

Narrative & Integration with Collective Effort

Fourth Street Clinic has proposed to provide comprehensive primary and preventative care for individuals residing in the new resource centers through a Hub & Spoke care delivery model. This is in addition to the current community partnership locations where Fourth Street Clinic has Nurse Care Managers. Elements of the Hub & Spoke care delivery model include medical services provided on site at the new resource centers (as well as existing partners) by Nurse Care Managers, medical services through a new Mobile Medical Clinic, and access to behavioral health, dental, and pharmaceutical services at the Hub.

Fourth Street Clinic developed the Hub & Spoke model in collaboration with community partners to address the complex needs of individuals and families experiencing homelessness and the changing environment for the delivery of homeless services in Salt Lake County. The Hub & Spoke Model was designed to reduce barriers to health services for homeless individuals and increased access to care.

Salt Lake County's Collective Impact Committee identified comprehensive primary health care as a need for this population and indicated services should be included in the new homeless service delivery model. Several options and service delivery models were vetted by a workgroup, consisting of homeless service providers and community stakeholders, including the Hub & Spoke Model. Key tenants of the Hub & Spoke model consist of a Mobile Medical Clinic and a community-based Nurse Care Management Model. The primary concept behind this model includes the following:

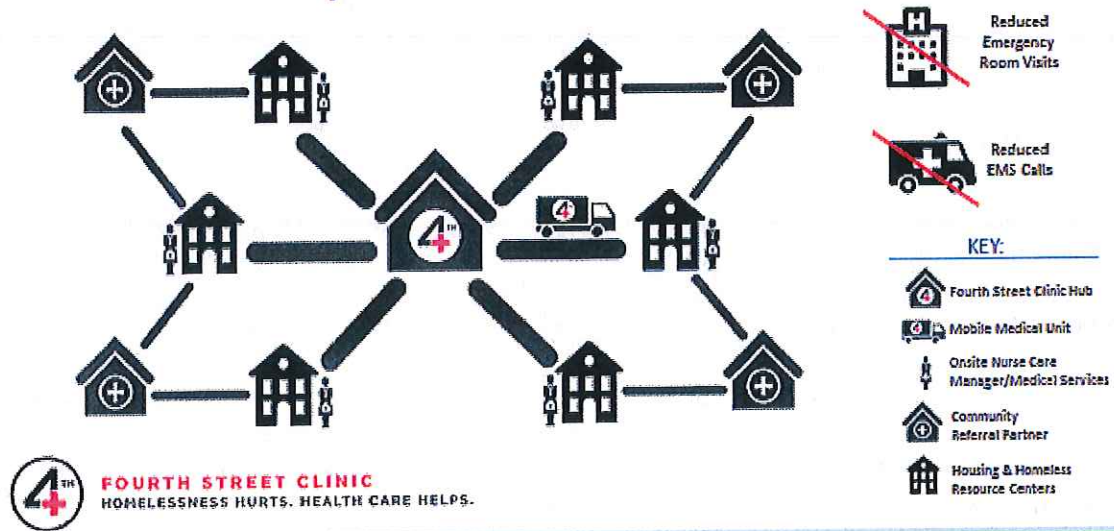
- The current location of Fourth Street Clinic will serve as the Hub for the medical services. Individuals and families served can potentially have access to all services provided at the Hub, including behavioral health, dental, specialty clinics, wellness classes and access to Fourth Street Clinic's pharmacy.
- The "Spokes" will be the various locations for homeless services; including, but not limited to new and existing shelters/resource centers, domestic violence shelters, permanent supportive housing, transitional housing and various other homeless service provider locations.

The Hub will provide oversight and supervision to the Mobile Medical Clinic and the Nurse Care Management Program as well as offer additional services that may not be available through the Mobile Medical Clinic.

Individuals can be referred to the Hub and can choose to establish primary care with Fourth Street Clinic. Services provided at the Hub include access to comprehensive health care, dental, pharmacy, behavioral health services, care coordination, as well as a variety of specialty clinics and wellness classes. The Hub & Spoke model allows for flexibility to meet individual needs and the changing environment of the homeless community.

According to the National Health Care for the Homeless Council, although housing is a key to ending homelessness, quality health care is an essential component to preventing and ending homelessness. Access to health care increases housing stability and quality of life for individuals and families who are homeless. An emphasis will be placed on building rapport with patients and encouraging preventive care. Below is a visual of the Hub & Spoke Model.

Hub & Spoke Service Model



The purpose of this proposal is to request \$500,000 to support the ongoing operations of the Mobile Medical Clinic. The Mobile Medical Clinic is essential to the support of Hub & Spoke Model.

Timeline for Funding

Capital funding for the Mobile Medical program was secured and the mobile unit was purchased June 2018. Anticipated deliver of the mobile unit is slated for February – March 2019. Below is a revised capital and operating timeline for the Mobile Medical Clinic:

Timeline for Securing Mobile Medical Clinic (Capital & Operations)



Note: FSC Board will not move forward without secured funding for operations



Hiring of personnel will be hired based on need. The Project Manager, Medical Provider and Medical Assistant need to be in place by January 2019; thus recruitment needs to happen in December 2018. This will give staff ample time to train, establish relevant protocols, revise workflows and familiarize themselves with the mobile unit. The Driver will be the next hired. This staffing structure, with support from current Fourth Street Clinic Hub staff, would support the current community partners. Once the new resource centers open, the balance of the mobile staff would be hired and onboarded. With respect to non-personnel expenses, items would be expensed as needed and based on patient use.

Measures and Outcomes Collected and Reported

Fourth Street Clinic uses a variety of clinical tools to measure efficacy of Evidenced Based Practices and the individual success of patients. As a Federally Qualified Health Center (FQHC), Fourth Street Clinic is evaluated by the Health Resources and Services Administration (HRSA) on a set of performance measures which emphasize health outcomes and value of care delivered by the clinic. These measures provide a balanced comprehensive look at health centers' services toward common conditions affecting underserved communities. The performance measures align with national standards. Fourth Street Clinic is responsible for establishing clinical and performance goals. Goals set by Fourth Street Clinic are evaluated through the industry standards and then approved by HRSA. Fourth Street Clinic is able to assess progress through this process and evaluate improvement using measures defined in the Uniform Data System (UDS). Goals fall under three areas of performance measures:

- **Quality of Care** documents services that correlate with positive, long-term health outcomes. Timely and routine preventive care often improves an individual's health status. These measures focus on cervical and colorectal cancer screenings, patient weight and counseling, childhood immunizations, adult tobacco use and cessation counseling, depression screenings, blood pressure control, diabetes control, asthma treatment, cholesterol treatment, medication therapies for heart attack and stroke and linkage to HIV care.
- **Health Outcomes and Disparities** show impact of clinical interventions and assists in projecting positive, long-term health outcomes. These measures focus specifically on low birthweight, controlled hypertension, and controlled diabetes.
- **Financial Viability/Costs** cover the total costs attributable to a reporting period. Examples include cost per patient, cost per encounter, patient payor source (e.g. insurance) and bad debit associated with services.

This information is reported annual by HRSA to demonstrate the value of Health Center Programs. Each year Fourth Street must report on the goals we set as an agency through submission of the UDS report. While this information is reported collectively for all sites and locations of service; it is the intent of Fourth Street Clinic to share UDS measures with interested parties at site level (e.g. Mobile Medical Clinic and/or new resource sites).

Recognizing that while UDS is a helpful reporting tool, Fourth Street Clinic constantly reviews and explores other measures that would be helpful in evaluating services and programs. Below is a list of additional measures that would be reported and shared with funders and interested parties:

- Number of patients seen through the Mobile Medical program; in total and at specific locations
- Number of patients seen through a scheduled appointment and through “walk-in” (without an appointment)
- Basic patient demographics (e.g. gender, age, race/ethnicity, etc.)
- Primary diagnosis of individuals being seen through the Mobile Medical program
- Insurance status of individuals
- Number of events that required a higher level of care (e.g. emergency services)

The Mobile Medical Clinic is not intended to be the primary medical home of individual but rather the conduit to connect individuals to a permanent medical home and serving their immediate needs. Thus, long term health outcomes will be connected back to the medical home and challenging to report from the Mobile Medical Clinic.

Budget Narrative

A two year budget was developed since the first year is based on a staggered hiring and opening of the new resources centers. Additionally, supplies are based on projections at various locations and midyear opening of new resource centers. Any capital (equipment or onetime expenses) was accounted for in the capital request for the Mobile Medical program. Fourth Street Clinic follows the Federal Uniform Guidance on minimum threshold of capital expenses; one unit is equal to \$5,000 or more is considered a capital expense. Fourth Street Clinic operates on a calendar fiscal year. See Exhibit A for budget.

Personnel:

The staff positions included in the Mobile Medical program are: one medical provider (physician), one midlevel provider (nurse practitioner or physician assistant), two medical assistants, one driver/support staff and a project manager to coordinate with all locations.

Mobile Maintenance:

This includes any all required general maintenance (e.g. oil changes, break inspection, filter changes, etc.). Additionally, it includes items/services not covered by warranties.

Fuel & Additive:

Diesel fuel requires an additive and mileage was calculated based on known current and new resource centers.

Mobile Insurance:

As required by law and based on value of the vehicle; an estimate for vehicle insures was obtained.

General Liability:

General liability was included based on an anticipated percentage of the organization policy. Medical malpractice was not included due to being a FQHC; Federal Tort Claims Act will cover medical services.

Medical & Lab Supplies:

This includes ongoing medical supplies for Mobile Medical Clinic, onsite point of care testing supplies, over the counter medication and lab supplies. These items are considered “disposable”. The performance of lab tests (services) is not included in the budget due to a relationship with current lab vendor contributing at significantly reduced expense.

General Office Supplies:

This includes paper, pens, file folders, etc. Average based on current Fourth Street Clinic utilization.

Licenses & Certificates:

This includes required automotive license & certificates for both the driver and the vehicle. It also includes CLIA certificate (for lab services).

Contract Services:

This includes shredding, biomedical waste removal, certified translation and communication (phone and internet) services. The expense of the electronic health record is not included due to the University of Utah generously extending their license to Fourth Street Clinic.

Mobile Storage:

An estimate for storage of the mobile medical unit was included. There are conversations with Shelter the Homeless regarding have onsite storage at one of the new resource facilities; however until a final decision is made, Fourth Street Clinic must consider storage options.

Patient Incentives:

It has been successful in patient engagement to use various patient incentives. This includes items like transportation tokens or vouchers to specialty care appointments.

Note: the budget does not reflect any Hub staff time (actual expense or in kind) to support the Mobile Medical Clinic even though it is anticipated that a percentage of Hub staff time will be needed to support the Mobile Medical Clinic.

Impact of Funding & Sustainability

Fourth Street Clinic approaches any new and/or expanded service/ program with a rigorous evaluation process to ensure that it will not compromise current essential services/programs and that there is a path of sustainability for the new/expanded service/program. It is also acknowledged that we work within a dynamic environment and things can change. Fourth Street Clinic also realizes that an over reliance on one or two funding sources could be detrimental to the service/program and in turn the community we serve.

Fourth Street Clinic relies on HRSA funding for approximately 50% of our total revenue. The intent of HRSA funding is to assist in the coverage for uninsured or uncompensated care provided at FQHCs. HRSA mandates that FQHCs maximize revenue and bill payors for all services; essentially HRSA is the payor of last resort. Fourth Street Clinic has approximately 70% - 80% uninsured patient population; which translates to between 5% - 15% of total revenue. While there has been a slight increase in patients receiving Targeted Adult Medicaid (TAM); there is still a significant gap on insuring the homeless populations. Furthermore TAM has challenges for this population and we have seen several patients request to terminate their TAM coverage. With the potential options for Medicaid expansion, this would assist significantly in closing the gaps in funding and covering more individuals with health insurance. The balance of revenue required to operate is generated from traditional fundraising efforts (e.g. events, grants, donations).

Fourth Street Clinic has been funded for a two year pilot program around the Nurse Care Manager Program and just finished year one. Results from this Program have been very positive and we have started aggressively fundraising to continue support of this program. The continued support and success

of the Nurse Care Manager Program is essential for the success of the Mobile Medical Clinic. Additionally, a proposal for support the expansion of the Nurse Care Manager Program into the new resources centers has been submitted and is waiting for review by Shelter the Homeless. While the support for the Nurse Care Manager Program is not direct financial support for the Mobil Medical Clinic, it supports it through in-kind support as well as infrastructure.

Fourth Street Clinic is consistently looking for other funding opportunities to support essential project. Previously, Fourth Street Clinic applied for a HRSA New Access Point funding for the Hub & Spoke Model but was not successful. However, Fourth Street Clinic did receive feedback and will apply at the next opportunity.

If ongoing funding was not received for the Mobile Medical Clinic, it would greatly impact the overall Hub & Spoke model. Operation of the Mobile Medical Clinic would be greatly reduced and current staffing and resources would have to be shared, thus limiting the availability of the Mobile Medical Clinic.

Exhibit A

	Year 1	Year 2
Personnel Expenses		
Medical Provider (MD)	\$ 140,000	\$ 144,200
Midlevel Provider (NP/PA)	\$ 40,000	\$ 82,400
Medical Assistant	\$ 31,200	\$ 32,136
Medical Assistant	\$ 15,600	\$ 32,136
Driver/Support	\$ 35,833	\$ 44,290
Project Manager	\$ 47,000	\$ 48,410
<i>Subtotal</i>	\$ 309,633	\$ 383,572
Benefits @ 30%	\$ 92,890	\$ 115,072
Total Personnel Expense	\$ 402,523	\$ 498,644
	Year 1	Year 2
Non-Personnel Expenses		
Mobile Maintenance	\$ 6,000	\$ 8,000
Fuel & Additive	\$ 9,000	\$ 10,200
Mobile Insurance	\$ 6,667	\$ 8,000
General Liability	\$ 1,250	\$ 1,500
Medical & Lab Supplies	\$ 6,375	\$ 8,500
General Office Supplies	\$ 1,875	\$ 2,500
Licenses & Certificates	\$ 1,000	\$ 1,000
Contract Services	\$ 18,000	\$ 24,000
Storage for Mobile	\$ 10,833	\$ 13,000
Patient Incentives	\$ 5,100	\$ 10,200
<i>Subtotal</i>	\$ 66,100	\$ 86,900
Total Non-Personnel	\$ 66,100	\$ 86,900
Program Total	\$ 468,623	\$ 585,544

