

HOSPITALS PARTNER WITH PUBLIC HEALTH FOR A HEALTHIER COMMUNITY

Bryan Health – Lincoln, Nebraska
Saint Elizabeth Regional Medical Center – Lincoln, Nebraska
Lincoln-Lancaster County Health Department
People’s Health Center – Lincoln, Nebraska



In Lincoln, Nebraska, collaboration between three stakeholders – St. Elizabeth Regional Medical Center, Bryan Health, and the Lincoln-Lancaster County Health Department – produced the People’s Health Center, a federally qualified health center (FQHC). This partnership has provided critical primary care services to many of Lincoln’s most vulnerable, established a medical home enabling many to manage their health consistently, and regulated the progression of charity care provided by both hospitals. The teamwork exhibited has produced numerous positive benefits and is a model adaptable in many communities.



Overview: Bryan Health is a not-for-profit, locally owned health care organization with two acute-care facilities and several outpatient clinics. Its care includes cardiology, orthopedics, trauma, neuroscience, mental health, women’s health, and oncology. A statewide network allows Bryan Health to provide mobile diagnostic treatment and services to citizens throughout the region. Its more than 4,000 staff members serve patients throughout Nebraska and from neighboring states. It is the region’s safety net system.

Saint Elizabeth Regional Medical Center is a full-service not-for-profit, 264-bed hospital affiliated with Catholic Health Initiatives. Saint Elizabeth includes a network of family practice or internal medicine clinics, including three stand-alone urgent care centers and four off-site physical therapy clinics all located in Lincoln, Nebraska, or surrounding area; a network of primary care and specialty practice physicians; 429 physicians with privileges at the medical center; a cardiovascular rehab center; a full range of radiology and angiography services; and a wellness center.



People’s Health Center (PHC) opened September 2004 and is an FQHC providing comprehensive primary care and supportive services. It is governed by a community board and is accountable for quality reporting to the Board of Directors, staff, and patients. PHC serves people of the Lincoln, Nebraska area, especially those individuals or families with limited resources or with other barriers to health care to improve their overall health status. Services

include:

- Medical Services
- Dental Services
- Pharmacy Services
- Radiology (X-ray)
- Behavioral Health Services

Prior to the development of the FQHC in Lincoln, the public health department for the city and Lancaster County was providing primary care for low-income and uninsured residents. As the cost of providing care to the most vulnerable became prohibitive for the public health department, the search began for an alternative way to serve the growing population of underserved in the area. Attention turned to the idea of an FQHC.



Despite a history of competition, the two hospitals collaborated in the process of developing PHC, which involved not only the public health department and the two hospitals, but also the county's medical society; a number of health providers, including dentists, physicians, and ancillary providers; the local Community Action Agency; social service agencies; and some of the constituents served by public health and Community Action, who provided the user voice.

FQHC strategy: In lieu of the health department being the lead agency for an FQHC satellite, the 25 people who comprised the steering committee worked together for 18 months to make the new FQHC a 501c3 organization and stand alone. They applied to HRSA and received funding through the original 330 application that created People's Health Center. The hospitals contributed \$300,000 each for start-up costs. Also, the Community Health Endowment (CHE) – a municipal fund that came from the sale of Lincoln's city-owned hospital – contributed funding for some of the capital costs. "So it really was a partnership," Judy Halstead, director of Lincoln-Lancaster County Public Health Department, says.

Both hospitals have continued to provide ongoing in-kind assistance as well as funds when needed. St. Elizabeth's received a Mission and Ministry Grant from its parent company, Catholic Health Initiatives, to support care for the underserved and indigent, which went directly to People's. The health department has provided more than \$250K annually of grant funds to fund People's minority health initiative, which serves the underserved racial and ethnic minorities in the community.

The FQHC employs physicians directly, who have courtesy medical staff privileges at the hospitals. People's Health does its own physician recruitment, as well as recruiting for executive leadership and the board.

The president and CEO of Bryan Health, Kim Russel affirms the importance of having an FQHC in the community. "If there had been no FQHC when I arrived in Lincoln, I would have tried to start one," she says. "It's an irreplaceable part of the continuum."

A patient-centered medical home is a focus for all members of the community, and the lack of a medical home can be frustrating and challenging for physicians. Bryan Health and Saint Elizabeth Regional Medical Center have created the "ED Connections," a program that works with People's Health Center to identify a medical home for those who have none and who use the hospitals' emergency departments for their basic care. Both hospitals educate high ED utilizers about the importance of primary care. Hospital caseworkers identify barriers to care such as cultural issues or transportation, and guide these patients to connect with the FQHC for their medical home.

Impact: In 2011, People's Health Center saw 9,942 patients, and provided 24,849 medical visits, 8,418 dental visits, 940 support service visits (e.g., case management, interpretation, medication assistance, health education), and 510 mental health care visits. PHC also provides prenatal care for pregnant women who have lost their Medicaid coverage, as well as free monthly breast cancer and prostate cancer screenings. People's Health Center has been working toward Patient Centered Medical Home (PCMH) Certification since August 2012.

Challenges/success factors: All the parties involved in the FQHC mentioned the highly collaborative nature of the Lincoln community. Agencies and clinics and the hospitals had forged strong relationships with each other over the past 20 years in the interests of better serving their increasingly diverse populations. The rigorous work of creating a new FQHC for Lincoln only helped solidify these connections among the participants.

Future direction/sustainability: There is a current push in the community to expand People’s Health Center further. The wait to see a doctor is long, and at certain points, PHC hasn’t been able to accept new patients. Hospitals are experiencing a greater volume of uncompensated care and more patients coming into their EDs, with the cost of that care beginning to escalate.

A committee has been formed, including representatives from both hospitals, the medical society, public health, and PHC. The CHE has provided funding to support consultation to develop an expansion plan for People’s Health Center.

The group is looking at two aspects of the expansion: helping to better serve vulnerable populations in the community, and anticipating what will be needed to supply providers for people who are coming in through the exchange. The PHC consultant is expected to provide some direction and a clear business plan for the FQHC expansion by November 2013.

The president and CEO of St. Elizabeth’s, Kim Moore, adds that the overarching strategy for the future must include “reconnecting with the community.” Due to a number of leadership issues, People’s had begun to operate in “isolation,” she says. FQHC leaders need to work “in a collaborative spirit with the community.”

An FQHC needs board members who can be “both a user voice and a board resource,” says Ms. Halstead, “bankers, lawyers, and developers who could have helped FQHC leadership guide the direction of the health center.” There was not enough board development or business experience to help with business planning.

Advice to others:

- **A strong Board is key.** A thriving FQHC needs strong leadership familiar with the structure and governance of a community health center as well as the fundamentals of strategic planning and finance. Awareness of the community and the role of an FQHC as a provider of primary and preventative care will improve access for those that may otherwise lack a medical home. Those with strong community ties are especially valuable when building your Board.
- **Leadership must know the community and its needs.** Living in the community is important, and broad community involvement and support are essential. However, data that demonstrates the community’s needs are critical for making informed decisions. Community health needs assessments must be included in the planning process for an FQHC.
- **Do not work in isolation.** There are many successful community organizations that can bring knowledge and expertise to the governance development process. Community leaders and providers should reach out to others familiar with the community and the vision and mission of the clinic. Boards should avail themselves of local resources to develop their leadership skills and their capacity to make informed decisions.
- **Relationships take work.** Part of Lincoln’s collaborative spirit seems to be due to hard work – the important work – of nurturing connections and putting a high priority on partnerships. It is important to recognize the value of these relationships and maintain them over years and through transitions, even as individuals leave and new ones come on board.