



DIRECTIVES OF BOARD OF DIRECTORS

- President - Eduardo Martínez Tull
- Vice-President – Gladys Santos
- Secretary – María Roque
- Treasurer – Victor Montalvo

CORPORATE OFFICERS

- Executive Director - Allan Cintrón Salichs, MBA, MHCM.
- Medical Director - Awilda García Rodríguez, MD
- Finance Director - Francisco Bayanilla, MBA

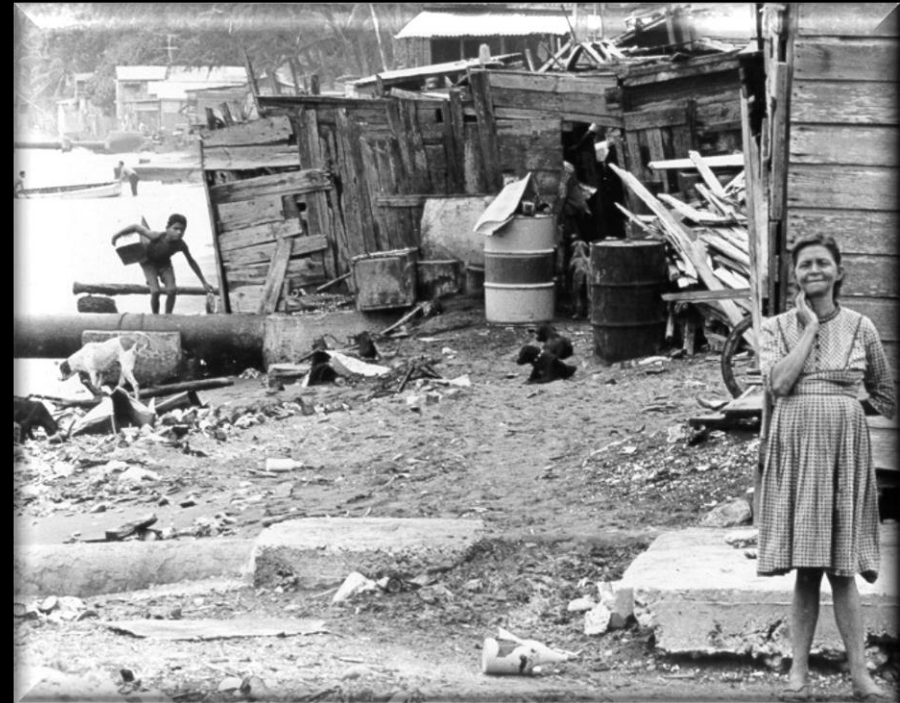
**CONSEJO DE SALUD
DE PUERTO RICO, INC.**

MED CENTRO ®

PONCE, PUERTO RICO

Few facts about CONSEJO DE SALUD DE PUERTO RICO, INC. Med Centro ®

- A NOT-FOR-PROFIT
- COMMUNITY BASED
- HEALTHCARE SERVICES
- CORPORATION



Few facts

Founded in 1971 as “*Consejo de Salud de la Comunidad de la Playa de Ponce, Inc.*”, the corporate name was changed in November 18, 2009, to “Consejo de Salud de Puerto Rico, Inc.” and the brand of “Med Centro ®” was registered as a trade mark.

This institution is qualified by CMS as a Federally Qualified Health Center (FQHC) under Section 330 of the Public Health Service Act (42 USCS § 254b).

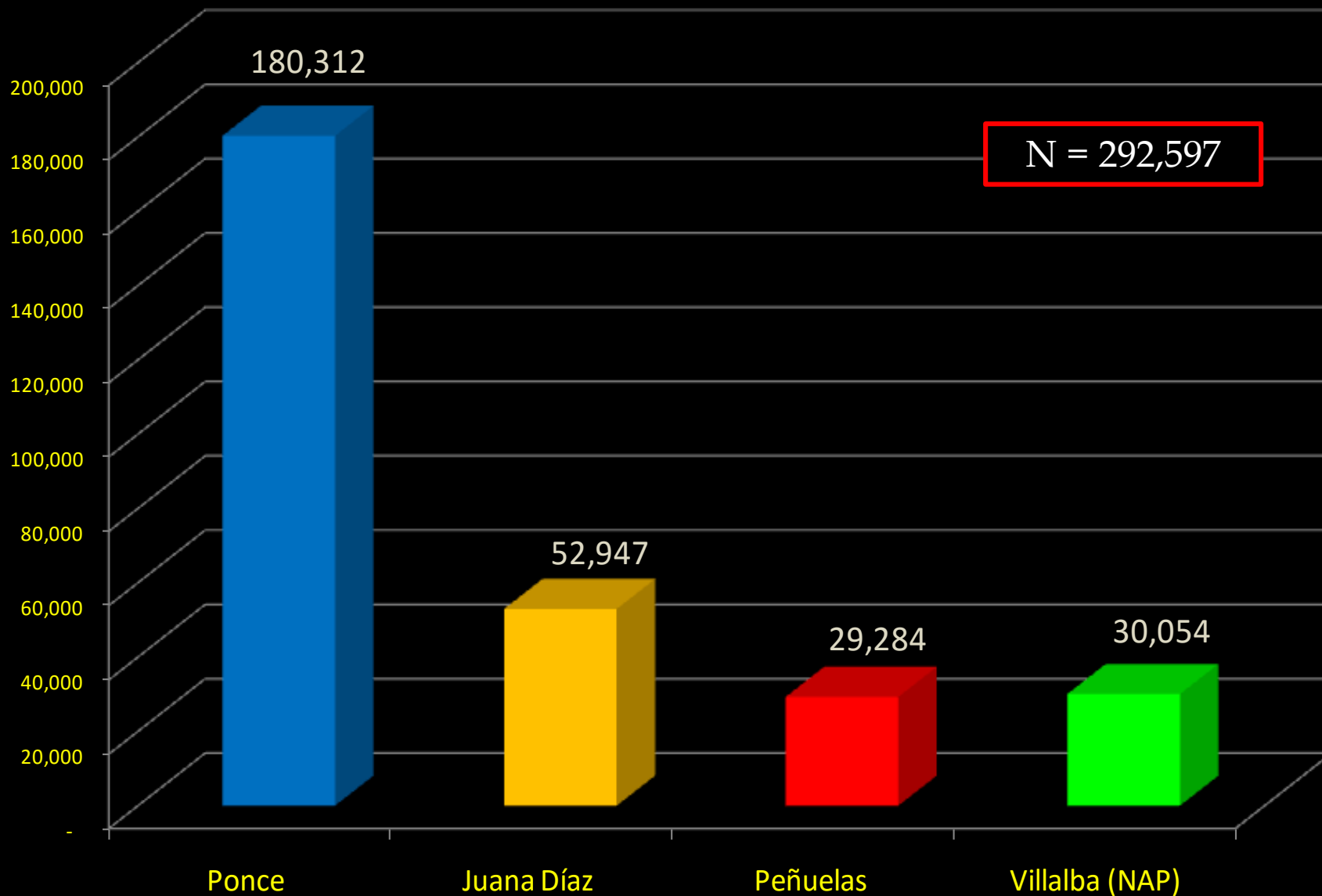
SITE MAP LOCATIONS

HRSA APPROVED SITES FOR MED CENTRO

Fixed Sites	6
Mobile Unit Sites	4
Total Sites	10

SERVICE AREAS POPULATION

POPULATION IN AREAS OF SERVICE



NUMBER OF PATIENTS SERVED

PRIMARY CARE PATIENTS	UDS 2014		
CHARACTERISTIC	0 TO 17 YEARS OLD	18 YEARS AND OLDER	TOTAL
None/Uninsured	3,319	4,057	7,376
Regular Medicaid (Title XIX)	9,019	16,993	26,012
Medicare	4	2,747	2,751
Private Insurance	901	3,297	4,198
TOTAL	13,243	27,094	40,337
TOTAL CLINICAL VISITS	179,231		
AVERAGE VISIT PER PATIENT	4.44		

Numbers from HRSA, UDS Reports

RYAN WHITE PART C	FY-2013	FY-2014	NET CHANGE
Total Number of Patients	246	254	8

Numbers from HRSA/HAB, RSR

RANKING ACCORDING TO FEDERAL AWARDS

FY 2015
330 Health Centers Ranking Position According to Federal Grant Award
Total Awardees = 1,381
Total Awards = \$3,660,849,112

RANK	STATE	GRANTEE	FINANCIAL ASSISTANCE	%
1	California	CLINICA SIERRA VISTA	\$18,566,303	0.5072%
2	Washington	YAKIMA VALLEY FARM WORKERS CLINIC	\$14,602,728	0.3989%
3	New York	SUNSET PARK HEALTH COUNCIL, INC.	\$14,564,643	0.3978%
4	New York	HUDSON RIVER HEALTHCARE, INC.	\$13,886,112	0.3793%
5	California	FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	\$13,634,868	0.3725%
6	Alabama	QUALITY OF LIFE HEALTH SERVICES INC	\$13,340,813	0.3644%
7	Illinois	SOUTHERN ILLINOIS HEALTH CARE FOUNDATION, INC.	\$13,215,105	0.3610%
8	Colorado	DENVER HEALTH AND HOSPITALS AUTHORITY	\$13,162,620	0.3596%
9	Colorado	PLAN DE SALUD DEL VALLE, INC.	\$12,579,416	0.3436%
10	California	COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST, INC.	\$12,195,285	0.3331%
11	Illinois	ACCESS COMMUNITY HEALTH NETWORK	\$12,062,537	0.3295%
12	California	NORTHEAST VALLEY HEALTH CORPORATION	\$12,045,064	0.3290%
13	Florida	COMMUNITY HEALTH SOUTH FLORIDA, INC.	\$11,779,292	0.3218%
14	Washington	SEA-MAR COMMUNITY HEALTH CENTER	\$11,572,465	0.3161%
15	California	GOLDEN VALLEY HEALTH CENTERS	\$11,559,145	0.3158%
16	California	FAMILY HEALTHCARE NETWORK	\$11,203,379	0.3060%
17	Alabama	FRANKLIN PRIMARY HEALTH CENTER, INC.	\$11,082,819	0.3027%
18	Ohio	NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.	\$10,756,883	0.2938%
19	Illinois	AUNT MARTHA'S YOUTH SERVICE CENTER, INC.	\$10,664,197	0.2913%
20	Puerto Rico	CONSEJO DE SALUD DE PUERTO RICO, INC.	\$10,206,416	0.2788%

CSPR ranks # 20 among 1,381 HRSA 330 grantees across the nation

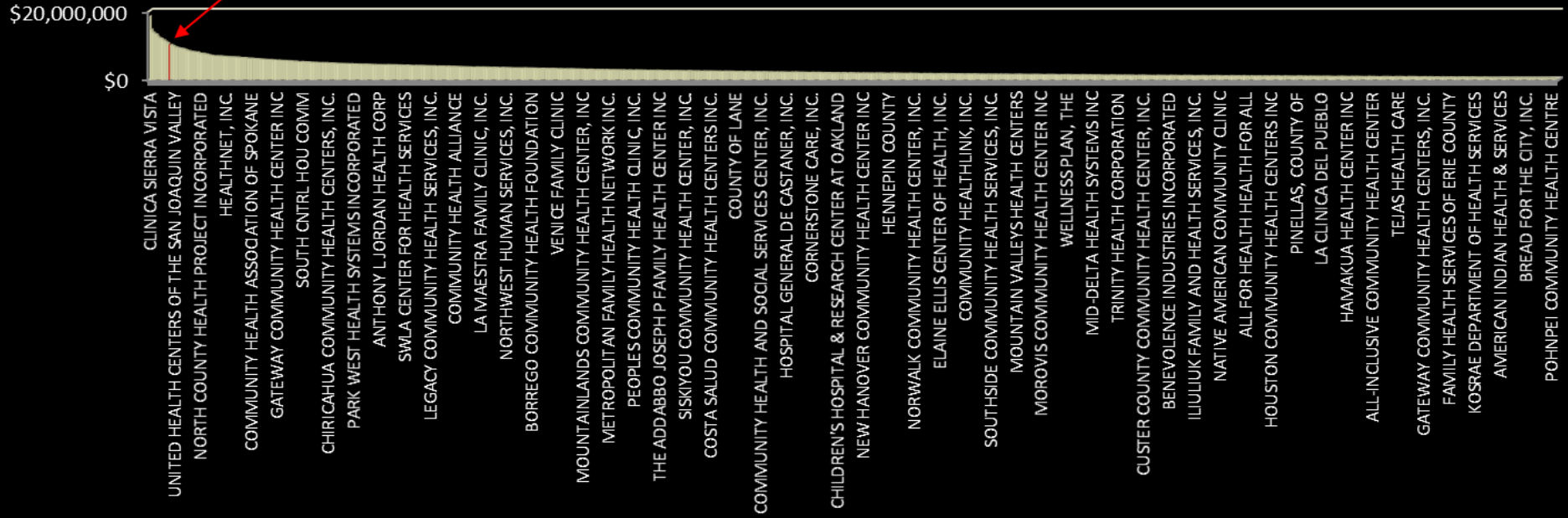
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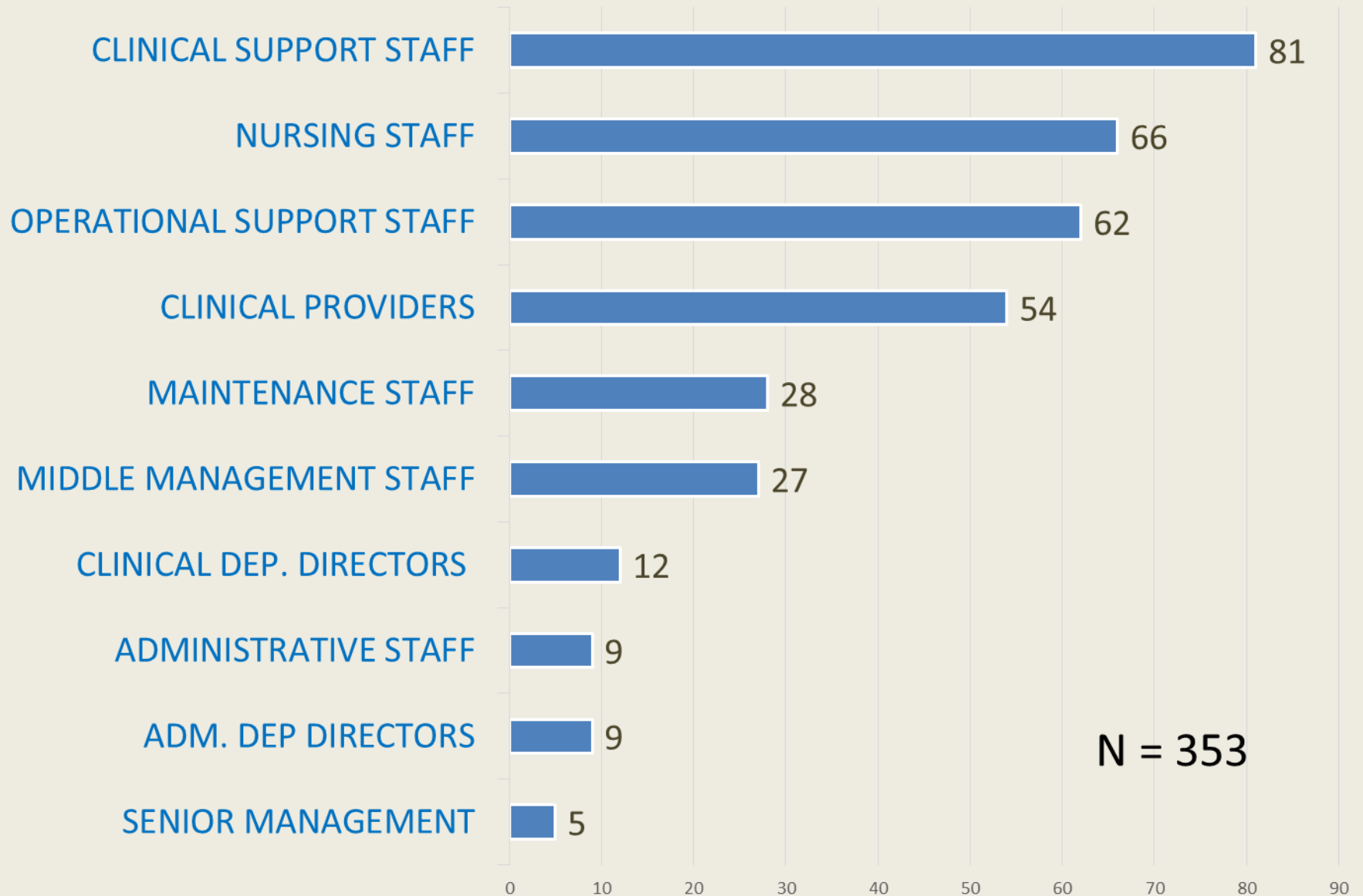
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CSPR Ranks # 20 across all 1,381 HRSA 330 grantees in



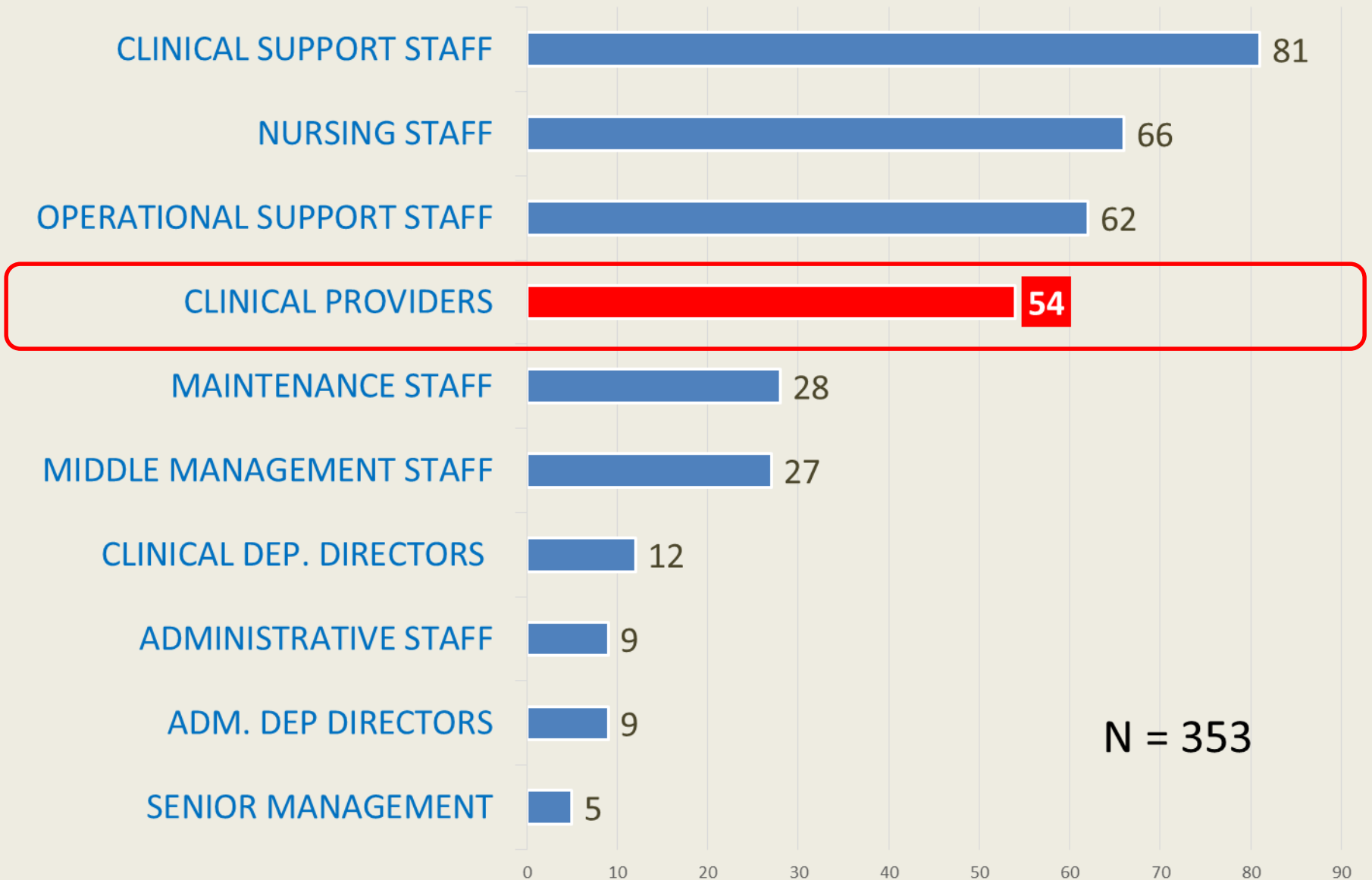
STAFFING MIX

CONSEJO DE SALUD DE PUERTO RICO, INC. / MED CENTRO®
STAFFING MIX AS OF NOVEMBER 30, 2015



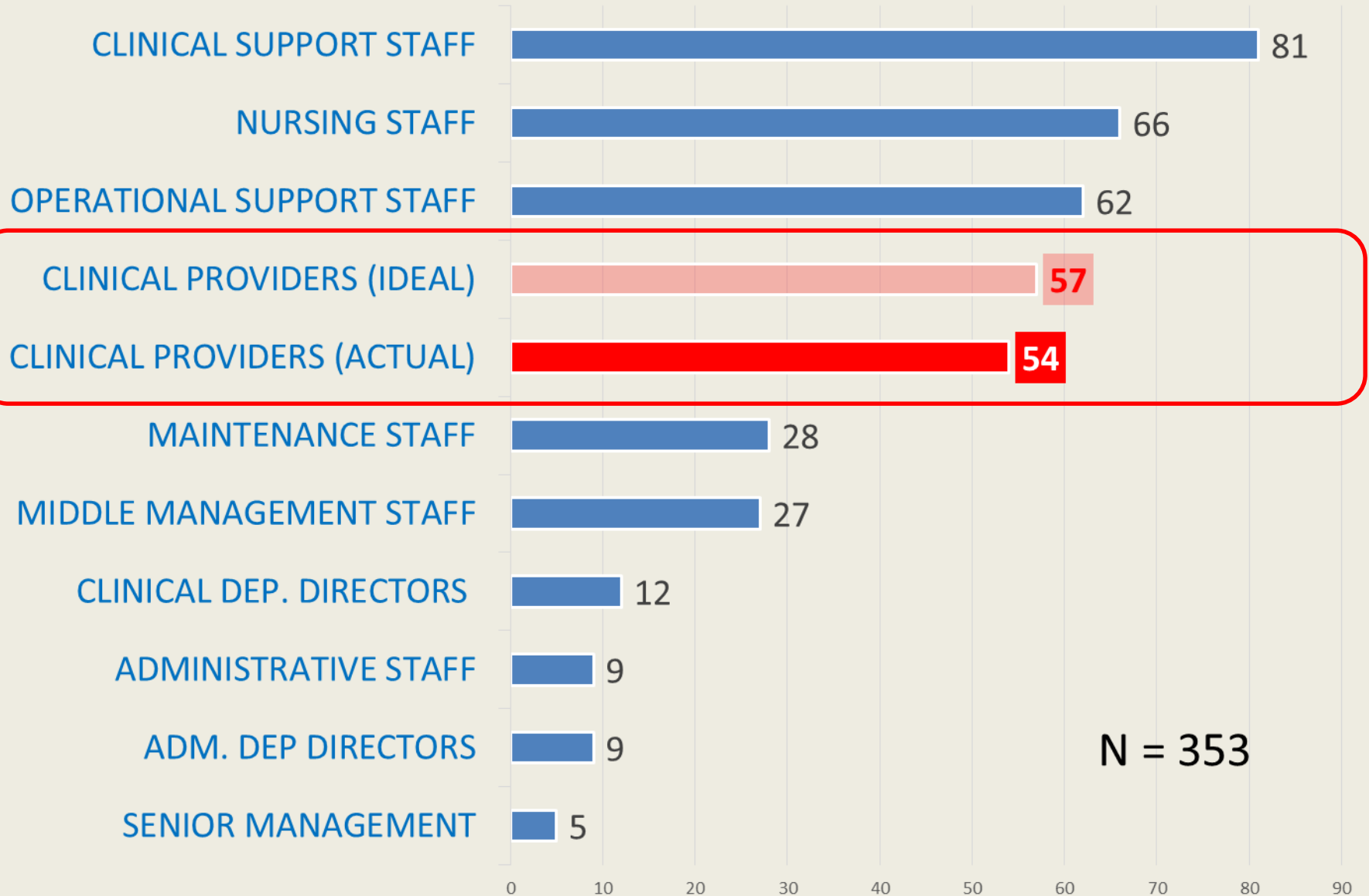
STAFFING CRITICAL AREA

CONSEJO DE SALUD DE PUERTO RICO, INC. / MED CENTRO®
STAFFING MIX AS OF NOVEMBER 30, 2015



N = 353

CONSEJO DE SALUD DE PUERTO RICO, INC. / MED CENTRO®
STAFFING MIX AS OF NOVEMBER 30, 2015



RECRUITMENT AND RETENTION CRITICAL AREA:

- ▣ Physicians

EXTERNAL PROBLEM:

- ▣ Throughout years 2012 to 2015 Puerto Rico's economical crisis has provoked in the Island a massive immigration of physicians to mainland states. This is expected to worsen throughout coming years. Thus, this has become an external threat to all healthcare organizations in the Island.

INTERNAL PROBLEM:

- ▣ Throughout 2012, 2013 and 2014, Med Centro lost physicians at an average rate of 12 per year.
- ▣ In 2015 physician turnover rate was reduced to 6 in a year and with shorter recruitment intervals.

PROBLEM CONTRIBUTORS

- ▣ Salaries offered at states in mainland double those offered in PR.
 - ▣ A drag is produced by physicians who move to states in mainland and call their colleagues in the Island to follow their successful steps abroad.
 - ▣ Economic incentives offered by local HMO's promote physicians movement to independent practices. However, it is our opinion that some of these incentives encourage practices that are highly questionable regarding quality of care and non compliances with standards of care.
 - ▣ Cost of living has significantly increased in PR
 - ▣ Rules of economy:
 - **DECREASE IN SUPPLY + INCREASE IN DEMAND = INCREASE IN COST**
- Thus, physician recruitment and retention is now more that ever before vulnerable to the offerings of a local competitive marketplace.
- ▣ Economic restrains under which Health Centers must operate reduces the ability to be competitive.

OPPORTUNITIES

- ▣ Physicians with **social and other local attachments** are looking for financially stable organizations where they can shelter
- ▣ **Wraparound payments to FQHCs** provide institutional financial leverage as to be able to offer economically competitive compensation packages to physicians
- ▣ Physicians benefit of free Medical Malpractice Immunity under the **Federal Tort Claims Act (FTCA)**, for acts or omissions in the performance of medical, surgical, dental, or related functions resulting in personal injury, including death, and occurring within the scope of employment at qualified Federally Qualified Health Center (FQHC)
- ▣ **National Health Services Corps Loan Repayment Program** for qualifying physicians who still owe education loans.

National Health Services Corps Loan Repayment Program

Licensed health care providers may earn up to \$50,000 toward student loans in exchange for a two-year commitment at an NHSC-approved site through the NHSC Loan Repayment Program (NHSC LRP). Qualifying applications must be from providers working at or have an accepted offer of employment at an NHSC-approved service site. Facts:

- ▣ **Application period:** Window normally opens from February throughout August each year
- ▣ **Provider Specialties:** Family Medicine; Gynecologists; Internal Medicine; Psychiatrists; Psychologists; Geriatrics; Critical Care Nurse; Dental Primary Care; Pediatricians (*NOTE: Other non-provider specialties qualify*)
- ▣ **Time and effort required:** Part-time (20 hours) / Full time (40 hours)
- ▣ **Benefit:** Incentive amount for practitioner is up to \$25,000 (tax free) per year toward loan repayment. **There are no costs for the institution**
- ▣ **Duration:** Up to 2 years and normally renewable for an extension of 2 more years for a total of 4 years

MED CENTRO STRATEGIES

- ▣ **Merit Based Incentive Program** through which commitment and performance are financially acknowledged with awards of up to \$30,000 above the base salary in the year (*number for FY 2015*).
- ▣ **Recruitment Bond** of \$10,000 (upfront and above base salary) for *newly contracted provider*.
- ▣ **Retention Bond** of \$5,000 (upfront and above base salary) for *provider contract renewal*.
- ▣ High commitment with an enhanced work environment and the social acknowledgment of the Med Centro ® brand
- ▣ Sustained reputation of a financially stable organization and its commitment to high quality care

Merit Based Incentive Program

Merit Based Incentive Program is a financial award that is available only for Clinical Faculty Providers who are employees of Med Centro

Using a metric based methodology on Qualifying Indicators and Merit Indicators providers who qualify for the incentive are acknowledged for their **commitment** and **performance**.

This program was created by Med Centro in 2013 as a strategy to improve recruitment and retention of clinical providers.

Merit Based Incentive Program

Qualifying Indicators are those which the provider must completely meet before being considered for any incentive. Not meeting all of these completely disqualifies a provider from receiving an incentive. There are **6 Qualifying Indicators**

Merit Indicators provides the metric to determine the provider's amount of share of the total amount allocated by the Board of Directors in the Institutional Budget for the Financial Incentive in a year. There are **12 Merit Indicators**

In year 2015 the BOD approved a budget allocation for the Merit Based Incentive in the amount of **\$1,000,000**, plus mandatory taxes.

Qualifying Indicators

(1-A) **NO SEVERE DISCIPLINARY ACTIONS FILED** – Refers to disciplinary actions executed by the Human Resources Department against the employee in the year being considered for the incentive.

(2-A) **NO AFFIRMATIVE COMPLAINT UNDER INVESTIGATION** – Complaint refers to complaints of serious misconduct by the provider. Affirmative means that there is a formal complaint against the provider.

Qualifying Indicators

(3-A) **IN COMPLIANCE WITH PATIENT QUOTA** – Each provider must reach a minimum number of face to face encounters with patients during the fiscal year.

(4-A) **ACTIVE EMPLOYEE THAT IS A FACULTY MEMBER FOR THE LAST FULL FISCAL YEAR** – Refers to a provider that holds an employee status and that has uninterruptedly worked either as a full-time or part-time provider for last consecutive fiscal year in CSPR.

Qualifying Indicators

(5-A) **EVALUATION SCORE OVER 70%** - Participating providers must attain a score of at least 70% in the prior or current year's Performance Evaluation (the latest apply)

(6-A) **PROVIDER IS NOT UNDER RESTRICTIVE CONTRACT AGREEMENT** – A provider under a contract agreement that specifically excludes the participation in any or specifically in a retention merit incentive will not be in compliance with this indicator

Merit Indicators

(1-B) **PROFESSIONAL RANK** – Merit value points are awarded **according to a scale** in correlation with the professional ranking of the provider (e.g.: *general medicine; specialized medicine; subspecialized medicine; dentist; psychologist*)

(2-B) **ANNUAL EVALUATION** – Merit value points are awarded **according to a scale** that measures the percentage of compliance attained in the year evaluation.

Merit Indicators

(3-B) **ATTENDANCE COMMITMENT** – Attendance and punctuality commitment is acknowledged with merit value points **according to a scale** that determines the level of compliance

(4-B) **CREDENTIALING COMPLIANCE** – Credentialing and authorizing privileges to professional providers stands at the highest legal and financial risk factors in healthcare. Total, diligent and timely compliance of providers with the Institution's credentialing requirements is acknowledged with a fixed amount of value points. This indicator is measured in terms of full compliance only (*Met or Not met*)

Merit Indicators

(5-B) **PRESIDENCY OF INSTITUTIONAL COMMITTEE OR DEPARTMENT DIRECTOR** – Professional providers that preside an Institutional Committees or are Director of a Department are acknowledgment for their contribution to the overall wellness of the Institution. Provider must demonstrate that their role was consistently executed to receive a fixed amount of value points. This indicator is measured in terms of full compliance only (*Met or Not met*)

Merit Indicators

(6-B) **EXTRAORDINARY ACHIEVEMENT** – An extraordinary achievement is an action or an endeavor carried out by the provider, outside the routine of his duties, and that produces an added value to the Institution. Merit value points are discretionary awarded, **according to a scale**, by the first executive of the organization.

Merit Indicators

(7-B) **QUALITY COMPLIANCE** – Quality stands atop of all priorities in the organization. Merit value points are awarded **according to a scale** to those practitioners that demonstrate to be in measurable high compliance with the expectations of the clinical indicators according to the reports of the Department of Continuous Quality Improvement / Quality Assurance.

Merit Indicators

(8-B) **ADMINISTRATIVE COMPLIANCE** – Administrative compliance is directly correlated with a cost effective operation. The thin financial margins as well as the dense regulatory environment to which healthcare organizations are subject to require a high level of diligent compliance in all administrative issues. Some of these issues are directly inherent to the endeavors carried out by the provider. Merit value points are **awarded according to a scale** to those practitioners that demonstrate to be in high compliance with their inherent administrative responsibilities (*e.g.: Coding; Patient Check-Out closing*)

Merit Indicators

(9-B) **SICK LEAVE ALLOWANCE** – The amount of work days the provider is available to serve patients during the year and the continuum of programed availability of services for patients with appointments or walk-ins are factors that contribute to the overall expected efficiency of CSPR. Sick leave allowance merit value points are awarded **according to a scale**

Merit Indicators

(10-B) **CMS EHR INCENTIVE DESIGNATION IN FAVOR OF CSPR** – The Medicare and Medicaid Electronic Health Records (EHR) Incentive Program will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading or meaningful use of certifier EHR technology. As providers are de facto employees of Institution who owns and operates the EHR, these may elect to designate CSPR to receive the incentive funds on their behalf. Providers that file an attestation in favor of the institution are awarded a fixed amount of value points. This indicator is measured in terms of full compliance only (*Met or Not met*)

Merit Indicators

(11-B) **PRODUCTIVITY** – Productivity will be measured by accounting the number of face to face encounters a provider performs in a given year. While a productivity quota is a qualifying criterion for receiving any Retention Merit Financial Incentive, some providers are able to exceed their quota thus denoting an extra effort and commitment with the healthcare service they render. The merits of such productive endeavor is acknowledged with merit value points **according to a scale**

Merit Indicators

(12-B) **PLEDGED FOR FORTHCOMING YEAR** – Retention of good professional providers is important for Consejo de Salud de Puerto Rico. Accordingly the institution provides these professionals the option of subscribing a pledge for continuing their contractual agreement with CSPR throughout the fore coming year. In appreciation for that commitment the institution awards a fixed amount of value points. This indicator is measured in terms of full compliance only (*Met or Not met*)

Merit Based Incentive Program

STATISTICS OF FY 2014 AWARDS

Highest	\$ 20,000
Lowest	\$ 4,430
Mean	\$ 17,791
Mode	\$ 20,000
Mediam	\$ 20,000
Standard Deviation	\$ 9,342
Total Qualified	26
Total Disqualified	23
Total Incomplete	0
Total "N"	49

Total Qualifying Agregated Points	2735.7
Board Approved Retention	\$ 505,000
Total Awarded Cost of Incentives	\$ 462,574
Next Year Un-awarded Carryover	\$ 42,426

Merit Based Incentive Program

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In year 2015 the BOD approved a budget allocation for the Merit Based Incentive in the amount of **\$1,000,000**, plus mandatory taxes.

Conversely the Capping (*the maximum amount per provider*) was increased from **\$20,000** to **\$30,000**

Despite all said...

**Med Centro is
a fun place to work...**



"Siempre hacia nuevas fronteras"











and a chance to meet great people!



Questions

Thank you!



About La Maestra

Our Mission: “To provide quality healthcare and education, improve the overall well-being of the family, bringing the underserved, ethnically diverse communities into the mainstream of our society, through a caring, effective, culturally and linguistically competent manner, respecting the dignity of all patients.”

How we started: Clinic formed in 1990 under La Maestra Amnesty Center. The need for culturally competent healthcare was identified by Student Council representing over 12,000 students who participated in legalization programs, ESL, VESL, job training at LMAC.

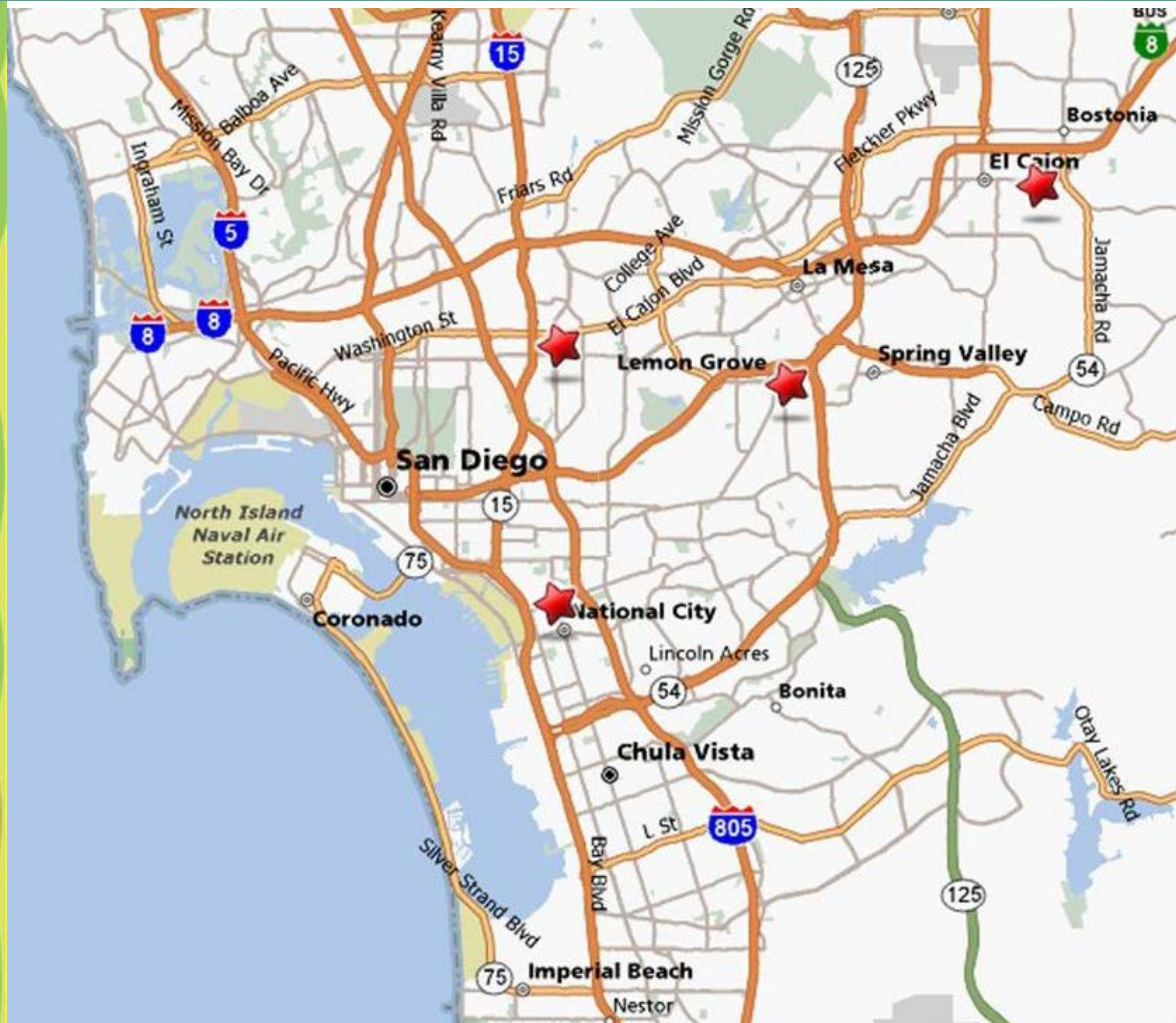


First Clinic, opened 1990



LEED Certified Gold Health Center, opened 2010

Locations



- 4 Medical and 8 Dental Sites in San Diego County, plus 4 school-based clinics
 - City Heights
 - El Cajon
 - National City
 - Lemon Grove
- El Cajon - Additional Medical & Dental site opening soon
- Mental Health Services onsite & via telehealth
- Digital Imaging – Mammo, Xray, Ultrasound, DEXA, CT
- Mobile Clinic – medical, dental, optometry, telehealth
- NEW - Mobile Mammo



Serving the Culturally Diverse Community

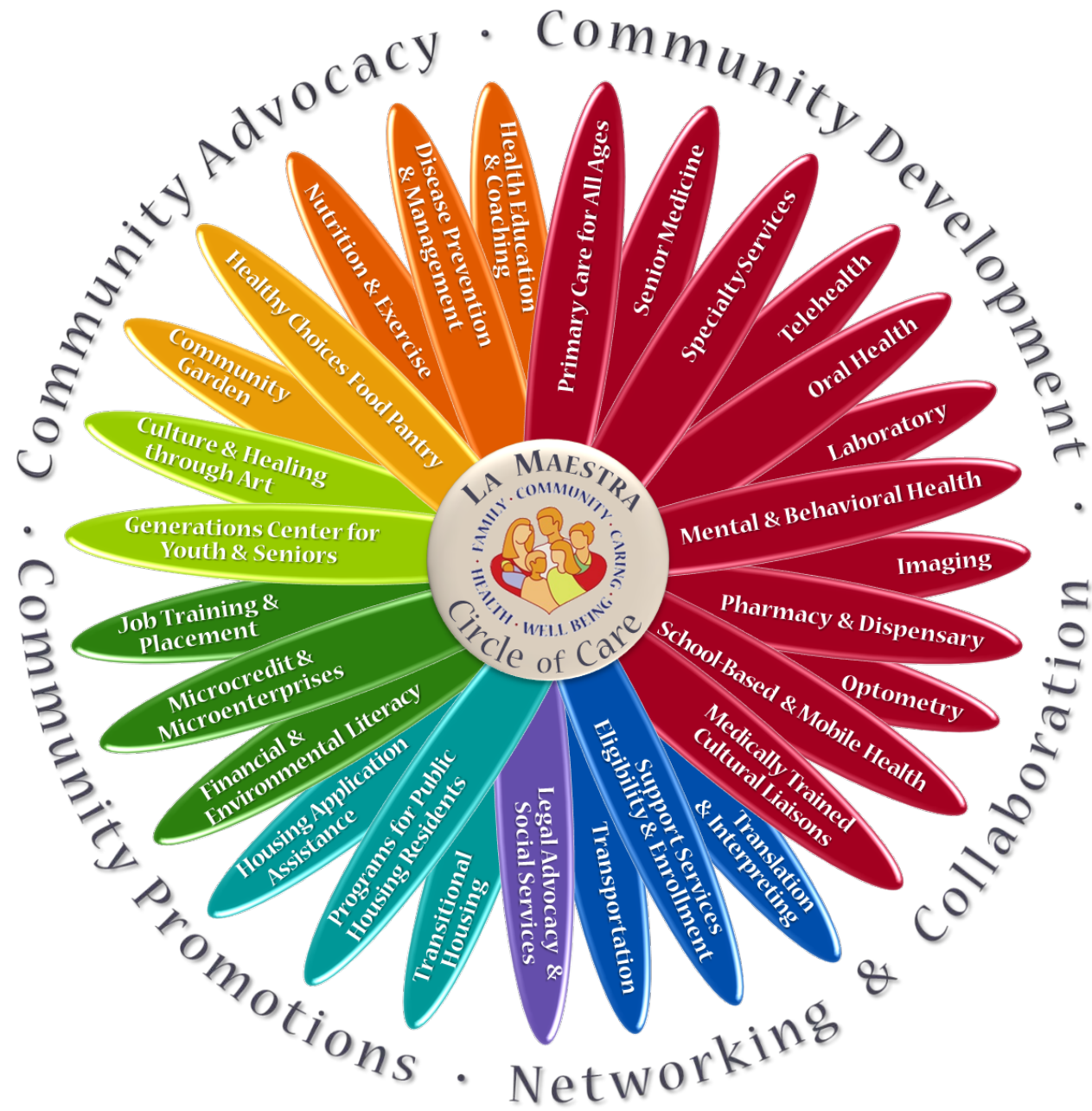
- One of the most culturally diverse health centers in California – sites are in refugee resettlement areas and along US-Mexican border.
- >70% of patients prefer to communicate in a language other than English
- **Staff come from the cultures served, ensuring cultural and linguistic competency.**
- **More than 28 languages and dialects spoken by 400+ employees**
- Medically Trained Cultural Liaisons provide valuable, ongoing support, education to local residents and identify new needs
→ *two-way communication*



Innovative Models at La Maestra

- ***La Maestra's Circle of Care*** - All services and programs have elements focusing on education, case management, social services - *Integrated Approach*
- *Medically Trained Cultural Liaison Model*
- School-Based Clinics, Mobile Clinics, Hope Clinic, Telehealth: *Alternative Access Points* and Bringing Services to where residents Live, Work, Learn, Play and Worship
- Electronic and Cloud-based Program/Case Management
- Specialty Care in the Medical Home via Telehealth and Partnerships
- Digital Imaging
- Contemporary Management Team Model

La Maestra's Circle of Care



“Grassroots” Recruitment & Retention

- La Maestra was created and developed by community members who had networks with ethnic and faith based organizations, schools, etc. Those networks have continued to grow over 25+ years.

Tips for Recruiting Culturally Competent Staff:

- Contact ethnic based community organizations, faith based organizations to reach out and find staff to recruit from those diverse populations
- Also look for physicians from other countries
- Sponsor their vocational training to obtain required certification
- New staff from the populations served may work as promotoras and cultural liaisons, or admin support roles, while in healthcare training

“Grassroots” Recruitment & Retention

Examples:

- A Vietnamese cultural liaison/outreach worker pursued Lab Technician training, then attended university while working in lab → now Director for all of LM’s laboratory sites.
- A Sudanese refugee who started as a student, then worked as a job counselor and outreach worker, pursued Mental Health training and is now an MFT at La Maestra (also has children graduating in healthcare field who ask to work at LM)
- A Somali refugee records clerk working summers during high school, then became a front desk receptionist while studying for a degree in nutrition. She is now a health educator, cultural liaison and pursuing Dietician license.
- Many examples from other cultures and special populations, including Veterans, Homeless, Older Adults, Survivors of Violent Crime including Trafficking Victims, Cancer Survivors and those in Recovery from Substance Abuse.

Other Recruitment Resources

- Utilize local, state and national resources for recruitment, some are free and some at a discount through associations
- La Maestra Examples:
 - Local: Council of Community Clinics (consortia), Young Nonprofit Network, San Diego Workforce Partnership, Craigslist, Indeed.com
 - State: CA Primary Care Association, Health Career Connections, State Loan Repayment Program, CA Health Interpreters Association
 - National: National Association for Community Health Centers, National Medical Fellowships, National Council of La Raza

Other Recruitment Resources

Host Residents, Interns and Volunteers from:

- Medical and Dental Schools
- Universities
- Vocational Training
- Adult/Continuing Education
- High Schools
- Job Placement organizations

Tips for Working with Volunteers, Interns and Pre-med students:

- Recruit from within these student pools for future employment needs
- While they are studying, offer flexible administrative and supportive positions and recruit for special projects in the summer

Recruitment and Retention Challenges

Competition in Recruiting and Retaining Staff

- Large Hospital Systems offer better Salary
 - But burnt out physicians, or those looking to help special populations not frequent at hospital come to work at FQHCs
- Rural vs. Urban Salary
- Hospitals growing primary care arms to form their own ACOs and avoid including FQHCs - unintended consequence of reform

Retention Strategies

- Increasing pay and benefits
- Paying CME, license renewal fees
- Offering or sponsoring training in other areas of specialty
- Positive feedback
- Reiterating their value to the community

an introduction to
Care Alliance



Our Mission

to provide comprehensive,
high-quality medical and dental care, patient
advocacy and related services
to people who need them most,
regardless of their ability to pay

Services



Medical Care:

- Across the lifespan
- For people living with HIV/AIDS
- HIV & STI testing
- Chronic care programming
- Women's health services
- Podiatry
- Physical Therapy
- Immunizations

Behavioral Health Care:

- Mental Health Counseling
- Chemical Dependency Counseling
- Psychiatry

Dental Care:

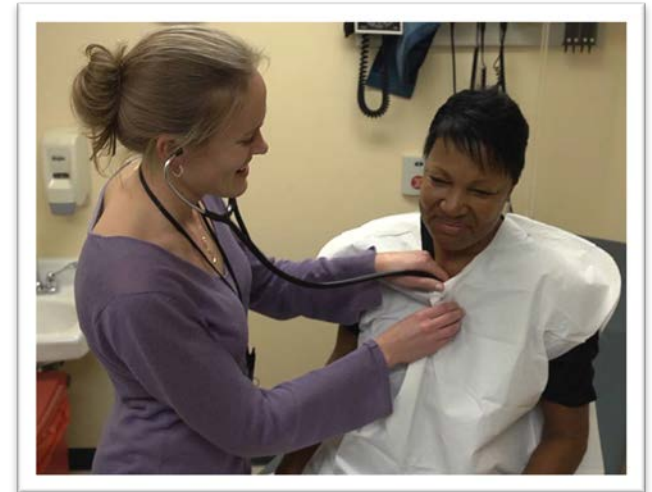
- Partials & Dentures
- X-Rays
- Extractions
- Fillings
- Cleanings

Supportive Services:

- Medical Case Management
- Health Literacy
- Benefits and Medical Insurance enrollment

Our Patients

- Care Alliance cares for the homeless, residents of public housing, and the underserved.
- In 2014, Care Alliance provided care to over 10,000 patients, generating nearly 34,000 encounters.
- Patient demographics:
 - 45% completely uninsured
 - 45% (4,500 residents) living in public housing
 - Approximately half of patients have a chronic illness
 - 93% at or below 100% Federal Poverty Level



Current Locations

Clinic Sites:

St. Clair Clinic

1530 St. Clair Avenue

Carl B. Stokes Clinic

6001 Woodland Avenue

Riverview Tower Clinic

1795 West 25th Street

Central Neighborhood Clinic

2916 Central Avenue

Mobile Clinic

Permanent Supportive Housing

Partner Sites:

- Lutheran Metropolitan Ministry's Men's Shelter
- Norma Herr Women's Center
- The City Mission
- West Side Catholic Center
- Bishop Cosgrove Center
- St. Malachi
- Community Assessment & Treatment Center
- FrontLine Service
- Centers for Families and Children
- Arbor Park



Recruitment Challenges

Common recruitment and retention challenges at Care Alliance Health Center:

1. Medical – Charge and/or Staff Nurses
2. Qualified and/or experienced candidates



Recruitment Tactics

Tactics used to recruit personnel within the communities served by PHPCs:

1. Careerboard
2. Postings at sites
3. Job Openings via Outreach staff
4. Colleges



Strategies

Strategies to recruit and retain clinical and non-clinical staff:

1. Remaining comparable in benefits
2. Raising salaries to compete with market in same categories of employment
3. Raising awareness about the people we serve at Care Alliance
4. Marketing efforts



Thank you!

For more information, please contact:

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