FQHC CEO Bootcamp

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About this bootcamp

- CLC's Inaugural "virtual" CEO Bootcamp
- Each bi-weekly session timed for approximately 60 minutes of presentation and 30 minutes of follow-up Q&A
- Feel free to ask questions at any time, using either the "chat" or "raise hand" functions
- As a "norm", we'd like to have cameras turned on
- Our goal: Increase your knowledge and skills as the leader of your health center

What will you gain from this experience?

Is your task tracking system ready to go?

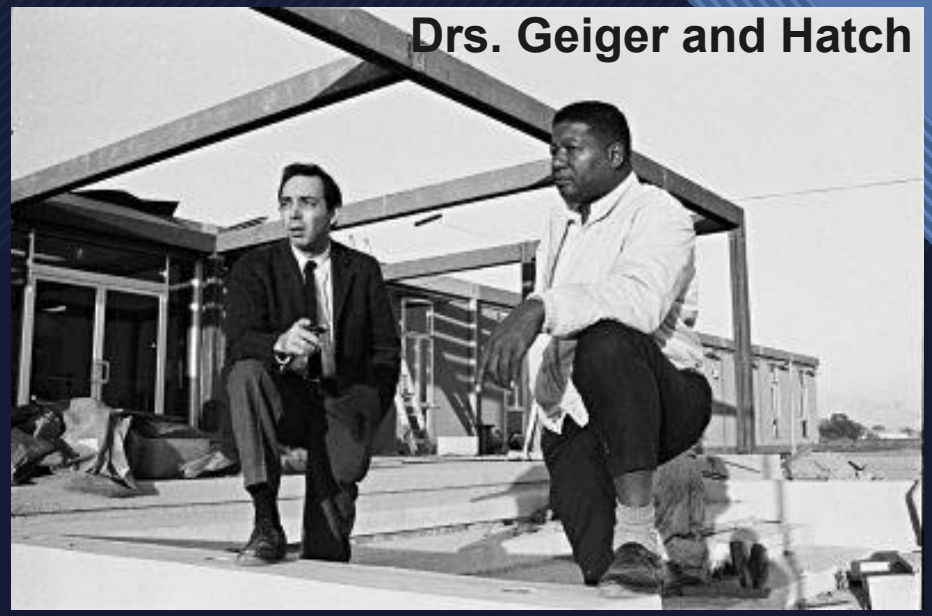
How will you use your own lens to create takeaways?

What if a subject area is less critical for you?

If a goal is to plant seeds for peer relations, how will you garden?

History

The Foundation and Early Years of the Health Center Program



1964 — Economic Opportunity Act

1965 — First CHC Opens: Columbia Point Health Center

1975 — Congress passed the Health Center (HC) program that authorized legislation under Section 330 of the US Public Health Services Act

- The law defined how organizations receiving the Health Center Program funds should function

1982 — HRSA – Health Resources & Services Administration was formed (previously Health Resource Administration and Health Service Administration from 1973 – 1982)

- Division of HHS – U.S. Department of Health & Human Services

1989 — Federally Qualified Health Center (FQHC) program was established

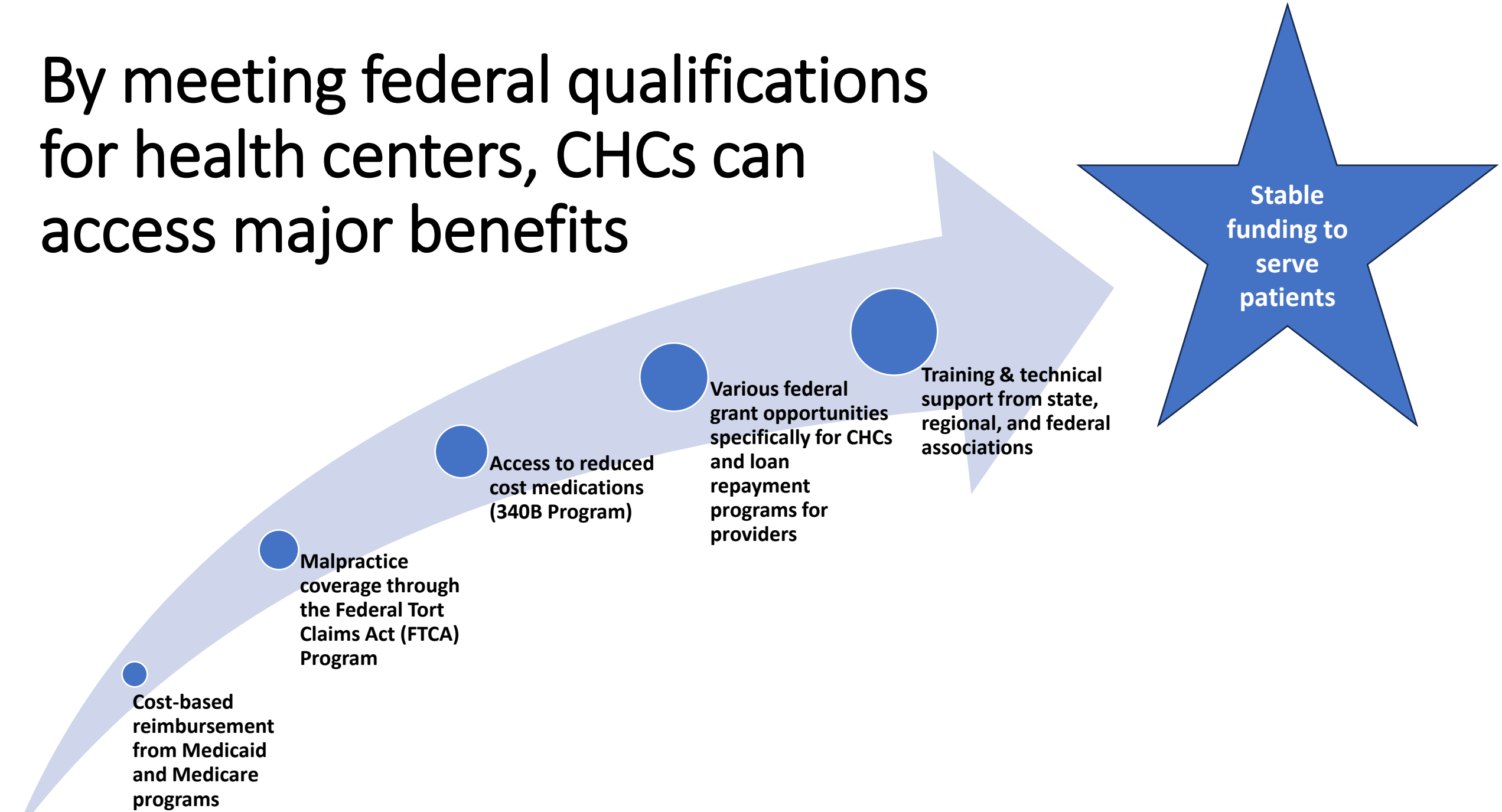
- Mandated all states to reimburse and over all cost-related issues of the Medicaid Payment System

1996 — Health Centers Consolidated Act of 1996

- Combined CHCs, MHCs, HCH & Public Housing under Section 330 of Public Health Service Act


Health centers treat the whole health of each patient

By meeting federal qualifications for health centers, CHCs can access major benefits



Two main types of health centers

CHC with Section 330 Grant

- Have been awarded grants from HRSA via a competitive process
  - These “base grants” start at $650,000 per year
- *Meet all 19 HRSA requirements*
- Can access “free” malpractice coverage under the FTCA, 340B, supplemental grants available only to FQHCs, etc.

Look-Alike CHC

- No federal grant but do qualify for cost-based reimbursement (Medicaid & Medicare)
  - Can also access 340B program (like any CHC)
- *Meet all 19 HRSA requirements*
- Purchase their own malpractice insurance

A bit about those “Federal Qualifications” or requirements

Governance is foundational	Patient-majority boards oversee each not-for-profit FQHC Exemptions are possible only for tribal, public entities, and migrant/ homeless/ housing/ rural health centers
Collaboration is required	Each CHC must engage with many other elements of the local healthcare and social services system
Needs must be understood	FQHCs must identify and adapt to meet the changing health needs in their service area
Services must be comprehensive	The health center must provide a variety of primary medical care, dental, pharmacy, lab, and behavioral health services directly or through contracts
$	Systems must be in place to bill for services, while providing those services without regard to the patient’s ability to pay (and track where all the dollars go very carefully)

Health Center Program Today

- FQHCs – receive HRSA funding
  - Over 1,500 grant recipient (H80CSxxxx) organizations with over 17,000 delivery sites
- FQHC Look-Alikes (FQHC-LAL) – are designated as FQHCs but DO NOT receive funding
  - ~100
- 33.9 million Patients Served in 2024
- Visit the HRSA UDS Data Overview to receive State-by-State information – https://data.hrsa.gov/tools/data-reporting/program-data

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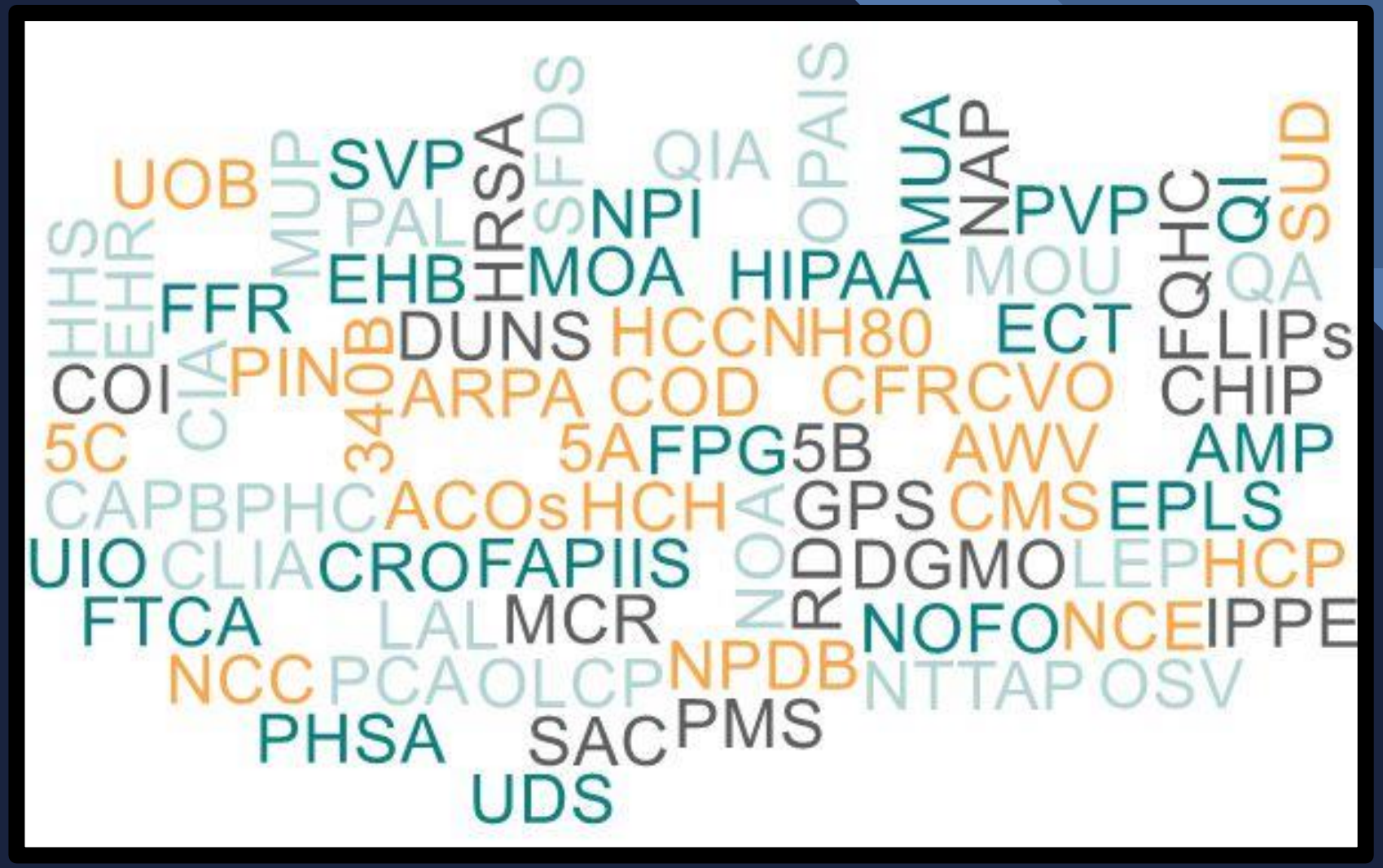
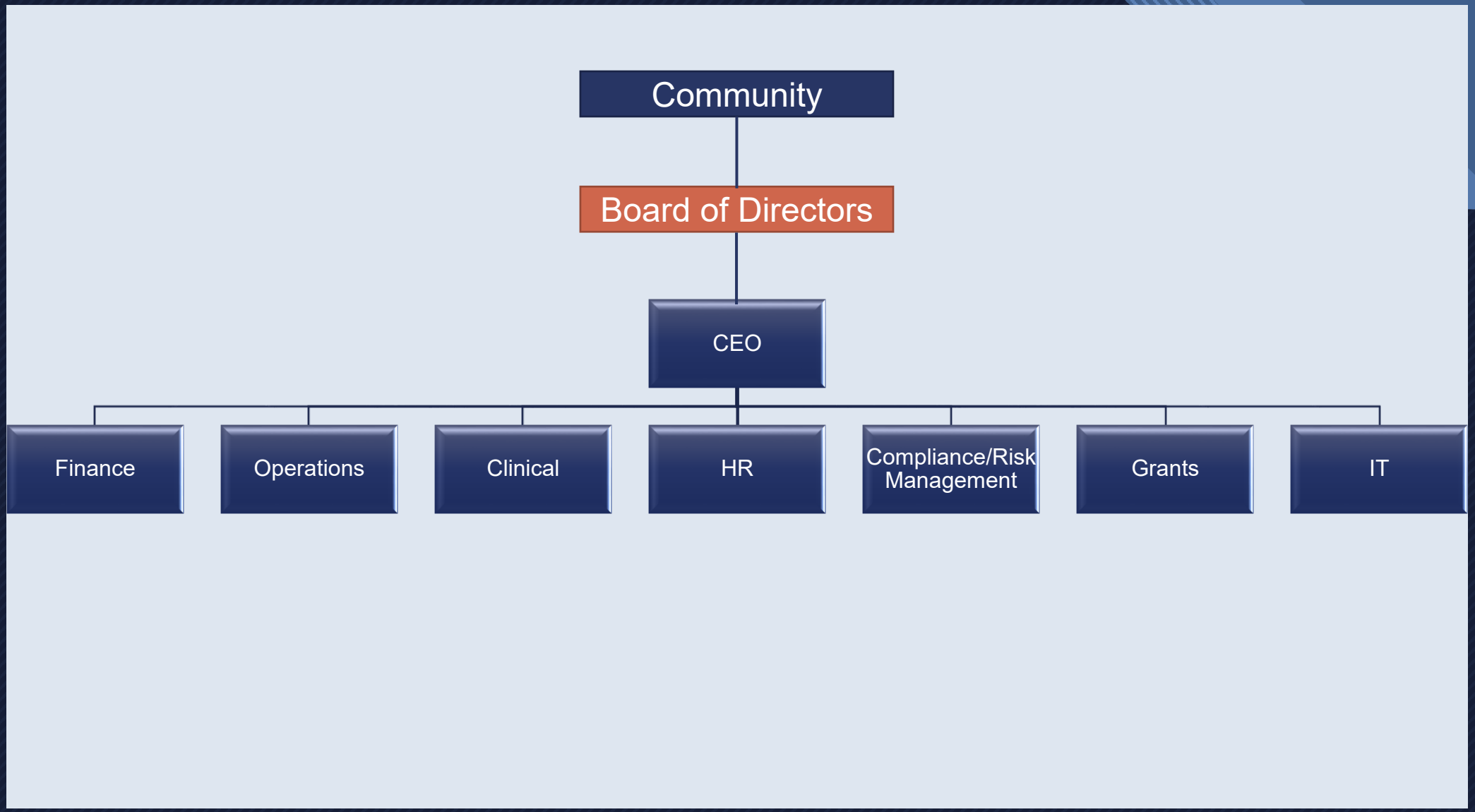
Source: 2023 UDS National Data

ACRONYMNS



FQHC Organizational Chart



Board Composition

- Board must be reflective of patient population
- At least 51% patient users
- Cannot be employed by the health center
- For Board members who are not patients, no more than 50% of those members can derive 10% or more of their income from healthcare
- Must have by-laws language related to selection and removal of members

Source: https://bphealth center.hrsa.gov/program requirements/compliance manual/chapter-20.html#titletop

Board Authority

The health center must have a governing board

Assures compliance with HRSA program requirements for the composition, meeting frequency, and authorities exercised by the Board

Responsible for budget, strategic planning, quality, programs and services, policies and procedures

Hires, oversees, evaluates, and fires the CEO

Ensures process is in place for hearing and resolving patient grievances

The board provides oversight and exercises authority over various areas including finance, quality, corporate compliance, the Health Center Program, and the CEO. The board also assures plans are in place to manage risks faced by the health center.

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Source: https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-19.html#titletop

Roles and Responsibilities

- Governing Board:
  - Leads and oversees the organization;
  - Brings the community's voice into the boardroom and is focused on the "big picture" :: strategic planning;
  - Delegates day-to-day operational responsibilities to the CEO.

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CEO Oversight

The Board governs while the CEO is responsible for the overall management of the health center.

The CEO is the only employee hired by and overseen by the Board and the Board delegates the day-to-day operational responsibilities to the CEO.

Staff – led by the CEO

The CEO manages and implements the priorities and policies set by the board.

Board and CEO work in partnership.

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The most impactful CEO skillsets shift with organization size

	Smallest	Mid Size	Large
CHC characteristics	1 to 3 sites, under 100 employees, primary care, maybe dental and BH, limited ancillary services	Everything in between	10-20+ sites, 1,000+ employees, service lines & regions, multiple specialties, supportive services
Org Structure	Traditional		Fully matrixed
Management Style	Command and Control		Team of Teams
Most critical CEO Skills	• Operational and financial management and oversight • 1:1 relationships • Supervision • Flexibility to do hands-on work • Healthcare delivery knowledge • Entrepreneurial business skills • Working more “in” the business • Everyday leadership		• Leader and team development • Communications (internal and external) • Facilitation • Delegation • Healthcare systems & public policy • Systems thinking • Working more “on” the business • Everyday leadership

Today's challenges in healthcare and in CHCs

- Individual exercise - - challenges facing your health center
  - Compile list, may add general (external system) challenges
- How do these challenges lead to allocation of your time, energy, and resources?
- Which items can be worked on with your Board, and which need to be worked on with your leadership team?

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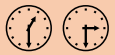
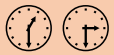
Your role as the CEO

	SELECTING THE "CORE" TEAM	SETTING THE CULTURE	CASTING A COMPELLING SHARED VISION	HOLDING PEOPLE ACCOUNTABLE FOR RESULTS
Small CHC			 Still critical, but more natural	 More day-to-day management
Large CHC		 Must be highly proactive on culture	 More time to create & share strategy (inside & out)	

Session #1 Takeaways: For the Group . . .

- What did you learn, what was relevant (if anything)?
- What will you do with the information - - sharing with your Board, your staff, your community partners?
- Reminder about accessing previous webinar content from Community Link Consulting
- Chat/Interaction - - what are the future topics you want to talk about?
- Session #2 - - “Four Essential Roles of the CEO”, Wednesday, September 24, 11 AM (Pacific)

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