Rural Community Health Center Expansion Project

Applicant Organization: Mountain Valley Health Alliance

Funding Request: $3,000,000

Project Period: 36 months

Executive Summary

Mountain Valley Health Alliance proposes to establish two new community health centers serving medically underserved rural areas with combined population of 85,000. This initiative directly implements Executive Order 14087 priorities for expanding access to comprehensive primary care services.

Our service area has no existing community health centers, limited specialty care access, and health outcomes significantly worse than state averages. The proposed centers will provide integrated primary care, dental, behavioral health, and pharmacy services using a patient-centered medical home model.

Projected Impact: 15,000 patients served annually, 65,000 medical/dental visits, 45% uninsured patient population, sliding fee scale ensuring access regardless of ability to pay. Program addresses critical shortages in rural healthcare access while reducing emergency department utilization by estimated 30%.

Service Area Need and Demographics

Geographic Service Area: - Two rural counties (Highlands County and Valley County) - Total population: 85,000 - Service area: 2,400 square miles - HRSA-designated Medically Underserved Area - Health Professional Shortage Area (primary care, dental, mental health)

Health Status Indicators: - Life expectancy: 72.5 years (state average: 77.2) - Infant mortality: 8.2 per 1,000 (state: 5.4) - Diabetes prevalence: 14.3% (state: 9.8%) - Obesity rate: 38.5% (state: 28.3%) - Preventable hospitalizations: 45% above state average - Cancer screening rates: 35% below state benchmarks

Demographics: - Median household income: $38,500 (state: $68,700) - Poverty rate: 22.3% (state: 12.5%) - Uninsured rate: 18.5% (state: 7.2%) - Age 65+: 19.8% (state: 15.2%) - Racial/ethnic

minorities: 35% (Hispanic 18%, Native American 12%, Other 5%) - Rural population: 87% - Limited English proficiency: 12% - Disability prevalence: 16.8%

Healthcare Access Barriers: - Nearest hospital: 45 miles average - Primary care physicians: 1 per 4,200 residents (national: 1 per 1,350) - Dentists: 1 per 8,500 residents (national: 1 per 1,600) - Mental health providers: 1 per 12,000 residents (national: 1 per 790) - No public transportation - Limited broadband access (62% of area)

Comprehensive Service Model

Primary Care Services: - Family medicine and internal medicine - Pediatric care including well-child visits and immunizations - Women's health including prenatal and postpartum care - Chronic disease management (diabetes, hypertension, asthma, COPD) - Preventive care and health screenings - Care coordination and case management - Telemedicine for specialty consultation

Dental Services: - Preventive dentistry (exams, cleanings, sealants, fluoride) - Restorative care (fillings, crowns, root canals) - Extractions and oral surgery - Dentures and prosthodontics - Pediatric dentistry - Emergency dental care

Behavioral Health Integration: - On-site mental health counseling - Substance use disorder screening and treatment - Integrated care teams with warm handoffs - Psychiatric consultation via telepsychiatry - Group therapy and support programs - Trauma-informed care approach - Crisis intervention protocols

Enabling Services: - Case management and care coordination - Patient navigation assistance - Transportation vouchers (partnership with local transit) - Interpreter services (Spanish, Indigenous languages) - Health education and community outreach - Enrollment assistance (insurance, benefits, social services) - Pharmacy assistance program

Hours of Operation: - Monday-Thursday: 7:00 AM - 7:00 PM - Friday: 7:00 AM - 5:00 PM - Saturday: 8:00 AM - 2:00 PM - On-call nurse triage (24/7)

Facility Design: - ADA-compliant throughout - 15 exam rooms per site - 4 dental operatories per site - 3 behavioral health counseling rooms per site - Group education/waiting areas - On-site laboratory and pharmacy - Telehealth-equipped rooms

Sliding Fee Discount Program

Income-Based Fee Schedule (Federal Poverty Level):

• Below 100% FPL: Nominal fee ($5-$10 per visit)

• 100-150% FPL: 25% of standard fee

• 151-200% FPL: 50% of standard fee

• Above 200% FPL: Standard fee with payment plans available

Program Features: - No one turned away for inability to pay - Annual income verification with simplified documentation - Discounts applied to all services (medical, dental, behavioral health, pharmacy) - Payment plans for amounts above sliding fee - Charitable care fund for emergency situations - Financial counseling and benefits enrollment assistance

Revenue Projections: - 45% of patients uninsured (sliding fee) - 30% Medicaid - 15% Medicare - 10% commercial insurance

Financial Sustainability: - Break-even projected at 12,000 visits annually (achievable by month 18) - Federal FQHC designation and enhanced reimbursement rates - State Primary Care Association support - 340B pharmaceutical pricing program - Grant funding to supplement patient revenue - Efficiency through health IT and population health management

Governance and Quality Improvement

Board of Directors: Patient-majority board as required by HRSA Section 330 guidelines - 12 board members (minimum 9 patients) - Patient representatives reflect service area demographics - Governing authority over clinical, fiscal, and administrative operations - Monthly board meetings with committee structure - Board training on healthcare governance and compliance

Current Board Composition (to be expanded): - 10 members: 7 patients, 3 community representatives - Diverse representation: 40% Hispanic, 20% Native American, 30% age 65+ - Rural resident requirement: 100%

Quality Improvement Program:

1. Clinical Quality Measures (UDS reporting) - Diabetes HbA1c control - Hypertension control - Breast cancer screening - Colorectal cancer screening - Childhood immunization rates - Prenatal care in first trimester - Depression screening and follow-up - Tobacco cessation counseling

2. Patient Safety - Medication reconciliation protocols - Infection control procedures - Adverse event reporting system - Root cause analysis for sentinel events - Staff training and competency assessment

3. Patient Experience - Patient satisfaction surveys (quarterly) - Complaint resolution process - Patient advisory council - No-show reduction strategies - Care transitions coordination

4. Performance Targets (Year 3) - Clinical quality composite: 75th percentile nationally - Patient satisfaction: 90% positive - Third next available appointment: <7 days - No-show rate: <15%

Quality Improvement Partnerships: - State Primary Care Association QI collaborative - Regional Health Information Exchange participation - Patient-Centered Primary Care Home certification - Joint Commission consideration (Year 4)

Health Information Technology

Electronic Health Record System: - Comprehensive EHR meeting Meaningful Use Stage 3 requirements - Integrated medical, dental, and behavioral health records - E-prescribing with controlled

substance capability - Clinical decision support tools - Patient portal with secure messaging - Population health management tools

Interoperability: - State Health Information Exchange participation - Direct secure messaging - Immunization registry integration - Syndromic surveillance reporting - Quality measure reporting automation

Telehealth Infrastructure: - High-speed internet connectivity - Telehealth-equipped exam rooms - Telepsychiatry partnerships - Remote patient monitoring for chronic conditions - Store-and-forward teledentistry

Data Analytics: - Patient registry for chronic disease management - Predictive analytics for high-risk patients - Utilization tracking and reporting - Financial performance dashboards - Quality measure trending

Cybersecurity: - HIPAA-compliant security measures - Staff training on privacy and security - Business associate agreements - Incident response protocols - Regular security risk assessments

Workforce and Staffing

Clinical Staffing (both sites combined): - Medical Providers: 8 FTE (mix of physicians, NPs, PAs) - Dentists: 4 FTE - Dental Hygienists: 4 FTE - Behavioral Health Providers: 4 FTE (LCSWs, LPCs) - Registered Nurses: 6 FTE - Medical Assistants: 12 FTE - Dental Assistants: 6 FTE

Support Staff: - Health Center Manager (1 FTE per site) - Patient Services Representatives: 8 FTE - Care Coordinators: 4 FTE - Pharmacist: 1 FTE - Laboratory Technician: 2 FTE - IT Support: 1 FTE - Facilities/Maintenance: 2 FTE

Recruitment Strategies: - National Health Service Corps partnerships - State loan repayment program participants - Rural training track residency affiliations - Community-based medical education rotations - Local pipeline programs with community colleges - Competitive compensation and benefits - Professional development support

Cultural Competency: - Bilingual staff recruitment (Spanish-speaking preferred) - Cultural competency training (annual) - Interpreter services available - Community health worker program - Traditional healing practices respect

Staff Development: - Orientation and onboarding programs - Continuing education support - Performance evaluation system - Leadership development opportunities - Team-based care training

Implementation Timeline and Budget

Total Request: $3,000,000 over 36 months

Phase 1: Planning and Development (Months 1-9) - Site selection and acquisition - Architectural design and permitting - FQHC application submission - Workforce recruitment - Equipment procurement - EHR implementation

Phase 2: Construction and Preparation (Months 10-18) - Facility construction/renovation (Site 1) - Staff training and orientation - Policies and procedures development - Community engagement and marketing - Insurance credentialing

Phase 3: Site 1 Operations (Months 19-24) - Soft opening and ramp-up - Quality improvement focus - Site 2 construction begins - Patient enrollment and outreach

Phase 4: Full Implementation (Months 25-36) - Site 2 opening - Full patient capacity operations - Sustainability planning - Evaluation and reporting

Budget Allocation:

Facility Costs (45%): $1,350,000 - Land acquisition/lease: $150,000 - Construction/renovation: $900,000 - Equipment and furnishings: $225,000 - Technology infrastructure: $75,000

Operational Costs (48%): $1,440,000 - Personnel (Year 1-2, pre-sustainability): $1,050,000 - Supplies and pharmaceuticals: $180,000 - Utilities and maintenance: $90,000 - Insurance and compliance: $60,000 - Marketing and outreach: $60,000

Administrative/Planning (7%): $210,000 - FQHC application and consultation - Accreditation and credentialing - EHR licensing and implementation - Training and development - Evaluation services

Sustainability Plan: By Year 3, patient revenue and FQHC reimbursement will cover 85% of operations. Additional sustainability sources include state grants, foundation support, and enhanced Medicaid payments. Five-year financial projections demonstrate full sustainability by Year 4.