td>Advanced Practitioners (NP, PA, CNM)</td>
<td>196.37</td>
<td>482,162</td>
</tr>
<tr>
<td>Nurses</td>
<td>390.42</td>
<td>9,980</td>
</tr>
<tr>
<td>Dentists</td>
<td>38.32</td>
<td>78,719</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>14.62</td>
<td>12,047</td>
</tr>
<tr>
<td>Mental/Behavioral Health</td>
<td>31.16</td>
<td>14,781</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>33.33</td>
<td>N/A</td>
</tr>
<tr>
<td>Optometrist/Vision</td>
<td>9.80</td>
<td>6,830</td>
</tr>
<tr>
<td>Total Enabling Staff</td>
<td>152.76</td>
<td>50,266</td>
</tr>
<tr>
<td>Other Staff</td>
<td>1,076.37</td>
<td>15,987</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,956.14</td>
<td>935,862</td>
</tr>
</tbody>
</table>

PAYER SOURCE: MS CHC PATIENTS VS. GENERAL POPULATION

<table>
<thead>
<tr>
<th>Payer Source</th>
<th>Mississippi Community Health Center Patients</th>
<th>Mississippi Population</th>
<th>US Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Medicaid/CHIP</td>
<td>20%</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Private</td>
<td>10%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Medicare</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>
MISSISSIPPI QUALIFIED HEALTH CENTER PROGRAM (MQHC)

The Mississippi Qualified Health Center Program emerged from the need to address the immense disparities and access barriers between primary health care for uninsured or medically indigent patients and the insured populations. The program was established under House Bill 402 during the 1999 Legislative Session and funded through the Health Care Expendable Fund. The Legislature allocated funding for a 5-year, $20 million program to be distributed at a rate of $4 Million per year for SFYs 2000-2004 with no MQHC receiving more than $200,000 annually. Grant awards to the 21 Mississippi QHCs (or Community Health Centers) are used to provide increased access to preventative and primary care services for uninsured or medically indigent patients and to augment existing services. Many CHCs have new services made possible due to the funding provided by the MQHC Program.

FUNDING SOURCES

<table>
<thead>
<tr>
<th>Source</th>
<th>2017-2018</th>
<th>%</th>
<th>2018-2019</th>
<th>%</th>
<th>JULY 2019</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>330 Grant</td>
<td>$1,172,882.00</td>
<td>51%</td>
<td>1,239,882.00</td>
<td>44%</td>
<td>$93,007.48</td>
<td>31%</td>
</tr>
<tr>
<td>State Grants</td>
<td>102,057.33</td>
<td>4%</td>
<td>160,739.26</td>
<td>6%</td>
<td>4,218.29</td>
<td>1%</td>
</tr>
<tr>
<td>Private Foundation</td>
<td>141,122.50</td>
<td>6%</td>
<td>156,574.46</td>
<td>6%</td>
<td>19,581.25</td>
<td>7%</td>
</tr>
<tr>
<td>Membership Dues</td>
<td>266,466.10</td>
<td>12%</td>
<td>262,858.25</td>
<td>9%</td>
<td>135,650.13</td>
<td>46%</td>
</tr>
<tr>
<td>GPO &amp; Admin Fees &amp; Misc</td>
<td>624,400.64</td>
<td>27%</td>
<td>994,120.32</td>
<td>35%</td>
<td>44,126.36</td>
<td>15%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2,306,928.57</td>
<td>100%</td>
<td>2,814,174.29</td>
<td>100%</td>
<td>296,583.51</td>
<td>100%</td>
</tr>
</tbody>
</table>

FUNDING BY REVENUE STREAM

<table>
<thead>
<tr>
<th>Metric</th>
<th>Report Year (2017)</th>
<th>Previous Year (2018)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>330 Grant</td>
<td>$1,172,882.00</td>
<td>1,239,882.00</td>
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</tr>
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<tr>
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<td>2,306,928.57</td>
<td>2,814,174.29</td>
<td>296,583.51</td>
</tr>
</tbody>
</table>
THE MQHC GRANT PROGRAM ASSISTS IN PROVIDING COMPREHENSIVE HEALTH CARE SERVICES TO RURAL AND UNDERSERVED MISSISSIPPIANS, INCLUDING:

- Primary Care
- Mobile Units
- School-based Clinics
- Pediatric Care
- Diagnostic Imaging
- Dental Care – Primary & Preventative
- Chronic Care Management
- Mental Health Care
- Women’s Health
- Health Education
- Social Services
- Health Care Transportation

$3.6 Million appropriation from the Mississippi Legislature (2018)
ROI (2018) = $32.88 per patient

$3.3 Million appropriation from the Mississippi Legislature (2019)
ROI (2018) = $48.19

MQHC funding increased access for 48,435 additional patients in FY18 and 69,690 additional patients in FY19.

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