

Our Services:

- Internal Medicine
- Family Practice
- Obstetrics/Gynecology
- Pediatric
- Dental
- Vision
- Behavioral Health
- Cardiology*
- Physical Therapy*
- Dermatology*
- Gastrointestinal (GI)*

Enabling Services:

- Healthcare for the Homeless
- Pharmacy Services
- Patient Education
- Social Work
- Transportation
- Translation/Interpreters

*OSU Collaboration

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REFLECTIONS FROM THE CHAIR

Many Changes Lead to New Opportunities

By Kevin L. Dixon, Ph.D.

As board chair, I am excited about this inaugural edition of PrimaryOne Health's newsletter. This new communications vehicle will allow us to reach out to patients, partners, providers, and the public to keep you abreast of the great work by PrimaryOne Health and its staff. Over the past 18 months significant changes and accomplishments have occurred that could have easily destabilized our organization, but the fine work of our staff and board — allowed us to adjust and take advantage of the changes and challenges before us. It is clear that the biggest change in our system has been the Affordable Care Act and Ohio's Medicaid expansion — substantially increasing those now eligible for healthcare. Concurrent with healthcare reform, PrimaryOne Health had to accomplish many goals, which included a name change from Columbus Neighborhood Health Center, triennial HRSA operations review, PCMH recertification, opening two new service sites, implementing a population management system, expansion of several specialty services, grants, policy review, behavioral health integration, and a new chief executive.

It is our future goal to encourage our patients, partners, and providers to take advantage of healthcare access and move along the healthcare continuum that focuses on treating illness, but targets

optimal health and wellness. This wellness model changes our focus from monitoring illness to learning how to change behavior to take advantage of a myriad of activities that will improve our personal health status. This is an area that PrimaryOne Health can help encourage our patient population — so that wellness becomes a way of life that offers alternatives to just providing sick-care. Part of this shift is largely fueled by the graying population 50+ who many practice meditation, cycle, swim, walk and jog, employ conscious eating, yoga and massage. Aside from an occasional scoop of ice cream — many are leaving behind sugary beverages, hormone and antibiotic injected meats/poultry, processed foods, and other foods full of hidden and harmful calories and additives. We hope to offer GenXers, Millennials, and some savvy Boomers some social media options for sharing health information and education.



PrimaryOne Health's new Chief Executive Officer Charleta B. Tavares and our board of directors have been discussing ways to bring forth and stand-up new alternative health platforms that you

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PrimaryOne Health Leadership Team

PrimaryOne Health is a 501(c) 3 Federally Qualified Health Center (FQHC) governed by a 14 member board of directors. Thirteen of the fourteen board members are voting members with one ex-officio member. The patient led board (51% of the board seats) is required by the Health Resources and Services Administration's (HRSA) guidelines for FQHCs. The board sets the policies and approves the budget for the organization including the services provided, locations and hours. The current members of the board include:

Officers:

Kevin Dixon, PhD - *Board Chair*
Carole Anderson, PhD, RN - *Chair-Elect*
Dewitt Harrell, MBA - *Treasurer*
Virginia McKeon - *Secretary*

Members:

Seleshi Asfaw, MD, MPH
Mark Craddolph
Jacqueline Downey, JD
David Ford
Sonia Johnson-Carey
Candi Pringle
Ada Sanchez
Samantha Shuler, JD
Winifred Taylor

Ex-Officio Member

Nancie Bechtel, RN, BSN, MPH

Sr. Leadership Team

In February 2015, the board selected Charleta B. Tavares as the chief executive officer to lead the organization through its next phase of its development. Tavares brings more than twenty years of health, behavioral health and human services policy and funding experience as well as, expertise in the areas of cultural competency and health equity strategies. Tavares is joined by a skilled and experienced staff leadership team which includes:

Reed Fraley, MA
Chief Operations Officer
Fikru Nigusse, CPA, MBA
Chief Financial Officer
Dr. Aaron Clark, D.O.
Chief Clinical Officer
Dr. Parminder Bajwa, MD, MBA
Director of Clinical Excellence
Nancy Engbers Falk, JD
General Counsel
Dr. Buhari Mohammed, MD, MBA
Regional Operations Director
John Tolbert, MPA
Director of Community Services
Beth Whitted, MBA, DrPH
Regional Operations Director

Many Changes Lead to New Opportunities

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will hear about in the coming months. The board recognizes the hard work of PrimaryOne Health's staff and ways to help our patients move the needle on improved health outcomes. Our new name PrimaryOne Health embodies and embraces the rich past and present, in order to galvanize a future by being

present and meeting patient needs. We take our responsibilities very seriously — knowing that our job rests on what we do every single day and earned one patient at a time. We welcome you to try our system of care — and let us know how we are doing.

HONORING OUR PAST

Creating Our Future

PrimaryOne Health has gone through significant changes since the first community health center was established in Columbus/Franklin County more than 40 years ago (Neighborhood House/Billie Brown Jones, 1973). We grew from one center to seven by the 1990's. The seven centers were: Billie Brown Jones Health Center (Atcheson/Mt. Vernon Avenue); ECCO Family Health (E. Main Street); Franklinton Health Center (W. Broad Street); Hilltop Health Center (Sullivant Avenue); John R. Maloney Health Center (Parsons Avenue); St. Mark's (N. High Street); and St. Stephen's (E. 17th Avenue). Each of the centers was independently operated by a board of neighborhood residents. Only one of the centers was designated a Federally Qualified Health Center (FQHC), ECCO Family Health Center which was located on the near eastside.

In 1997, ECCO Family Health Center was experiencing financial challenges and closure was eminent. The city of Columbus, who had been funding all seven neighborhood health centers, under the leadership of Councilwoman Les Wright and Health Commissioner William "Bill" Myers, worked to create a new organization, Columbus Neighborhood Health Center, Inc. (CNHC). This was done to ensure that services were maintained and the federal dollars provided through the Health Resources and Services Administration (HRSA) continued to come into Columbus through the FQHC. CNHC was established in May, 1997 as a Section

330(e) funded non-profit community health center organization (better known as FQHCs), and a Section 330(h) funded Health Care for the Homeless Program. This new non-profit organization brought all seven independent health centers together under one umbrella with three board members from each to form a new 21-member board.

CNHC provided an opportunity to grow our FQHC system from one site to seven. Over the course of the last eighteen years, CNHC has continued to work to build a cohesive, consistent and quality system of health center sites throughout Columbus and Franklin County to serve the health care needs of vulnerable, un/under and insured residents within the community. Today, the organization has ten (10) locations located throughout the medically underserved areas of Columbus, Franklin and Pickaway counties.

In 2012, CNHC was awarded Level 3 Patient Centered Medical Home recognition, the highest designation conferred by the National Committee for Quality Assurance (NCQA). In May 2015, the board and staff worked with a marketing firm to develop a new name, logo and tagline that reflects who we are, what we do and our aspirational goal of being one voice and system in order to be "Your first choice for quality care". Our new name honors our past and celebrates our future. We are one system with ten sites, speaking with one voice, under one moniker, **PrimaryOne Health**.

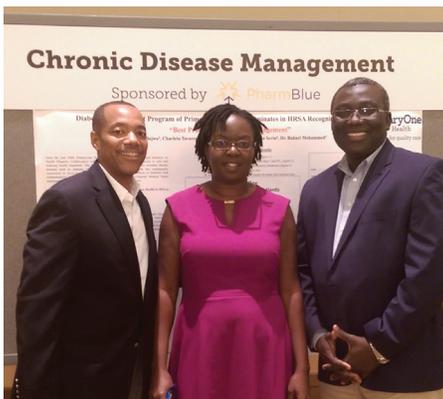
PrimaryOne Health Places Second at NACHC Conference

By Buhari Mohammed, MBA, MD,
Regional Operations Director

At this year's Community Health Institute and Expo Conference organized by the National Association of Community Health Centers (NACHC) in Orlando, Florida, PrimaryOne Health competed in the poster presentation with ninety four other community health centers across the nation. The conference this year coincided with the 50th Anniversary of Community Health Centers known as Federally Qualified Health Centers (FQHCs). Poster presenters including PrimaryOne Health staff (Slessor Fombang, MD and Buhari Mohammed, MBA, MD) were there to showcase and learn about health center research activities and innovative best practices. One of the two PrimaryOne Health posters placed second out of ninety five presenters across the nation. The 2015 Poster Presentations provided a unique opportunity to exchange ideas, problem-solve, and network with other Community Health Center colleagues.

PrimaryOne Health presented two posters in the Chronic Disease Management category;

- 1) A research poster – "Impact of Pharmacy Services on Chronic Disease Markers in an Underserved Population", and
- 2) A best practice poster – "HRSA Announces Best Practice in Diabetes Management at PrimaryOne Health"



Dr. Kevin Dixon, Slessor Fombang, MD
and Buhari Mohammed, MD

Impact of Pharmacy Services on Chronic Disease Markers in an Underserved Population

One of the posters presented by PrimaryOne Health which was awarded second place at the conference was a research poster. This 3-year research project is being funded by the Ohio Department of Health. In year one of the three year study, PrimaryOne Health was able to demonstrate the benefits of using clinical pharmacists to proactively address the disease state management needs of high-risk patient populations. Utilizing clinical pharmacists to care for patients with uncontrolled chronic diseases, the results showed improved patient outcomes at PrimaryOne Health. The results showed substantial positive changes of the chronic disease marker with some of the patients enrolled in this study.

The Clinical pharmacists engage with the patient more frequently, providing education about the disease state, recommendations for medication changes, and non-medication related disease management. As members of the healthcare team, clinical pharmacists help to advance patient care quality goals, including improving chronic disease quality indicators. Clinical pharmacists also help to educate other members of the health team through consultations, leading to more appropriate and effective medication uses across the board.

HRSA Announces Best Practice in Diabetes Management at PrimaryOne Health

In November 2014, the Health Resources and Services Administration (HRSA) visited Columbus for a two and half day site review of PrimaryOne Health. The on-site visit which takes place every five years of the grant period (now every 3-years) is an opportunity for the federal government's regulatory body to review the totality and compliance with the 19 Federally Qualified Health Center (FQHC) required programs and services. The 19 program requirements include:

1. Needs Assessment
2. Required and additional Services
3. Staffing
4. Accessible hours of operations / location
5. After hours coverage
6. Hospital Admitting privileges and continuum of care
7. Sliding fee discount
8. Quality Improvement and Assurance plan
9. Key management staff
10. Contractual /Affiliation agreements
11. Collaborative relationships
12. Financial management and control policy
13. Billing and collections
14. Budget
15. Program Data Reporting System
16. Scope of Services
17. Board Authority
18. Board composition
19. Conflict of interest

At the conclusion of the visit and during the debriefing with the PrimaryOne Health senior leadership team, HRSA made it known to PrimaryOne Health and also in a subsequent official report that, the organization met all 19 out of 19 program requirements. HRSA also identified the **Diabetes Management Program** at PrimaryOne Health as a best practice due to the patient outcomes over the years and the comprehensive nature of the program.

Diabetes is a complex and serious disease and at PrimaryOne Health, we understand the seriousness and risks it poses to our patients. PrimaryOne Health for over a decade started taking this disease very seriously by introducing an endocrinologist into our outpatient practices, raising the standard of care in aggressive and comprehensive management of the disease, and participated in national diabetes collaborative initiatives as part of the Health Disparities Collaborations. PrimaryOne Health staff prepared a poster to showcases our best practices in diabetes management in an effort to share our learning with other community health centers across the nation.

Team Approach to Health Integration

This year, PrimaryOne Health presented at the Multiethnic Advocates for Cultural Competence (MAACC) Conference on September 4th. This conference brings together people from all walks of life with a goal of eliminating disparities and strengthening passion and enthusiasm for cultural competence and responsiveness.

Slessor Fombang, MD, MPH, Staci Swenson, MA, MSW, LISW-S, and Alexa Sevin, PharmD, BCACP presented a session highlighting PrimaryOne Health's creative strategies for engaging our patients by offering services through an integrated healthcare model. Their program also sought to inspire other organizations to foster, implement, and enhance integrated and patient-centered care approaches in their own healthcare settings.

Slessor, our Quality Assurance Coordinator, started the session by describing the fundamentals of our Patient Centered Medical Home (PCMH) philosophy while emphasizing the impact PCMH has had on laying the groundwork for our other integrated services. She highlighted some of our positive outcomes for our patients with diabetes and other medical screenings.

Staci, our Integrated Care Manager, then provided information on how PCMH is a "natural fit" for weaving behavioral health support into primary care and our journey thus far. Further, she spoke about the benefits

of this model for providing behavioral health services within the exam rooms at the time patients see their medical provider—minimizing stigma, eliminating wait times for services, and increasing access to comprehensive care.

Alexa, our Clinical Pharmacist, continued the discussion by broadening the idea of the pharmacist's role, sharing the successes of integration of pharmacy services within our primary care setting and presenting the benefits that this approach has had with our patients' chronic disease status. Both she and Staci posited how training graduate-level students on-site not only increases service availability but enhances clinical excellence practiced by the teams.

Following the session, there were several connections made with other organizations who are hoping to further a discussion so that they can learn from our efforts with the implementation of this complex and significant model of care.



PrimaryOne Health Presenters Slessor Fombang, Staci Swenson, Alexa Sevin



PrimaryOne Health Speaker Charleta B. Tavares - Voices of Inclusion

Food Giveaway Week 8-11-15



PrimaryOne Health staff volunteers help pass out food at The Food Giveaway co-sponsored with Mid-Ohio Foodbank



Your first choice for quality care

Mission: To provide access to services that improve the health status of families, including people experiencing financial, social, or cultural barriers to health care.



This health center is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(h).

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