



PRINCIPLES OF COMMUNITY HEALTH CARE

ACCESS COMMUNITY HEALTH NETWORK

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MISSION OF THE ORGANIZATION: Access Community Health Network (ACCESS) partners with patients at all points of care, providing high quality, patient-centered health services accessible to all in their own communities.

1. Identify the high risk/underserved and/or disadvantaged populations in the community(ies) that you serve and describe specifically the actions you have taken, based on relevant assessment data, to increase their accessibility to health services.

Organizational overview - ACCESS was founded as a federally qualified health center network in 1991 to serve communities on Chicago's south and west sides with some of Chicago's – and the nation's - highest levels of poverty and lowest measures of good health. This year ACCESS will serve 175,000 patients at 35 health centers across Chicago and suburban Cook and DuPage Counties. About 38 percent of patients are children; more than 82 percent are Latinx or African America; and 81 percent live at or below 200 percent of the Federal Poverty Level, which is a common measure of economic stability.

Uninsured patients – ACCESS' patient population also includes more than 37,000 patients who are uninsured, substantially more than any other community health organization in the area. After several years of declines, in 2019 the number of ACCESS patients who were uninsured increased for the fourth year in a row. Uninsured patients pay for services according to an income-based sliding fee scale, but no patient is ever turned away due to lack of ability to pay.

Reducing racial/ethnic health disparities – ACCESS prioritizes services for health conditions that disproportionately impact communities of color, including diabetes and hypertension. These disparities are reduced when patients receive high quality care. The framework for ACCESS' services is the provision of high-quality care that we track through our performance against national HEDIS, FQHC and local health care quality benchmarks and the standards of the Joint Commission's ambulatory care accreditation

program. Accreditation is essentially mandatory for hospitals, but optional for ambulatory care providers. Only one-third of community health centers and one-tenth of ambulatory care providers nation-wide have achieved this distinction. ACCESS has been continually accredited since 2000.

Meeting the needs of other high risk, underserved and/or disadvantaged population in each community – ACCESS’ patient populations include many of the region’s low-income, underserved and high-risk populations. For example:

Population	Actions to Increase Accessibility
Individuals living in medically underserved communities with high rates of poverty	All ACCESS health centers are located in communities that the U.S. Department of Health and Human Services has designated as “medically underserved”, which indicates that they have poor health outcomes and too few providers to meet the need.
Persons with limited English proficiency	ACCESS providers speak more than 30 languages, including English and American Sign Language. Spanish is spoken at more than 80 percent of ACCESS sites.
Persons at risk for or living with HIV/AIDS	ACCESS provides comprehensive services for people at risk for or living with HIV including care coordination, for patients at hub sites throughout the metropolitan area, including underserved suburban communities, such as southern Cook County and north central DuPage County.
Pregnant women living in communities with high rates of infant mortality	Intensive outreach, education, and supportive services are provided in Chicago communities that have high rates of infant mortality.
People who are disconnected from traditional sources of information about health and health services	Outreach staff collaborate with faith communities and other community organizations to reach people not connected to systems of care, informing them about the services that are available to them and how to access those services. Similarly, ACCESS care teams link patients to other community services.
People in under-resourced communities who have behavioral health conditions	Mental health counseling, psychiatry, and/or opioid addiction treatment services are provided in many ACCESS health centers. See question 4 for more information.

Providing a continuum of care for high risk, underserved and/or disadvantaged populations – ACCESS builds internal and external resources to provide a continuum of care for its patients. Via relationships with hospitals, social service agencies, faith communities, and public policy makers throughout the metropolitan area, ACCESS works to give patients access to the resources that will improve their health.

2. Describe specifically the strategies you have used to gather input from high risk, underserved and/or disadvantaged population and their leaders as a basis for program or service development.

ACCESS uses multiple strategies to ensure that it is meeting local needs:

- *Patient-majority Board of Directors:* More than half of ACCESS' board members are also consumers: their experiences and observations are central to the agency's planning, strategic, and evaluative frame
- *Patient advisory councils:* Patients meet with programmatic and organizational leadership, including the CEO, to identify emerging issues, provide feedback, and suggest new vehicles for advancing ACCESS' services, e.g., pregnancy, HIV, and substance use disorder treatment services;
- *Partnerships:* Collaborations (see below) provide significant insights into the communities the organization serves, as well as facilitating the mutual referrals that address patients' comprehensive well-being;
- *Strategic planning:* ACCESS' triennial strategic planning process is rooted in data analysis, focus groups with patients, and interviews with key community stakeholders, toward addressing both long-standing and new challenges; and
- *Patient satisfaction:* Nearly all patients are surveyed regularly about their experiences with ACCESS' staff and services. Satisfaction is an indicator that patients will return for the ongoing care needed to resolve problems and build long-term health.

3. Describe specific partnerships with other providers and community-based organizations to promote continuity of health care for high risk/underserved and/or disadvantaged populations.

ACCESS partners with non-profit organizations, governmental entities, businesses and other health care providers to identify and address community needs. Ongoing collaborations include:

- Collaborations with hospitals to reduce emergency room visits and improve access to primary care;
- A partnership with the Greater Chicago Food Depository (GCFD) to screen all ACCESS patients for food insecurity; link those facing hunger to local pantries and/or SNAP benefits; and, at five sites, distribute fresh and shelf-stable food to patients and community members via GCFD's Fresh Truck;
- Building a network of substance use providers to support patients receiving medication-assisted opioid use disorder treatment services who need additional support, e.g., daily recovery groups and/or detox services; and
- A partnership with Walgreens and other retailers that is making pharmaceuticals much more affordable for patients. In the 12 months that ended June 30, 2019, 15,156 ACCESS patients without health coverage received 73,385 prescriptions at significantly discounted prices, which includes 22 percent more patients and 26 percent more prescriptions than the previous year.

4. Provide two examples of how you have used the community-oriented approach to program development specified in the attached principles to develop a program of service for high risk/underserved and/or disadvantaged populations specified in the guidelines.

Example #1: Integrated Health Home - ACCESS' newest collaboration is working to improve health and wellness outcomes for people with uncontrolled behavioral and medical conditions. The work is rooted in a study by Illinois' Medicaid program which found that 25 percent of Medicaid members required 56 percent of its the program's resources; these individuals all had mental health or substance use disorders. To serve these patients, ACCESS is partnering with Catholic Charities, Mount Sinai and Holy Cross Hospitals, Gateway Foundation, and Trilogy Inc. to provide a network of integrated primary and behavioral health care with social services. The program initially served patients on the south and west sides of Chicago; its success has drawn referrals from throughout ACCESS' catchment area. Services are provided without regard to health coverage.

The development of this model has been critically important for ACCESS as it builds and enhances care for patients with complex needs. Among ACCESS' patient population, approximately 10,000 people live with a serious mental illness (SMI), such as major depression or bipolar disorder, and many more have substance use disorders. Most have a co-occurring chronic disease, such as diabetes or hypertension. People living with SMIs typically die up to 25 years younger than the general population, often because untreated behavioral health disorders inhibit patients' ability to engage in the self-care that would enable them to manage their physical health.

Based on patient and partner feedback, ACCESS' program model has developed the following features: (1) an extended engagement and orientation process for patients to become comfortable with program's offerings and staff, and to commit to a program that will help them make changes in their lives; (2) more personalized and intensive staffing, with a 1:40 ratio of patients to the care coordinators who serve them, rather than the 1:75 ratio recommended by Medicaid and others, rooted in a need for contact at least weekly, versus the every thirty-day contact standard for other high risk care coordination patients; (3) a shared medical record, such that, with patients' HIPAA approval, all partner organizations work from a single care plan, which facilitates communications and consistency between organizations and patients; and, perhaps most importantly, (4) patients' priorities drive care planning. An example of the latter is new patients' frequent preference to address their housing and/or employment needs before addressing their mental or physical health. Catholic Charities has been able to secure jobs and/or housing for many patients; thereafter these patients are typically more receptive to the behavioral and physical health services that will improve their long-term health.

Quantitative information for the most recent year available:

Number of clients served: 78

Total amount budgeted by your organization for the program: \$457,775

Percent that program budget is of total agency budget: Less than 1%
Percent of program budget that is directly reimbursed by third party payers: None.¹
Percent of program budget that is covered by public/private grants: 88%

Example #2: Integrated Behavioral Health Care - Over the past three years, ACCESS has significantly expanded the range of and access to its behavioral health services; those services are integrated with each other and with primary care, which is especially important for minority, low income communities who cannot typically get access to these services and/or have significant stigma with accessing those services when they are offered as stand-alone services rather than being integrated into primary care. Services include: (1) screening for and, when appropriate, linkage to treatment for depression and substance use disorders; (2) cognitive behavioral therapy and other forms of counseling; (3) medication assisted treatment for opioid use disorders; and (4) psychiatry, including telepsychiatry which extends the availability of psychiatry and is provided in ACCESS health centers, so patients who do not have access to the internet can receive services.

The integration of services over the past three years has included: (1) increased behavioral health training for and cross-disciplinary consultation between behavioral health specialists and primary care providers, e.g., around depression and medication management; (2) extensive initial and ongoing training for behavioral health and care coordination providers in such areas as mental health, substance use disorders, intimate partner violence, cultural competency, harm reduction, mental health emergencies, and HEDIS measures for behavioral health; (3) expanded pre-natal and post-partum depression screenings for pregnant patients and regular screenings for depression among all patients twelve years of age or older, with follow-up as needed; (4) expanded outreach to patients who have recently been hospitalized with behavioral health disorders to maximize their linkages to follow-up care; (4) enhanced training on the provision of trauma informed care; and (5) a “We Ask Because We Care” campaign to normalize the provision of behavioral health screenings and services for patients. The campaign is embodied by posters in exam rooms that reference asking ACCESS asking its patients about depression and substance use, just as the organization checks blood pressure and allergies.

Quantitative information for the most recent year available:

Number of clients served: More than 6,900 (excluding all-patient screenings)

Total amount budgeted by your organization for the program: \$1,107,068 ²

Percent that program budget is of total agency budget: 1 percent

Percent of program budget that is directly reimbursed by third party payers: 43 percent

Percent of program budget that is covered by public/private grants: 32 percent

¹ Project budget excludes billable medical and/or behavioral health services. The state of Illinois may begin reimbursing providers for Care Coordination services for Medicaid beneficiaries beginning in January 2021.

² This budget excludes the billable services of health care providers, other than behavioral health specialists.