

Strengthening the Health Care Safety Net



Neighborhood Health Care
N+ET+W+O+R+K

Annual Report 2002-2003



Strengthening the Safety Net During Difficult Times

A Message from the Executive Director



Lisa Edstrom

When I joined the Network as Executive Director mid-way through 2002, I found myself deeply impressed by the staff and our clinic members. The Network's skill in providing a variety of integrated management functions that respond to changes in the health care marketplace has allowed it to become one of the nation's best clinic consortiums. In 2003, with our integrated technology, managed care contracting and quality assurance programs, the Network was one of only nine community health networks in the country to receive a designation from the federal Bureau of Primary Health Care as an "operating" network—meaning we have achieved a mature level of operations for which the federal government will provide long-term funding. We are particularly proud that we have been recognized nationally as a leader in integrated services for community health centers.

Nevertheless, the past two years have presented the Network—and all advocates of uninsured and underinsured Minnesotans—with major challenges. With significant changes in our state government, as well as the sharp downturn in the economy, we faced a decrease in insurance coverage for our clients, a decline in our revenues, and an increase in regulatory oversight. As the reality of government cuts hit home on the local level, our members also experienced county funding cuts averaging over 20 percent. To address these issues, we focused on developing and streamlining business activities, allowing

Network members to maximize administrative savings and build a high-quality and cost-efficient infrastructure for the health care safety net in the Twin Cities metro.

During 2002 and 2003, the Network focused on four core activity areas to support our member clinics: quality assurance programs, information technology, care system development and managed care contracting, and community outreach to medically underserved populations. We're proud of the successful implementation of a practice management software system and a shared computer network for our member health centers. The project is improving the clinics' ability to collect, manage and use information while also meeting new federal patient data privacy requirements. In addition, our programs to reduce the number of uninsured Minnesotans and to alleviate uncompensated care costs for our members by helping individuals and families enroll in public health insurance programs resulted in over 4,000 successful enrollments.

We were happy to welcome new members recently, including the Indian Health Board of Minneapolis and North Point Health and Wellness (formerly Pilot City).

I am pleased to present this annual report and invite you to review our activities and accomplishments over the past two years. In 2004, we will continue to provide innovation and value in management services to our member clinics, who serve as the primary and preventive health care safety net in our community.

Network clinics' medical providers reflect the cultural diversity of our patients.

Strengthening the Safety Net

Our Member Clinics

The Neighborhood Health Care Network has 16 community health center members with 46 service locations providing primary and preventive health care across the Twin Cities metropolitan area. We are pleased that we have grown recently by welcoming two new members who will add value to our collaborative efforts: the Indian Health Board of Minneapolis (September 2003)

The ongoing goal of the Network and its member clinics is to create a model of excellence in health care for those populations often left behind in traditional systems.

and North Point Health and Wellness, formerly known as Pilot City Health Center (April 2004). In addition, one of our long-time members, Cedar Riverside People's Center, was awarded designation as a Federally Qualified Health Center in 2002. With this new status,

Cedar Riverside became eligible for federal funds that allow the clinic to serve a greater number of low-income, uninsured clients.

The ongoing goal of the Network and its member clinics is to create a model of excellence in health care for those populations often left behind in traditional systems. To serve these populations—many of whom are new immigrants with limited English language skills—member clinics have developed a unique competency in providing linguistically and culturally appropriate medical, dental, mental health and health education services.

The Annex Teen Clinic (Robbinsdale)

Cedar Riverside People's Center (Minneapolis)

CommonHealth Clinic (Stillwater, Cottage Grove)

Community University Health Care Center (Minneapolis)

Face to Face Health and Counseling (St. Paul)

Family Tree Clinic (St. Paul)

Fremont Community Health Services (Minneapolis)

Indian Health Board of Minneapolis

North Point Health and Wellness (Minneapolis)

Open Cities Health Center (St. Paul)

Planned Parenthood of Minnesota/South Dakota (Minneapolis, St. Paul, Burnsville, Brooklyn Park)

Southside Community Health Services (Minneapolis)

Teen Age Medical Service (Minneapolis)

Uptown Community Clinic (Minneapolis)

West Side Community Health Services (St. Paul, Minneapolis)

West Suburban Teen Clinic (Excelsior)



Our patients

People served

147,554 patients

377,165 visits

(82% medical, 12% dental,
6% mental health)

Over 50,000 reached through
health education
sessions or presentations

Gender

31% male

69% female

Age

28% under age 18

72% 18 and over

Ethnicity

37% White

21% African American

19% Latino

9% Asian/Pacific Islander

5% American Indian

9% Unknown

Income

70% below 200%

Federal Poverty Level

30% at or above 200%

Federal Poverty Level

Payment Source/Insurance Status

41% uninsured

41% public insurance or
government programs

18% private or commercial
insurance

Strengthening the Safety Net

Quality Management and Education

The Neighborhood Health Care Network's quality programs are focused on increasing patient access to primary health care and improving the health status of underserved and vulnerable populations. We do this by working to improve quality and service delivery, demonstrate improved health care outcomes, document improvement accomplishments, and share best practices among our membership.

The Network has an impressive record of quality care and education. In 2002, 95 percent of pediatric patients ages 18–36 months were up to date with required immunizations. Over 90 percent of adult female patients had cholesterol testing in accordance with recommended protocols. Process and outcome improve-

ments are designed to cover the entire life cycle of our patients, as well as their satisfaction with the care and services provided. Our annual patient satisfaction survey has been conducted for seven years with all member clinics, providing valuable longitudinal data. The 2003 survey distributed at 39 sites in four languages found that 97 percent of clinic patients indicated they would recommend their provider to family and friends.

In 2003, the Network also developed common measures for clinical outcomes, provided regulatory compliance training, and delivered specialized quality expertise to member clinics for individual improvement projects. Monthly Quality Forums for member clinic staff provide a free source of education and professional interaction on timely medical and clinic administration topics. Topics covered over the past two years include best practices for blood lead level monitoring, an update on trends in sexually transmitted disease rates in Minnesota, and documenting and improving immunizations and well-child visits.

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At a recent Network Quality Forum to share best clinical practices, Family Tree staff who specialize in health education services for deaf and hard of hearing patients train other providers to communicate via phone using TTY equipment.



Quality Focus

Reducing Health Disparities

The Network is deeply invested in improving clinical quality evaluation and technology information tools that will help our members measure and impact health disparity goals. A primary challenge for community health providers is to decrease health disparities among targeted populations, particularly for chronic diseases. As the front-line providers with expertise in caring for economically and ethnically diverse populations, Network clinics are poignantly aware of the opportunity to impact long-term health and avoid costly emergency and severe health situations through effective health education and regular preventive services. Our providers are continually looking for clinical and health education interventions that will improve patient outcomes related to areas of identified health disparities.

The Neighborhood Health Care Network actively supports our members' efforts by providing the tools necessary to measure process and outcomes in targeted health disparities. In particular, our members who receive

funding from the Bureau of Primary Health Care as Federally Qualified Health Centers are required to participate in Health Disparities Collaboratives. Health Disparity Collaboratives are a nationally coordinated effort developed to change primary health care practices in order to eliminate health disparities for underserved Americans. The Disparity Collaboratives' care model utilizes a proactive health care team that supports patient self-management for chronic diseases such as diabetes, cancer, asthma, cardiovascular disease and depression. Each clinic must put together the resources necessary to implement the treatment model for a targeted disease. Network members are participating in the Depression, Cardiovascular and Diabetes Collaboratives.

In partnership with the Minnesota Primary Care Association, the Network secured funding in 2003 to hire a quality improvement specialist to help clinics statewide develop better evaluation and



Photograph from Network archives

assessment models for Health Disparity Collaboratives. A registered nurse with specialized training in health care quality, this staff person works with clinics on an individual basis to share and implement best practices in quality improvement and serves as a centralized resource for information, training and technical assistance on clinical systems necessary for effective tracking of health disparity improvement efforts. By giving health centers the tools and learning opportunities to make system changes proven to more effectively treat targeted populations, the Network is helping to close the gap on chronic disease health disparities.



Strengthening the Safety Net

Innovations in Information Technology

In 2002, the Neighborhood Health Care Network began implementation of a three-year, \$1,000,000 federal Shared Integrated Management Information System (SIMIS) project. The grant was awarded to the Network based on its ability to bring together diverse community clinics for data analysis and evaluation purposes. Federal funding was matched with \$1.2 million local dollars from the Bush Foundation, Minnesota Department of Health, and the B.C. Gamble and P.W. Skogmo Fund of the Minneapolis Foundation.

During 2003, several of the Network's clinics moved from separate information system operations into a shared computer network utilizing Centricity software, a state-of-the-art product from G.E. Medical Systems. The web-hosted practice management system provides the community clinics with electronic billing and clinic administration tools equal to those in for-profit settings. The shared computer network meets HIPAA security requirements and enables each clinic to access its patient information from a centralized server and infor-

mation warehouse while complying with the new federal privacy standards. The Network also installed enhancement applications designed specifically for community health center needs in data management. The clinics receive technical support for both the hardware and software of the shared practice management system from the Network, which has specialized technology personnel to conduct ongoing training, perform help desk functions and provide expert technical assistance.

By establishing a sophisticated technology infrastructure now, the Network is poised to expand into dental practice management and electronic medical records tools in the future.

During 2003, several of the Network's clinics moved from separate information system operations into a shared computer network.

The Network's technology classroom allows staff from different member clinics to receive free training in Centricity software and other practice management tools.

Strengthening the Safety Net

Increasing Access to Care

In order to reduce the number of uninsured Minnesotans and to alleviate the problem of overcrowding in emergency rooms, the Network manages projects to refer medically underserved people to primary care facilities and to help qualifying individuals and families enroll in public insurance programs, such as Medical Assistance and MinnesotaCare. A phone information and

referral service, known as the 489-CARE line, directs callers to affordable primary health care centers in their area, screens callers for eligibility for public health insurance and offers assistance with applications.

During 2002 and 2003, this statewide, toll-free number referred 10,000 callers to low-cost health, dental and mental health care services. More than 60 percent of all callers were uninsured; another 30 percent had applications pending for a public program but needed health care immediately.

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The Network also employs bilingual, bicultural Community Health Workers (CHWs) who provide outreach, education and one-on-one assistance to patients in need of public health insurance. Each year, the CHWs reach out to thousands of people in hospital emergency rooms, neighborhood organizations, community events and our own community clinics. Last year, the program successfully enrolled 2,000 individuals and families in public health insurance. A 2002 study conducted by Hennepin County Medical Center found that interventions by CHWs reduced uncompensated care costs significantly for emergency, inpatient and outpatient services. For patients seen by CHWs, there were lower average charges per case, higher average payment per case for inpatient care, and an increase in the number of follow-up outpatient visits.

The Network's outreach and enrollment programs to medically underserved Minnesotans provide models for expanding health care access to our most vulnerable populations.

Outreach program in action:

Above—The 489-CARE health information and clinic referral line is staffed by bilingual operators with a statewide knowledge of sliding-fee-scale clinics and expertise in public health insurance enrollment.

Below—Community Health Workers meet personally with uninsured patients to provide public program enrollment and advocacy services. The success of our outreach services is dependent upon our community-based, multicultural advocates who are trusted by medically underserved individuals and families.





Strengthening the Safety Net

Care System Development

The Network is actively involved in developing a coordinated health care system that provides best practices for serving low-income and other underserved populations while confronting the changing complexion of modern health care economies. The community health care model helps to break down barriers our patients encounter in seeking health care, barriers to delivery systems innovation, and barriers to behavior change for improved health outcomes. With funding from the St. Paul and Bigelow Foundations, the Network continued to develop our capacity to perform in the managed care market as a care system. Negotiating on a group basis strengthens the bargaining power of even our smallest clinics and improves reimbursement rates for insured patients. We have been particularly successful in deepening our relationship with UCare Minnesota and partnering with them to advance quality-of-care initiatives.

In 2003, Network received additional funding from the Bureau of Primary Care to expand our resources focused on per-

formance measures in Medicaid Managed Care. As a care system of safety net providers, the Network began work with the Minnesota Department of Human Services and Hennepin County Medical Center on purchasing strategies for state public programs and for providing health care to the growing numbers of uninsured and underinsured in the community. We also began the development of a community-based care system for the state's Minnesota Senior Health Options program (MSHO). This program integrates the funding and benefits of Medicare and Medical Assistance for the elderly. Care coordination at the clinic level includes necessary health education, home care and social services needed to keep seniors living in their homes and communities.

Negotiating on a group basis strengthens the bargaining power of even our smallest clinics and improves reimbursement rates for insured patients.

Network clinics provide comprehensive health care services, including dental, medical, mental health, family planning, and health education.



Statement of Financial Activities, 2002-2003

Years Ended December 31

	Total 2003	Total 2002
Revenue, gains and other support		
Grant and contract services	\$2,406,572	\$2,168,692
Contributions	692,402	794,313
Membership dues	158,848	158,333
Other income (losses)	(26,814)	34,509
Net assets released from restrictions	—	—
Total revenue, gains and other support	\$3,231,008	\$3,155,847
Expenses		
Program services	\$1,874,414	\$2,398,575
General and administrative services	512,140	516,722
Total expenses	\$2,386,554	\$2,915,297
Change in net assets	844,454	240,550
Net assets at beginning	835,032	594,482
Net assets at end	\$1,679,486	\$ 835,032

Network management services provide administrative cost savings to our member clinics, allowing them to focus resources on direct patient care.

Supporters of the *Neighborhood Health Care Network*

The Neighborhood Health Care Network extends its appreciation to the following donors and supporters, who made our 2002-2003 operations possible.

2002 Community Health Fund and other gifts distributed to our clinic members

\$77,400 St. Paul Companies Charitable Fund Drive
 \$45,000 Edwards Memorial Trust
 \$20,000 B.C. Gramble and P.W. Skogmo Fund of The Minneapolis Foundation
 \$8,500 E.M. Pearson Foundation
 \$6,250 Margaret Rivers Fund
 \$6,000 Sexton Foundation
 \$5,000 MAHADH Fund of the HRK Foundation
 \$5,000 St. Croix Foundation
 \$3,500 Tozer Foundation
 \$3,300 The Beverly Foundation
 \$3,000 Casey Albert T. O'Neil Foundation
 \$3,000 Hugh J. Anderson Foundation
 \$3,000 Edward R. Bazinet Foundation
 \$3,000 The Sweitzer Foundation
 \$3,000 Frederick O. Watson Foundation
 \$2,000 ABC, Inc. Foundation (KQRS, Inc.)
 \$2,000 Boston Scientific Foundation, Inc.
 \$2,000 Groves Foundation
 \$2,000 Minnesota Mutual Foundation
 \$2,000 The Phileona Foundation
 \$1,700 Fingerhut Family Foundation
 \$1,000 Gertrude R. Shiely Charitable Trust
 \$1,000 Kopp Family Foundation
 \$1,000 Ronald Fingerhut Family Foundation
 \$750 Western Bank
 \$500 The Hubbard Broadcasting Foundation
 \$489.60 Star Tribune Community Partners
 \$75 Julie Andberg

2002 Network funding—to support programs and administration

\$877,895 City of Minneapolis Department of Health & Family Support
 \$853,160 Community Access Program
 \$250,000 Bush Foundation
 \$225,000 B.C. Gramble and P.W. Skogmo Fund of The Minneapolis Foundation
 \$113,023 Federal Bureau of Primary Health Care, ISDI Grant
 \$93,162 Minnesota Health Care Programs Outreach Grant
 \$77,726 Blue Cross Blue Shield of Minnesota Foundation
 \$75,000 St. Paul Foundation
 \$74,577 Federal Bureau of Primary Health Care, SIMIS Grant
 \$3,000 HealthPartners
 \$2,250 Margaret Rivers Fund
 \$2,000 Casey Albert T. O'Neil Foundation
 \$2,000 R.L. (Roz) Johnson Family Foundation
 \$1,500 American Express Tax & Business Services, Inc.
 \$1,000 Boston Scientific-Scimed, Inc.
 \$500 Adolfson & Peterson, Inc.
 \$500 James J. Glatzmaier (Charitable Gift Fund)
 \$300 Michael Scandrett & Robin McCormick
 \$125 David Martin Agency
 \$100 Deborah G. Schneider
 \$100 Michael Foods, Inc.

Supporters of the

Neighborhood Health Care Network

2003 Community Health Fund and other gifts distributed to our clinic members

\$193,750 Healthier Minnesota
Community Clinic Fund
\$64,500 St. Paul Companies Charitable
Fund Drive
\$24,422 HealthPartners
\$50,000 Edwards Memorial Trust
\$20,000 B.C. Gramble and P.W. Skogmo
Fund of The Minneapolis Foundation
\$20,000 Carl and Eloise Pohlada Family
Foundation
\$6,250 Margaret Rivers Fund
\$6,500 Sexton Foundation
\$5,000 MAHADH Fund of the HRK
Foundation in celebration of 100 years
of Andersen Corporation and the
legacy of Betty and Bill Hulings
\$5,000 St. Croix Foundation
\$3,500 Tozer Foundation
\$3,000 Hugh J. Anderson Foundation
\$2,000 Casey Albert T. O'Neil Foundation
\$2,000 The Sweitzer Foundation
\$1,000 Athwin Foundation
\$1,000 Edward R. Bazinet Foundation
\$1,000 EMC Corporation
\$1,000 Groves Foundation
\$1,000 Marbrook Foundation
\$1,000 Gertrude R. Shiely Charitable Trust
\$1,000 Western Bank
\$750 Kopp Family Foundation
\$500 Blue Cross Blue Shield of Minnesota
Foundation Health Hero Award
\$500 The Hubbard Broadcasting
Foundation
\$100 Lisa Edstrom
\$100 Michael Foods, Inc.

2003 Network funding— to support programs and administration

\$850,477 City of Minneapolis
Department of Health & Family
Support
\$527,549 Federal Bureau of Primary
Health Care, SIMIS Grant
\$250,000 Bush Foundation
\$190,053 Federal Bureau of Primary
Health Care, ISDI Grants
\$133,528 Minnesota Health Care
Programs Outreach Grant
\$3,000 Casey Albert T. O'Neil
Foundation
\$2,250 Margaret Rivers Fund
\$500 ConsentiaHealth, Inc.
\$100 Allen Baumgarten
\$100 David Martin Agency, Inc.
\$100 Kristie L. Greve
\$100 Olivia Mastry
\$25 Barbara Blumer

*We also wish to thank Halleland Lewis
Nilan Sipkins & Johnson and InCompass, Inc.
for their generous in-kind support.*

Neighborhood Health Care Network *Board of Directors*

Terril Hart, Indian Health Board of Minneapolis—chair

Mavis Brehm, West Side Community Health Services—
secretary/treasurer

Gary Cunningham, North Point Health & Wellness

Laura Lipkin, Fremont Community Health Services

Peggy Metzger, Cedar Riverside People's Center

Karl Self, Community University Health Care Center/
Variety Children's Clinic

Bill Tendle, Southside Community Health Services

Barton Warren, Open Cities Health Center

**The mission of the
Neighborhood Health Care Network
is to strengthen the community clinics
through integrated collaborative
activities that improve the
health of underserved populations.**

Neighborhood Health Care N+E+W+O+R+K

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Community health providers in partnership