



Tyler FAMILY Circle of Care Community Needs Assessment Update 2017

This Community Needs Assessment update is based upon stated priorities of the most significant needs acknowledged from the 2016 assessment and Tyler FAMILY Circle of Care Strategic Plan 2016-2018, including progress made thus far.

Priority Need #1: Access to Primary Care Services

- **Service Line Expansion:** Service Line for expansion for TFCC included Family Medicine with the addition of Dr. Stephanie Tyo in Tyler on 3/21/2016 and Stacy Fogle, FNP on 9/19/2016.
- With our expanded service line to Jacksonville, Texas on September 1, 2016, Katie Hamilton, PA-C was hired on August 22, 2016. Furthermore, our Family Medicine services were expanded to Athens, Texas on April 14, 2017 with the addition of a new clinic in that underserved area. This has helped to address the concern from the community regarding a decreasing availability for medical providers or physicians in the community of which to choose from, in addition to more providers able to care for chronic conditions such as uncontrolled diabetes, associated diabetic complications and hypertension.
- To provide Oral Health services, TFCC contracted with Tyler Dental Works on October 7, 2016. We are also in collaboration with the Tyler Junior College School of Dental Hygiene, as well as a local dentist in the Tyler area, for the purpose of providing more comprehensive adult dentistry or oral health services.
- The Gynecology service line opened in February 2017 to include an outpatient clinic setting, along with an opportunity to complete gynecological related surgeries at Texas Spine and Joint Hospital in Tyler.
- Increased training for STDs has resulted in more patients being tested consistently, thus the capacity for the treatment of more patients.
- With the implementation of the 340B Pharmacy program in all Tyler locations in 2016, as well as expansion of the 340B program in Jacksonville in October 2016, patients have increased access to medications at a reduced, more affordable price.
- As mentioned, location expansion has increased from 3 clinic locations and administration in early 2016, to the Jacksonville clinic with no additional funding from HRSA (Health Resources and Services Administration) in September, 2016, to the Athens clinic location in April 2017 with the HRSA New Access Point (NAP) funding.

Priority Need #2: Need for Increased Emphasis on Collaborative Continuum of Care

- In addressing the need for increased emphasis on the collaborative continuum of care, as voiced through concerned residents, administrative staff of TFCC has worked with the Tyler Integrated Healthcare Workgroup initiative. The purpose of this initiative is to bring together health care agencies within the community for that exact purpose. An agent facilitates the collaboration and the stakeholder health facilities provide input. The goal is to ensure that underserved patients have a medical home, someone responds to their needs and proper follow-up is provided long-term. As stated in the 2016 assessment, "Collaboration is necessary to ensure that patients get to the right place at the right time for the right care....We should partner to address health needs in the county." Working with the current staff, TFCC has also hired additional staff called community health workers (started January 2017) to assist in the outreach coordination of patient care within its locations, while also connecting with area partners. This staff have attended over 40 community events and completed over 1,500 applications. These included assistance applications for various programs such as Medicaid, disability, gynecology services, medication assistance, referrals and MyChart sign-up.

Priority Need #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

- TFCC locations continue to provide services that enhance the lives of its patients by addressing chronic disease, preventable conditions and unhealthy lifestyles through prevention and education. Analysis of 2016 Quality data, HRSA Uniform Data System (UDS) for all patients (over 17,000) indicate several areas of concern. Relative to our patient population, these areas of concern included overweight/obesity, skin conditions, hypertension, asthma and diabetes.
- Overweight/obesity - Healthy Kids Initiative (individual and Group visits, nutrition education by licensed dietician and fitness classes by certified fitness instructor)-642 children since July 2015, 329 in group visits. Group visits started January 2016. Adult education and nutrition education is also provided by a licensed dietician with referrals to NET Health's Center for Healthy Living. Ninety-four percent of children ages 3-17 with a body mass index above the 95th percentile had received counseling and notation of physical activity was documented.
- Skin conditions-Various skin conditions are being managed by the patient's primary caregiver with referrals to a specialist if needed, which we provide on site.
- Hypertension - Patients that present with diagnosis of hypertension are assessed and treatment regimens, including medication administration are also implemented by a physician or advanced nurse practitioner, with consultation by a physician as indicated.
- Asthma - The use of appropriate medications for Asthma was recognized in the 2016 UDS report with 92.85% of patients receiving an acceptable plan for treatment.
- Diabetes - Diabetes classes are scheduled for pregnant patients of TFCC with a diagnosis of chronic or gestational diabetes. Plans are being made to offer these classes in our clinics as we continue to partner with The Center for Healthy Living. We are also forming a collaborative with the Texas Medical Foundation's Diabetes program which may be taught by clinical staff and/or community health workers.
- In addition, we have worked collaboratively with UT Health Northeast (formerly UTHSC), in the education of staff and patients and provision of colorectal screening test kits, plus referrals for colonoscopies as indicated by initial screenings. Our screening rates have increased from 41.43% in 2016 to a current rate of 89.7%.
- For tobacco use, screening and cessation intervention, 95% of patients assessed for tobacco use, had been provided intervention if a tobacco user.
- Of the 40 patients diagnosed with coronary artery disease, 77% of them had lipid lowering therapy prescribed.

Priority Need #4: Access to Specialty Care Services

- Again as acknowledged in the Community Needs Assessment, the respondents commented that access to specialty care services for those who are uninsured or low income is also challenging. TFCC expanded its service line to include the specialty of Dermatology, contracting the services of a local Board-certified Dermatologist and implementing this service line in March of 2017. Conditions of the skin were listed as the second highest diagnosed of other medical conditions, as noted on our 2016 UDS report. Since March 2017, and as of August 31st, there have been 468 visits completed in the dermatology clinic.

Priority Need #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

- With FCC clinic expansions including the Tyler locations and Jacksonville locations, the percentage of patients increased by over 23%, past the UDS calendar year of 2015.
- For FCC clinic expansions, offering more access to affordable care and to reduce health disparities, there was a 17% increase in the number of children 5 years old and younger, while there was a 48% increase among persons age 65 years and older. This demonstrated increased access to two of the most vulnerable populations in our community, the elderly and the 5 year and under populations.
- Childhood immunization rates are at 85%, while vaccines are being offered to adults, with rates in that category increasing too.
- FCC has experienced decreased No Show rates in the last 9 months of 2017; over the 2016 rates:
 - OB: 14.79% through 9 months of 2017; 2016 rate was 15.61%
 - Peds Broadway: 17.44% through 9 months of 2017; 2016 rate was 17.86%
 - Peds Houston: 18.31% through 9 months of 2017; 2016 rate was 20.20%
 - Family Medicine: 27.13% through 9 months of 2017; 2016 rate was 36.27%

All of these reductions in no show rates were completed while expanding services to the Jacksonville and Athens clinics, an approximate average of 3% reduction in no-show rates, overall.

Priority Need #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (cont'd)

- In an effort to continue to provide quality care for our patients, we will continue to review and report quality metrics. Recently hired data analyst will be tasked with assisting with the application and generation of financial, productivity and clinic metric reports. This information will allow us to provide evidenced-based, data-driven decision making problem resolution. Policies and procedures will be developed and implemented to improve processes, while Care Gap Analyses will be utilized to improved performance metrics.
- FCC recently submitted our application for Patient Centered Medical Home status recognition (PCMH). With PCMH recognition and working to fulfill the commitment and requirements of this model of care, TFCC ensures that the patients we serve will receive quality care with respect, compassion and dignity through the life span.
- FCC remains financially viable in somewhat challenging times, as all sources of income are maintained and new funding sources are identified (\$3,080,272 increase in grant revenue in 2 years), while days cash on hand has increased in 2017. We aim to continue all possible checks and balances, reducing any matter of potential risk for patients, staff, providers, the governing board and the company.

With the overarching goal of enhancing access to primary care, FAMILY Circle of Care shall continue to provide quality, comprehensive primary care that is accessible, coordinated and effective.