Andrea Anderson, MD
Medical Director
Upper Cardozo Health Center
Medical Director of Family Medicine
Unity Health Care
aanderson@unityhealthcare.org
For Unity. . .
Our Mission Comes First

Promoting healthier communities through compassion and comprehensive health and human services, regardless of ability to pay.
**UNITY’S MISSION**

- Promoting healthier communities through compassion and comprehensive health and human services, regardless of ability to pay.

**UNITY’S VISION**

- Unity Health Care will be recognized as the health care provider and employer of choice by establishing a culture that champions patient centered-care, promotes staff engagement, embraces the latest technology, and pursues community partnerships and strategic alliances.

**UNITY’S VALUES**

- Unity Health Care will strive to create a model of Service Leadership in our relationships with each other, our patients and stakeholders. This model will challenge us to embody the qualities of:
  - Listening
  - Awareness
  - Empathy
  - Healing
  - Respect
  - Accountability
Background

• Unity’s Mission: “Promoting healthier communities through compassion and comprehensive health and human services, regardless of ability to pay.”

• A Federally Qualified Health Center (FQHC) and Ryan White Parts A, B, and C grantee/sub-grantee

• Large network of 20+ sites, including health centers, homeless service sites, correctional sites, and mobile sites
About Unity Health Care

- More than 25 years experience in Washington, DC
- 1985 - Unity founded as “Health Care for the Homeless Project (HCHP)
- 1996 - The Federal Government requested that HCHP become the emergency grantee for the Community Health Center Program [Section 330(3)] in DC
- 1997 - HCHP changed its name to Unity Health Care, Inc.
- 2001 - Unity Health Care joined the DC Health Care Alliance
- In 2001, 5 additional CHCs added to Unity network
About Unity Health Care

- **2005** - Unity Celebrated 20 years of Service.
- **2006** - Unity starts the provision of health services to the District of Columbia’s Department of Correction incarcerated population.
- **2007** - Establishment of Unity Health Care’s Foundation (“The Foundation”)
- **2009** - Unity Health Care implemented Electronic Medical Records
- **2009** – First Lady Michelle Obama visits Unity’s Upper Cardozo Health Center to support wellness programs and to announce ARRA Funding to support the center’s renovation
- **2010** - Unity Celebrated 25 years of service.
- **2011** – Renovation completed on the Upper Cardozo Health Center using ARRA funding
- **2012** – Unity Enhances the Patient Centered Medical Home Model of Care and Initiates Convenient Care - adding an additional 40 hours to two health centers and providing care 7 days a week
- **2012** – Unity reaches a milestone – providing care for 100,000+ patients a week
- **2013** – Unity becomes a satellite education campus for Medical Students from AT Still University College of Osteopathic Medicine. Ten medical students per year complete their 2nd, 3rd, and 4th years at Unity centers.
- **2013** – Unity uses HRSA funding to become a Teaching Community Health Center, welcoming 6 Family Medicine Residents a year through a partnership with the Wright Center for Graduate Medical Education
Health Care for the Homeless Project Founded

1985

Obtained Federal Funding

1987

Expanded to two FQHC community health centers

1996

Changed name to Unity Health Care, Inc.

1997

Assumed operations of Alliance health centers, pharmacies, and Phoenix Center

2001

Began providing medical care in the DC jail

2004

Implemented electronic medical records

2006

Established the First Residency and Medical Training Community Campus in the District of Columbia

2009

Implemented Convenient Care and ER Diversion

2012

2013
We Provide Care Throughout DC at Almost 30 Locations
Unity Health Care at a Glance

• Present in All 8 Wards of the District of Columbia
• Twelve (12) Community-Based Centers
• Ten (10) Medical Sites in Homeless Shelters
• Three (3) School Based Health Centers
• Two (2) Health Service Sites in DC Jails
• One (1) Mobile Medical Care Unit (outreach van providing care to homeless persons)
• Eight (8) WIC Centers
• In 2012, served 100,000 patients, about 2,500 of whom were living with HIV
<table>
<thead>
<tr>
<th>TOTAL PATIENTS</th>
<th>TOTAL VISITS</th>
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<tbody>
<tr>
<td>101,613</td>
<td>548,559</td>
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</tbody>
</table>

**WHO ARE OUR PATIENTS?**

- **WORKING POOR/UNINSURED**: 91,491 (90%)
- **HOMELESS**: 10,122 (10%)

**AFRICAN AMERICAN**: 72%

**CAUCASIAN**: 3%

**NATIVE HAWAIIAN/PACIFIC ISLANDER**: <1%

**NATIVE AMERICAN**: <1%

**ASIAN**: <1%

**MORE THAN ONE RACE/OTHER**: 5%

**UNKNOWN**: 19%
TOTAL PATIENTS    TOTAL VISITS
101,613          548,559

WHO ARE OUR PATIENTS?

INCOME AS PERCENT OF POVERTY LEVELS
• 100% & BELOW    67%
• 101 – 200%      10%
• OVER 200%       5%
• UNKNOWN         13%

INSURANCE STATUS
• MEDICAID        63%
• MEDICARE        6%
• OTHER PUBLIC (DC ALLIANCE, JAIL) 20%
• PRIVATE INSURANCE 6%
• UNINSURED      5%
Unity Health Care, Inc.—Payer Mix

- Managed Medicaid: 50.8%
- Medicare: 9.8%
- DC Healthcare Alliance: 9.6%
- Private Insurance: 6.1%
- Medicaid Fee for Service: 14.4%
- Uninsured: 9.3%
- Medicare: 9.8%
Now has >1,000 staff that includes:
- medical and dental providers, nurses, medical /dental assistants, pharmacists, social workers/counselors, and many more.

Every year, through a network of approximately 30 health centers and a mobile medical unit, we provide care for more than **100,000 members of our community** through 548,000+ visits!

We continue to provide care to our patients who are **homeless, the working poor, under/uninsured, newborn to elderly, living with HIV/AIDS and/or hepatitis**, as well as those who are **incarcerated and recently released** from jail and prisons.
Socioeconomic Context of Washington DC:

- Population of approximately 640,000
- 43% white, 49% Black, 10% Hispanic (some mixed)
- Divided into 8 wards, Ward 2 has the largest population
- 87% high school graduates, 51% bachelor’s degree
- ¼ employed by federal government
- Language other than English spoken at home: 15%
Socioeconomic Context of Washington DC:

- Poverty rate of 18%
- Single Person = $9313
- Family of four = $23,492
- Low FPL means that many are above the FPL but still have trouble meeting the needs of their families

Q-What are the poorest wards in DC?
A- Wards 7 & 8 -> ⅓ residents there under poverty line
Low income DC residents are more likely to:

- Have worse health care outcomes
- Have less health care insurance
- Have less access to primary care providers
- Have higher rates of chronic disease
- More likely to be hospitalized for diseases that could be treated and managed in a primary care setting
- Have avoidable conditions for which they use emergency rooms
- Have early disability and early death
**Community Health Centers**

- Located in or serve a high-need community
- Governed by a community board composed of a majority of (>51%) health center patients
- Provide comprehensive primary health care services as well as supportive services- education, translation, transportation- that promote access to health care
- Provide services available to all- w/ fees adjusted based on ability to pay
- Meet other performance and accountability requirements- regarding admin., clinical, financial operations.
Community Health Centers, like Unity Health Care

Types of Health Centers:

Grant-Supported
Federally Qualified Health Centers are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act) and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

Non-grant-supported Health Centers are health centers that have been identified by HRSA and certified by the Centers for Medicare and Medicaid Services as meeting the definition of "health center" under Section 330 of the PHS Act, although they do not receive grant funding under Section 330. They are referred to as "look-alikes."

### 2013 HEALTH CENTER IMPACT

**PROGRAM GRANTEES**

- **SERVED**: 21.7 MILLION PATIENTS
  - 93% Below 200% poverty
  - 73% Below 100% poverty
  - 35% Uninsured
  - 1,131,414 homeless individuals
  - 861,120 agricultural workers
  - 227,665 residents of public housing

- **PROVIDED**: 86 MILLION PATIENT VISITS
  - in 1,202 organizations across more than 9,208 service sites

- **EMPLOYED MORE THAN**: 156 THOUSAND STAFF
  - including 10,733 physicians, 8,156 nurse practitioners, physicians assistants, and certified nurse midwives

**LOOK-ALIKES**

- **SERVED**: 1 MILLION PATIENTS
  - 93% Below 200% poverty
  - 74% Below 100% poverty
  - 32% Uninsured
  - 20,011 homeless individuals
  - 10,681 agricultural workers

- **PROVIDED**: 4 MILLION PATIENT VISITS
  - in 100 organizations across more than 310 service sites

- **EMPLOYED MORE THAN**: 6 THOUSAND STAFF
  - including 588 physicians, 325 nurse practitioners, physicians assistants, and certified nurse midwives
What are the HRSA-funded community health centers in DC?

<table>
<thead>
<tr>
<th>Health Center</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td>COMMUNITY OF HOPE</td>
<td>Washington</td>
<td>District of Columbia</td>
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<tr>
<td>FAMILY AND MEDICAL COUNSELING SERVICE, INC.</td>
<td>Washington</td>
<td>District of Columbia</td>
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<td>LA CLINICA DEL PUEBLO</td>
<td>WASHINGTON</td>
<td>District of Columbia</td>
</tr>
<tr>
<td>MARY'S CENTER FOR MATERNAL &amp; CHILD CARE INC</td>
<td>WASHINGTON</td>
<td>District of Columbia</td>
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<tr>
<td>UNITY HEALTH CARE, INC.</td>
<td>Washington</td>
<td>District of Columbia</td>
</tr>
</tbody>
</table>

7,100 pts  
2,889 pts  
3,140 pts  
32,146 pts  
105,396 pts

**Bonus question**- How many outpatients does GWU/GW MFA have per year?

105,980 visits per year

(Unity has 517,988 visits per year)
What is the Uniform Data Service (UDS)?

A core set of information appropriate for reviewing the operation and performance of health centers (like Unity Health Care).

What Data Are Collected?
The UDS tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues.
## Unity’s UDS Measures

<table>
<thead>
<tr>
<th>Quality of Care Indicators/Health Outcomes</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2011 - 2013 Trend %Change</th>
<th>Adjusted Quartile Ranking</th>
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<tbody>
<tr>
<td><strong>Perinatal Health</strong></td>
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<tr>
<td>Access to Prenatal Care (First Prenatal Visit in 1st Trimester)</td>
<td>66.6%</td>
<td>63.7%</td>
<td>67.9%</td>
<td>1.9%</td>
<td>4</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>10.1%</td>
<td>10.4%</td>
<td>7.9%</td>
<td>-21.5%</td>
<td>3</td>
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<tr>
<td><strong>Preventive Health Screening &amp; Services</strong></td>
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<tr>
<td>Cervical Cancer Screening</td>
<td>68.6%</td>
<td>59.7%</td>
<td>58.3%</td>
<td>-15.0%</td>
<td>3</td>
</tr>
<tr>
<td>Adolescent Weight Screening and Follow Up</td>
<td>73.1%</td>
<td>69.7%</td>
<td>74.7%</td>
<td>2.2%</td>
<td>1</td>
</tr>
<tr>
<td>Adult Weight Screening and Follow Up</td>
<td>77.1%</td>
<td>95.4%</td>
<td>96.2%</td>
<td>24.8%</td>
<td>1</td>
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<tr>
<td>Tobacco Use Screening</td>
<td>37.1%</td>
<td>89.8%</td>
<td>97.3%</td>
<td>162.0%</td>
<td>3</td>
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<tr>
<td>Tobacco Cessation Counseling for Tobacco Users</td>
<td>88.6%</td>
<td>53.4%</td>
<td>56.2%</td>
<td>-36.5%</td>
<td>3</td>
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<tr>
<td>Colorectal Cancer Screening</td>
<td></td>
<td>16.0%</td>
<td>17.7%</td>
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<tr>
<td>Childhood Immunization</td>
<td>34.3%</td>
<td>31.0%</td>
<td>67.0%</td>
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<td>3</td>
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<tr>
<td><strong>Chronic Disease Management</strong></td>
<td></td>
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<tr>
<td>Asthma Treatment (Appropriate Treatment Plan)</td>
<td>93.1%</td>
<td>93.7%</td>
<td>93.6%</td>
<td>0.6%</td>
<td>1</td>
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<tr>
<td>Cholesterol Treatment (Lipid Therapy for Coronary Artery Disease Patients)</td>
<td></td>
<td>69.9%</td>
<td>75.1%</td>
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<td>3</td>
</tr>
<tr>
<td>Heart Attack/Stroke Treatment (Aspirin Therapy for Ischemic Vascular Disease Patients)</td>
<td></td>
<td>80.5%</td>
<td>80.8%</td>
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<td>2</td>
</tr>
<tr>
<td>Blood Pressure Control (Hypertensive Patients with Blood Pressure &lt; 140/90)</td>
<td>55.5%</td>
<td>58.4%</td>
<td>54.1%</td>
<td>-2.5%</td>
<td>3</td>
</tr>
<tr>
<td>Diabetes Control (diabetic patients with HbA1c &lt;= 9%)</td>
<td>69.7%</td>
<td>58.9%</td>
<td>60.0%</td>
<td>-14.0%</td>
<td>4</td>
</tr>
</tbody>
</table>
Unity’s UDS Measures

<table>
<thead>
<tr>
<th>Medical Conditions (% of patients with medical conditions)</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2011 - 2013 Trend %Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
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<td></td>
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<tr>
<td>Medical Conditions</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hypertension</td>
<td>24.8%</td>
<td>25.7%</td>
<td>24.9%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9.7%</td>
<td>11.3%</td>
<td>11.2%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Asthma</td>
<td>8.6%</td>
<td>8.9%</td>
<td>8.6%</td>
<td>-1.1%</td>
</tr>
<tr>
<td>HIV</td>
<td>3.0%</td>
<td>2.9%</td>
<td>2.7%</td>
<td>-11.7%</td>
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<tr>
<td>Prenatal</td>
<td></td>
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<tr>
<td>Prenatal Patients</td>
<td>2,869</td>
<td>2,721</td>
<td>2,864</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Prenatal patients who delivered</td>
<td>1,638</td>
<td>1,677</td>
<td>1,775</td>
<td>8.4%</td>
</tr>
</tbody>
</table>
FACT SHEET

UNITY HEALTH CARE AT A GLANCE

- Present in all 8 wards of the District of Columbia.
- Twelve (12) community-based centers
- Ten (10) medical sites in homeless shelters
- Five (5) school-based health centers
- Two (2) health services sites in DC Jails
- One (1) mobile outreach van providing care to homeless persons

Our Mission
Promoting healthier communities through compassion and comprehensive health and human services, regardless of ability to pay.

Our Vision
Unity Health Care will be recognized as the health care provider and employer of choice by establishing a culture that champions patient centered care, promotes staff engagement, embraces the latest technology, and pursues community partnerships and strategic alliances.

Our Visitor Statement
Unity Health Care will strive to create a model of Service Leadership in our relationships with each other, our patients and stakeholders. The model will change us to embody the qualities of:
- Listening
- Awareness
- Empathy
- Healing
- Respect
- Accountability

Site Map

1. Friendship Place
2. Upper Cardozo Health Center
3. Christ House
4. Unity at Columbia Road
5. Cardozo Student Health Center
6. Beaconsfield Square Health Center
7. New York Avenue
8. Harbor Light
9. Unity at Pathways to Housing
10. N Street Village
11. Walker Jones Health Center
12. Blair Shelters
13. Parkside Health Center
14. Woodson School Based Health Center
15. Central Union Mission
16. Federal City (CCNV)
17. Minnesota Avenue Health Center
18. East of the River Health Center
19. Eastern School Based Health Centers
20. Unity at DC General
21. DC Jail Facilities (CDF/CTF)
22. Southwest Health Center
23. Anacostia Health Center
24. 8th St East
25. Stanton Road Health Centers
26. Ballou School Based Health Center
27. Congress Heights Health Center
28. CharlesNLG Academy in Laurel, MD

*Updated June 30, 2014

INCOME AS PERCENT OF POVERTY LEVELS

- 100% & BELOW: 91%
- 101—200%: 7%
- OVER 200%: 2%

INSURANCE STATUS

- Medicaid: 61%
- Medicare: 6%
- Other Public Insurance: 15%
- Private Insurance: 6%
- Uninsured: 12%
Unity operates numerous clinics and programs:

- **11 Community Health Centers** (Mon–Fri; 8:15 - 4:45)
- **2 Convenient Care sites** which see extended hour walk-in patients (Mon-Fri: 5-10pm and Sat-Sun: 8am-2pm) as well as daytime hours
- **5 school-based health centers at High Schools** (Mon–Fri; 8:15 – 4:45)
- **9 clinics in Homeless Shelters:** (Mon–Fri; morning, afternoon and/or evening hours) and **1 site within a Core Service Agency.**
- **3 of the health centers** have after-hour appointments: (some weeknights 5 – 8pm and Saturday 8a – 12pm)
- **1 medical mobile homeless outreach van** (Mon–Fri; am, pm & evening hrs.)

**Unity Health Care also operates 2 Correctional Health Care Sites in the District of Columbia.** Inmates (patients) are at the jail for an average of < 45 days and are there for pretrial or for short term sentences.

- Some providers work full-time in corrections, however our model is for providers to work at both a correctional site and a community site for 40/60% time, respectively. **This promotes re-connectivity and continuity of care for patients post-release, especially for those with medical and mental health needs.**
MEDICAL & DENTAL SPECIALTIES AT UNITY

1. Family Medicine
2. Internal Medicine
3. Pediatrics
4. Cardiology
5. Gastroenterology
6. Infectious Diseases
7. Nephrology
8. Neurology
9. Obstetrics/Gynecology
10. Ophthalmology
11. Orthopedics
12. ENT
13. Podiatry
14. Psychiatry/Child
15. Pulmonology
16. General Surgery
17. Dental Hygienist
18. Dentistry
19. Oral Surgery
20. Rheumatology
21. Heme/Onc
Summary of Unity Health Care Programs and Initiatives

- Convenient Care/ER Diversion
- Re-Entry Program
- Wellness Programs
- Fruit & Vegetable Rx
- Automated Appointment Reminder Program
- Health Information Technology
- Unity Key Corners
- Youth and Families Initiative (YFI)
- School Based Health Center
- Family Planning Services

- Teaching
- Park Rx
- HIV prevention, Testing, Treatment and Support
- Family Planning Services
- Group Health Visits
  - Group Prenatal Care
  - Group Diabetes Care
  - Group Stress and Pain Management
  - Group Adult Obesity Care
  - Group Pediatric Obesity Care
UNITY'S CONVENIENT CARE

Monday - Friday / 8 AM to 10 PM | Sat & Sun / 8 AM to 2 PM

Available at two of our community health centers:

UNITY'S UPPER CARDOZO HEALTH CENTER
3020 14th St., NW, Washington, DC 20009

UNITY'S MINNESOTA AVENUE HEALTH CENTER
3924 Minnesota Ave., NE, Washington, DC 20019

Now Available 7 days a week & Weeknights until 10 p.m. WALK-INS WELCOME
Unity has invested more than 20 years and over 25,000 teaching hours per year training, teaching and mentoring learners from a large and diverse array of local and remote Residencies and Universities.

As of summer 2013, Unity in partnership with A.T. Stills University School of Osteopathic Medicine in Arizona and The Wright Center for Graduate Medical Education (Scranton, PA), become a **community training campus for 10 medical students and 6 family medicine residents per training year.**
UNITY PROVIDERS

Carry out Unity’s mission to provide comprehensive and compassionate care to the area’s most vulnerable patients

They are graduates of some of the best schools and training programs in the country and are involved in policy, research and advocacy activities throughout the area, such as:
Testifying before Congress on healthcare issues; accompanying patients to the White House for First Lady Obama’s wellness initiatives; leading area chapters of national organizations such as the American Academy of Pediatrics and much more.

HHS Secretary Kathleen Sebelius visits Unity’s Upper Cardozo Health Center in celebration of National Health Service Corps Community Day 2012
Unity has received NCQA level 3 recognition as a Patient Centered Medical Home

Principles of a Patient-Centered Medical Home:

• Provides patients with easy access to care that is coordinated, focused on the patient as a whole person, and based on sustained personal relationships between the patient and a multidisciplinary care team.

• Focuses on giving patients the education and tools they need to manage their chronic conditions successfully. Unity patients have access to an online portal.

• Uses health information technology, including an electronic medical record to manage patient populations proactively. Unity has been using eClinical Works since June 2009. All of our sites are interconnected to eCW and it is available remotely (at home) to providers.

• Uses data to inform quality improvement efforts.
NCQA’s Definition of a Medical Home:
Six Standards

1: Enhance Access and Continuity
2: Identify and Manage Patient Populations
3: Plan and Manage Care
4. Provide Self-Care Support and Community Resources
5. Track and Coordinate Care
6: Measure and Improve Performance
First Step:
Reorganization of our primary care work force into teams
## Second Step: PCMH Gap Analysis

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<thead>
<tr>
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<th>A</th>
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<tbody>
<tr>
<td><strong>STANDARD 2: IDENTIFY AND MANAGE PATIENT POPULATIONS</strong></td>
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<tr>
<td>2</td>
<td>Element</td>
<td>Facts</td>
<td>Data</td>
<td>Value</td>
<td>A policy or procedure, not an IT issue</td>
<td>In place, no problems</td>
<td>In place, need to standardize documentation</td>
<td>Not in place but can be done</td>
<td>Not in place and not possible</td>
<td>Comments</td>
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<tr>
<td>3</td>
<td>Patient Information</td>
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<td>4</td>
<td>Percentage of patients for whom date of birth recorded</td>
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<td>5</td>
<td>Percentage of patients for whom gender recorded</td>
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<td>6</td>
<td>Percentage of patients for whom race recorded</td>
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<td>7</td>
<td>Percentage of patients for whom ethnicity recorded</td>
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<td>8</td>
<td>Percentage of patients for whom preferred language recorded</td>
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<td>9</td>
<td>Percentage of patients for whom telephone numbers recorded</td>
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<td>10</td>
<td>Percentage of patients for whom e-mail address recorded</td>
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<tr>
<td>11</td>
<td>Percentage of patients for whom dates of previous clinic visits recorded</td>
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<td>12</td>
<td>Percentage of patients for whom legal guardian/health care proxy recorded</td>
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<td>13</td>
<td>Percentage of patients for whom primary caregiver recorded</td>
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<td>14</td>
<td>Percentage of patients for whom presence of advance directives recorded</td>
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<td>15</td>
<td>Percentage of patients for whom health insurance recorded</td>
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<td>16</td>
<td>Percentage of patients for whom allergies, including medication allergies and adverse reactions, recorded</td>
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<td>17</td>
<td>Percentage of patients for whom blood pressure, with the date of update, recorded</td>
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<td>18</td>
<td>Percentage of patients for whom height recorded</td>
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<td>19</td>
<td>Percentage of patients for whom weight recorded</td>
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</table>
We created a project leadership and meeting structure

PCMH Stakeholders:
• Leaders from Medical, Nursing, Clinical Operations and Quality Improvement departments

PCMH Implementation Team Stakeholders plus:
• HIT, Data Analysis, Social Services, Grants Management, representatives from health center leadership teams (health center director, nurse manager)

Each team meets twice monthly
Standard 1: Access, Continuity, Team-Based Care

• Streamlining patient panels
• Promoted provider/care team continuity through our Scheduling Center, patient registration staff and Data Analysis Department
• Our ED Diversion Project expanded Convenient Care and a new Nurse Triage Line
• We “rolled out” the Patient Portal service of our EMR
2: Population Management

- Most of the demographic data required by NCQA was already in our EMR
- We created an automated telephone reminder system for preventive and chronic care services
3: Care Management

- We instituted team huddles as a way to promote care management, including pre-visit preparation
- We created EMR configurations for documenting treatment of targeted chronic conditions
- We trained MA’s to screen patients for OTC drug use and tobacco use
- We created a Nurse Care Manager patient empanelment system
### Expanded pre-visit planning spreadsheet

<table>
<thead>
<tr>
<th>Patient</th>
<th>Acct#</th>
<th>Sex</th>
<th>DOB</th>
<th>Age</th>
<th>Date</th>
<th>Time</th>
<th>VisitType</th>
<th>Provider</th>
<th>Primary Ins.</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Addams, Jane    |       | F   | 2/23/1986 | 30  | 1/28/2013  | 1:00 pm| FM-EST    | Barton FNP    | United Health Care Alliance | Age newborn-2  
No anticipatory guidance in Preventive Medicine section |
| Sanger, Margaret|       | F   | 4/16/1986 | 27  | 1/28/2013  | 1:00 pm| FM-EST    | Barton FNP    | United Health Care         |                                           |
| Osler, William  | M     | 1/13/1958 | 55     | 1/28/2013  | 2:00 pm| FM-EST    | Barton FNP    | Medicaid DC     | Adult Persistent Asthma  
No AAP                              |
| Salk, Jonas     | M     | 6/7  | 1/28/2013  | 17  | 1/28/2013  | 2:30 pm| FM-NEW    | Barton FNP    | DC Chartered Health Alliance | Pediatric Asthma  
No AAP                              |
| Goldman, Emma   | F     | 9/1  | 1/28/2013  | 34  | 1/28/2013  | 3:00 pm| FM-EST    | Barton FNP    | DC Chartered Health Alliance | BMI >/= 40                          |
| Joslin, Elliott | M     | 1/1  | 1/28/2013  | 36  | 1/28/2013  | 3:30 pm| FM-EST    | Barton FNP    | DC Chartered Health Alliance | DM  
Last A1C > 9  
Or none in > 6 months                      |
4: Self-Care Support

• We began to provide patients with printed Visit Summaries
• We trained providers, nurses and Social Service staff in motivational interviewing techniques
• We created a Self-management configuration in our EMR to support consideration of patients’ personal health goals
5: Track and Coordinate Care

- We designed a tracking system for referrals and diagnostic images
- We created a Hospital/ED Follow-Up visit type and allowed double-booking for these visits
- We trained front desk and MA staff to screen for care transitions
6: Measure and Improve Performance

- Quarterly quality reports for asthma, diabetes, HIV, well-child care, weight management and other measures are posted on our intranet site.
- Health centers arranged CQI programs around NCQA standards.
- We opted not to use the CAHPS Patient Satisfaction Survey.
- We continue to report quality data as mandated by federal government.