



**To advocate for, broaden, and strengthen the
health center network**

NVPCA BOARD RETREAT AGENDA

Wednesday, March 20, 2024

12:00 pm – 4:00 pm

VIRTUAL Meeting

2023-24 NVPCA Board Members:

President: Steve Flores, Hope Christian Health Center	John Packham, Office of Statewide Initiatives
Vice President: Walter Davis, Nevada Health Centers	Angela Quinn, FirstMed Health and Wellness Centers
Secretary/Treasurer: Teri Gilbert Eisenga, Washoe Tribal	David Robeck, Bridge Counseling Associates
Sharon Chamberlain, Northern Nevada HOPES	Roxana Valetton, First Person Care Clinics
Oscar Delgado, Community Health Alliance	Ex-officio: Nancy J. Bowen, NVPCA
CJ Hansen, Canyonlands Healthcare	
Randy Smith, Southern Nevada Health District	

12:00 pm 1. Call to Order Steve Flores
 a) Approval of the Agenda *(vote)*

12:05 pm 2. Consent Agenda *(vote)* Steve Flores
 a) Approval of Board Meeting Minutes for January 17, 2024
 b) Chief Executive Officer’s Report
 c) Organizational Dashboards
 d) Approval of Randy Smith’s Membership to Finance Committee

12:10 pm 3. Administrative and Financial Reports Steve Flores /
Nancy Barklage/
Nancy Bowen
 a) Budget to Actual Draft YTD February 2024 *(vote)*
 b) Financial Dashboard
 c) Balance Sheet as of February 29, 2024

12:20 pm 4. Grant Updates Nancy Bowen
Karen Ford Manza
Kimberly Lambrecht
 a) BPHC Grant Workplan Activities
 b) Training / Technical Assistance Needs Assessment
 c) Title X Recap and Dashboard
 d) State Workforce Grant

12:50 pm 5. Follow-Up Network Assessment Discussion Guest Speakers:
Samantha Jones,
Melissa Mendez
 a) Health Center Network – Starling Advisors

2:00 pm Break



**To advocate for, broaden, and strengthen the
health center network**

2:15 pm 6. Cyber Security Insurance Initiative

Guest Speakers:
Julienne Livaudais, UNR, &
Jake Wahrer, NVHOPES

3:00 pm 7. Policy Update

Steve Messinger

3:45 pm 8. Other Business

4:00 pm 9. Meeting Adjournment

a) Next meeting: Wednesday, May 15, 2024, at 3 pm, virtual

Zoom Meeting Link:

<https://us02web.zoom.us/j/82320952786?pwd=NHAYs3VoaGxJajlpTFNEZWwhMMG9MQT09>

Meeting ID: 823 2095 2786

Passcode: 767732



NVPCA Board of Directors Board Meeting Notes

January 17, 2024

Board Members Present	Steve Flores, Teri Gilbert Eisenga, Christopher (CJ) Hansen, David Robeck, John Packham
Board Members Absent	Sharon Chamberlain, Walter Davis, Oscar Delgado, Roxana Valetton, Angela Quinn and Nancy Bowen (Ex Officio)
Also Present	NVPCA Staff Nancy Barklage, Karen Ford Manza, Steve Messinger, Kim Lambrecht, and Lisa Scurry (Note Taker)

1. Call to Order

President Steve Flores called the meeting of the NVPCA Board of Directors to order at 3:05 pm. The meeting was conducted electronically via Zoom.

A quorum of members was not present.

Steve Messinger presented the members with an update on federal and state policy update. No other items were discussed.

In the absence of a quorum, no action items were discussed. The voting items were sent out for an electronic vote on January 22 with a return due date of January 26, 2024 (see attached voting record), in accordance with the Board bylaws.

President Flores adjourned the meeting at 3:40 pm.

Electronic Voting Record of Action Items (see attached)

2. Consent Agenda. The consent agenda, consisting of the minutes of the November 16, 2023, Board of Directors meeting, the CEO report, and the organizational dashboards, was approved by a unanimous vote.
3. Administrative and Financial Reports
 - a) Budget to Actual Draft YTD December 2023. The Budget-to-Actual Financial Report for YTD through December 2023 was approved by a unanimous vote.
 - c) Office Lease Update. The CEO was approved to ratify the office lease on the new office property by a unanimous vote.
4. Strategic Discussion
 - b) Funding Opportunities
 - i. State Workforce Grant. The Board approved NVPCA request to apply for DPBH funding for up to three components of the ARPA Nevada Health Workforce Pipeline Grant by a unanimous vote.
 - ii. Huntsman Institute – research project CHW navigators. The Board approved NVPCA’s request to submit a letter of support for Huntsman Cancer Institute's grant proposal “on a tobacco cessation research project using the SBIRT model along with the Ask Advice and Connect (AAC) electronic medical record tool or text messages and patient navigation” by a unanimous vote.

- d) NVPCA Board Vacancy - Southern Nevada Community Health Centers. The Board approved the application of Randy Smith, CEO of Southern Nevada Community Health Center, to assume the Board of Directors seat vacated by Dr. Fermin Leguen, by a unanimous vote.

NOTES

Next Meeting	The next meeting of the Board will be an in-person all-day retreat, held on Wednesday, March 20, 2024.
Approved By	

ROLL CALL OF BOARD MEETING

President: Steve Flores, Hope Christian Health Center	Present
Vice President: Walter Davis, Nevada Health Centers	Absent - Excused
Secretary/Treasurer: Teri Gilbert Eisenga, Washoe Tribal Health Center	Present
Sharon Chamberlain, Northern Nevada HOPES	Absent - Unexcused
Oscar Delgado, Community Health Alliance	Absent - Excused
C.J. Hansen, Canyonlands Healthcare	Present
John Packham, Office of Statewide Initiatives	Present
Angela Quinn, FirstMed Health and Wellness Centers	Absent - Unexcused
David Robeck, Bridge Counseling Associates	Present
Roxana Valetton, First Person Care Clinics	Absent - Unexcused

Completion time	Full Name	2) Approval of the Consent Agenda (11/16/23 Minutes, CEO Report, Org Dashboards)	3a) Approval of the Financial Reports: Budget to Actual for Year-to-Date Through December 2023	3c. Approval for the CEO to ratify the lease agreement on the new office space
1/22/24 13:58:16	Teri Gilbert Eisenga	Approve	Approve	Approve
1/22/24 14:01:18	Sharon Chamberlain	Approve	Approve	Approve
1/22/24 14:48:14	Christopher Hansen	Approve	Approve	Approve
1/22/24 17:05:00	David Robeck	Approve	Approve	Approve
1/22/24 17:08:00	Angela Quinn	Approve	Approve	Approve
1/22/24 17:57:38	John Packham	Approve	Approve	Approve
1/23/24 9:10:26	Steven Flores	Approve	Approve	Approve
1/23/24 11:41:00	Oscar Delgado	Approve	Approve	Approve
1/26/24 11:02:00	Walter Davis	Approve	Approve	Approve
1/26/24 18:21:00	Roxana Valeton	Approve	Approve	Approve

	Name	4b(i). State Workforce Grant - Approval for the NVPCA to apply to DPBH funding for up to three components of the ARPA Nevada Health Workforce Pipeline Grant as summarized in the staff report	4b(ii). Huntsman Institute – research project CHW navigators - Approval for the NVPCA to submit a letter of support for Huntsman Cancer Institute's grant proposal “on a tobacco cessation research project using the SBIRT model along with the Ask Advice and	4d. NVPCA Board Vacancy - Southern Nevada Community Health Center - Approval of the application of Randy Smith, CEO of Southern Nevada Community Health Center, to occupy the Board of Directors seat vacated by Dr. Fermin Leguen.
	Gilbert-Eisenga	Approve	Approve	Approve
	Chamberlain	Approve	Approve	Approve
	Hansen	Approve	Approve	Approve
	Robeck	Approve	Approve	Approve
	Quinn	Approve	Approve	Approve
	Packham	Approve	Approve	Approve
	Flores	Approve	Approve	Approve
	Delgado	Approve	Approve	Approve
	Davis	Approve	Approve	Approve
	Valeton	Approve	Approve	Approve

CEO report on the organization's activities and meetings towards achieving the NVPCA mission To advocate for, broaden, and strengthen the health center network.

January 17, 2024 – March 15, 2024

Please note due to family illness and bereavement, the CEO was not working for a month during this time frame. The NVPCA Leadership team and staff did an excellent job of keeping the organization moving forward.

Policy -

- February 13-14, the NVPCA Policy Director guided the in-person visits on Capitol Hill in Washington DC to the Members of Congress offices. The meetings discussed the importance of supporting an increase to health center program funding, National Health Service Corps funding, and the Teaching Health Center program. March 9th President Biden signed the bill increase health center funding by 10%. NVPCA CEO shared the news via email to FQHC CEOs.
- CEO & Policy Director met with lobbyist to discuss the plan for the 2024 Interim session. The focus will be on 340B, and increased funding to health centers. Details will be presented by the Policy Director during the board meeting.
- NVPCA Policy Director provided feedback that is supportive of FQHCs -to the Treasurer's office regarding the implementation on ASB45 health care workforce loan repayment bill targeted for organizations that serve low-income underserved populations.

Organizational Excellence –

- NVPCA staff successfully organized and moved to the new office location Feb. 26th. The space is located at 3264 Goni Rd. Suite 152, Carson City, NV. It is a smaller office that fits the PCA's hybrid in-person/remote staffing and reduces the overall cost of occupancy.
- Ms. Bowen continues to explore an Executive Coaching Certification in an International Coaching Federation (ICF) program. The certification would complete the activity of the current BPHC work plan and become of the base for the NVPCA Leadership Program for member organizations.

Program Management and New Projects

- NVPCA Leadership developed and applied for State Workforce Funding contract. We were successful in receiving \$776,000 for a 30-month Medical Assistant in Community Health (MACH) training program. This will be an excellent step in creating sustainable MA training programs are participating health centers. NVPCA will be hiring a MACH Program Coordinator over the next few months to be a part of this project and to work with the health centers.
- With the influx of approximately \$900,000 in the last 2 months, NVPCA is assessing workflows, staffing capacity and budgets. We anticipate hiring an intern from UNR to aid the MACH program while providing a new supervisory opportunity to current Program Manager staff. It is the culture of NVPCA to mentor, coach and develop the leadership skills of our staff as new opportunities arise.

Mission:
To advocate for, broaden, and
stngthen the health center network

Nevada Primary Care Association
Organization Dashboard
3/15/2024

Strategic Plan 2023-2024

11 Priorities	27 Goals	=	14 Short term	+	13 Continuing	0 Not started	3 Over due	0 Completed
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Strategic Priorities	Pillar	Progress	Due Date	Notes
1. Reduce time required for provider credentialing and payer credentialing.	Policy	50%	12/31/2023	At Oct 23 MCO Roundtable, NVPCA learned the each MCO has a different process. NVPCA is working with MCOs to map out the process and share with NVPCA members. During April 24 Managed Care Roundtable staff will map out process with all participants.
2. NVPCA will advocate for increased federal and state health center and complementary program funding.	Policy	50%	ongoing	Feb 24 NVPCA Policy Director & FQHCs met with Members of Congress regarding passing legislation the increased federal funding for health centers. As of 3/9/24 the Health Center Program received a 10% increase in funding. NVPCA has met with our lobbyists to plan for the 2024 interim session with work on 340B and increase FQHC funding.
3. NVPCA will increase cybersecurity compliance and training.	Org. Excellence	50%	9/1/2023	NVPCA has implemented OnePassword security software in Dec. 2023; NVPCA staff are drafting an IT governance policy for board review and approval May 2024. A IT Governance Framework is also being drafted for CEO review in April 24.
4. NVPCA will implement Population Health Platform with up to three FQHCs.	Org. Excellence	66%	6/30/2024	MSA was signed by NVPCA CEO in Mar 23. By Fall 2024 4 CHCs will be on the NVPCA Azara Network; NNV HOPES implemented Azara in Fall 23; Hope Christian has signed agreements to transfer from the AZ HCCN Azara Network to the NVPCA Network. SNCHC is in the process of signing the agreements to make the same transfer. CHA has signed sublicense agreements and are waiting to finalize timeline for implementation in 2024.
5. NVPCA sets internal standards and benchmarks reviewed annually to be an employer of choice	Sustain. & Growth	75%	10/31/2023; 4/30/2024	Baseline staff satisfaction survey has been completed in 2023. Average rating is 4.4/5. 360 Feedback with peers takes place annually in October each year; 55% of Annual Performance reviews have been completed for NVPCA staff; and the Annual Employee Satisfaction Survey will be conducted again in April 2024
6. NVPCA will increase financial sustainability through diversified funding sources that fulfil the associations' mission.	Sustain. & Growth	75%	6/30/2023; 6/30/2024	As of 3/1/24: \$917,000 in new funding has been acquired: \$776,000 for Medical Assistant in Community Health (MACH) Project; \$12,500 for Mobile Unit Peer Network (MUPN); \$ 31,296 addition to BPHC base grant, \$16,627 for MUPN from SSHP, \$50,000 from Molina, \$30,000 Intermountain Health for Continuous Glucose Monitoring ; Cash on hand is at 82 days on 2/29/2024; FY23 operating margin was 1.24%
7. NVPCA will develop a comprehensive plan to support workforce development for both the PCA and CHC members	Sustain. & Growth	50%	6/30/2024	NVPCA have met to discuss the workforce workplan framework. NVPCA Director of Admin & Finance is working to fill in the framework by end of April 2024.
8. NVPCA will increase education, training, and support to CHCs to create strategies to demonstrate value to employees and become an employer of choice	Member-ship	40%	6/30/2024	NVPCA presentation on generations in the workplace at the Annual Health Care Conference. On 1/24/2024 HR/WF Workgroup had a successful kickoff meeting with FQHC staff participating.
9. NVPCA will collect workforce data to analyze and align health centers with workforce training programs and schools	Member-ship	50%	6/30/2024	In January 2024, each health center received their individual workforce analysis and also a statewide analysis.
10. Better communicate the value of NVPCA membership	Outreach & Comm.	40%	2/1/2024	Media Manager is working to make sure all media material have the same look and colors so that material is easily recognizable as NVPCA. A refresh of the NVPCA website has begun in the background before it will be revealed in late Spring 2024
11. Reinforce NVPCA's reputation as "go to" expert of healthcare for uninsured and underinsured individuals.	Outreach & Comm.	50%	On going	Staff have created SmartSheet to track staffs' community engagement to ensure alignment with NVPCA goals and work plans. The Smart Sheet is updated quarterly. CEO & Policy Director serve on 5 NACHC Committees; CEO is applying to serve on the NACHC Board of Directors; Director of Health Center Informatics serves on the NACHC Quality Improvement Advisory Board and Director of Strategic Partnerships is on the Board of the National Family Planning Reproductive Health Association.





Committees of the Board

Nov 2023- Oct 2024

Summary: With the resignation of Dr. Fermin Leguen, the Board approved Randy Smith, CEO, Southern Nevada Community Health Center, to join the Board of Directors in January 2024. Below is the list of current committees and members. Mr. Smith is recommended to replace Dr. Leguen’s vacated position on the Finance Committee.

Per NVPCA bylaws:

ARTICLE V
COMMITTEES OF THE BOARD

The board may appoint one or more committees, each consisting of one or more directors and two or more members, and delegate to such committees any of the authority of the Board, except with respect to:

- a) The approval of any action which requires members’ approval;
- b) The filling of vacancies on the Board or on any committees;
- c) A proposal for amendment or repeal of bylaws or the adoption of new bylaws;
- d) The amendment or repeal of any resolution of the Board which by its express terms is not so amendable or repealable by a committee of the Board;
- e) The appointment of other committees of the Board or the members thereof.

Committee	Members	Chair/Staff
Finance Committee – bi-monthly meetings	Teri Gilbert-Eisenga CJ Hansen Walter Davis Randy Smith Fermin Leguen Nancy Bowen Nancy Barklage	Teri Gilbert-Eisenga / Nancy Barklage
Policy Committee– bi-monthly meetings	Steve Flores Roxana Valetton Oscar Delgado David Robeck Angela Quinn John Packham Steve Messinger Nancy Bowen Belz & Case (Lobbyist)	Steve Flores / Steve Messinger

Bylaws & Membership Committee – ad hoc	Walter Davis C.J. Hansen Sharon Chamberlain Nancy Bowen Nancy Barklage	Walter Davis / Nancy Barklage
Strategic Growth Task Force – ad hoc	Sharon Chamberlain Walter Davis Roxana Valetton Teri Gilbert Eisenga Nancy Bowen Steve Messinger	Sharon Chamberlain / Nancy Bowen



NVPCA Financial Statement

YTD Target 66.7%

* Notes provided for variances + / - 25% of YTD target

42%

92%

NB= Not Budgeted

	APPROVED BUDGET 2023-2024	YTD Feb-24	% of Budget	Notes
Revenue				
Federal Grants				
REACCH Title X	2,052,050	1,301,377	63%	Grant period 4/1/23 - 3/31/24; finishing year 2 of 5 year project period
BPHC Cooperative Agreement	821,802	548,386	67%	Additional \$21,259 approved carryover funds will be actualized as drawdown (BPHC total funds = \$843,061)
Contracts				
HCCN	56,657	37,414	66%	
TPP PREP	92,758	47,604	51%	
Population Health Project	299,070	0	0%	All income was recognized last fiscal year as restricted
Mobile Unit Project	11,000	10,574	96%	Grant period ended 12/31/2023; all funds were expended
Intermountain CGM Project	NB	30,000		\$30,000 funding for project period January - December 2024 (YTD expenses \$702)
Molina Community Investment Funds	NB	50,000		\$50,000 funding for project period January - December 2024 (YTD expenses \$0)
SilverSummit MUPN Project	NB	16,627		\$16,627 funding for project period January - December 2024 (YTD expenses \$1177)
Other				
Training & Events	22,500	26,067	116%	AC 2023 registrations \$97,000 total was raised for AC 2023. Sponsorship income can no longer be deferred. \$21,750 was invoiced this FY for AC 2023.
Sponsorship	90,000	86,750	96%	AC 2024 sponsorships YTD \$65,000.
Membership Dues	24,750	22,000	89%	Membership renewals on rolling calendar; most renew in February
NVCC	20,000	32,385	162%	Self paced course started June 2023; Train the Trainer license renewals; after expenses are deducted, income is shared with High Sierra AHEC
Group Purchasing Income	-	627	NB	
Interest Income	2,500	11,295	452%	Majority of Pop Health Project funds are in the high yield savings account. Funds are pulled monthly as expenses incur.
Total Revenue	3,493,087	2,221,106	64%	
Expenses				
Personnel/Salary & Fringe Benefits	1,288,783	809,425	63%	
Travel				
Airfare	16,903	11,865	70%	
Hotel	17,629	16,415	93%	
Ground Transportation/Car Rental	5,905	6,370	108%	
Conference Registration	10,720	6,359	59%	
Per Diem	7,603	4,589	60%	
Mileage/Gas	3,091	660	21%	
Total Travel	61,851	46,258	75%	
Supplies				
Program Supplies- Direct Cost	2,748	1,306	48%	
Computer/Equipment	6,600	4,185	63%	
Total Supplies	9,348	5,491	59%	
Contractual				
Consulting	55,125	68,524	124%	DreamPilot Films and FACHC paid; a portion of these expenses were paid for by the BPHC carryover funds
Reports and Projects	263,471	67,065	25%	Azara project expenses will be paid when incurred
Total Contractual	318,596	135,589	43%	
Other Operating Expenses:				
Legal	2,000	1,015	51%	
Trainings/Events (6500)	102,710	95,615	93%	AC23 expenses
Credit Card Processing Fees	720	1,674	232%	AC23 registration Stripe and Whova fees increased
Meeting Staff/Board (6608)	3,300	1,816	55%	



NVPCA Financial Statement

YTD Target 66.7%

* Notes provided for variances + / - 25% of YTD target

42%

92%

NB= Not Budgeted

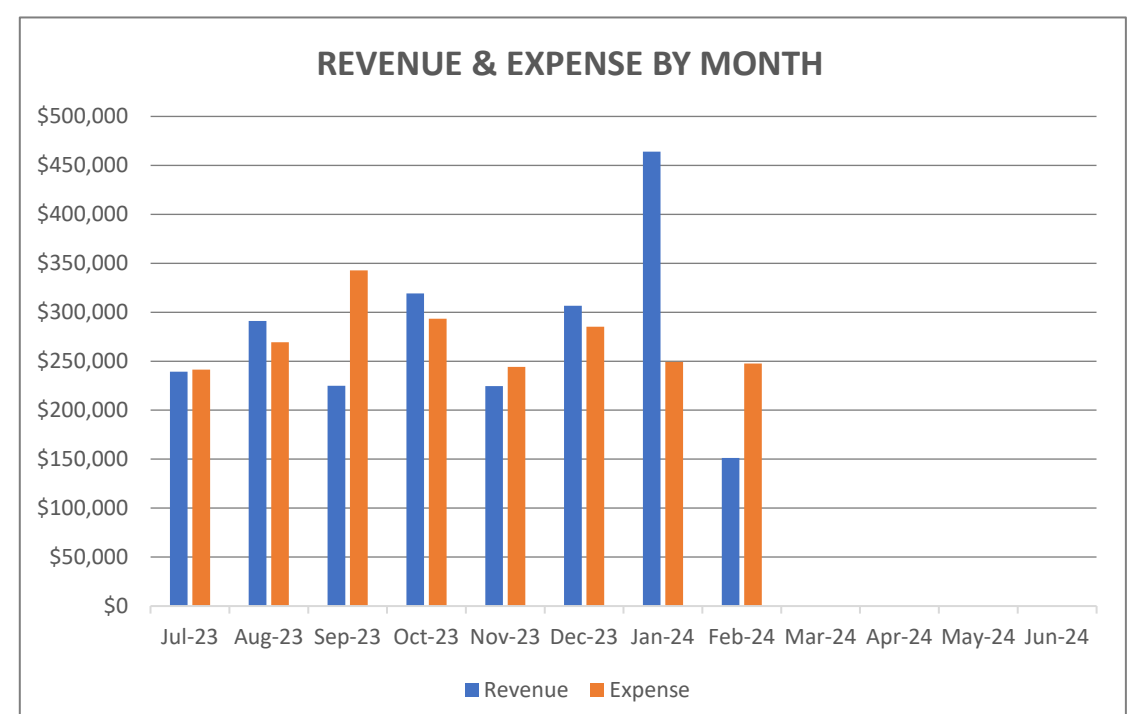
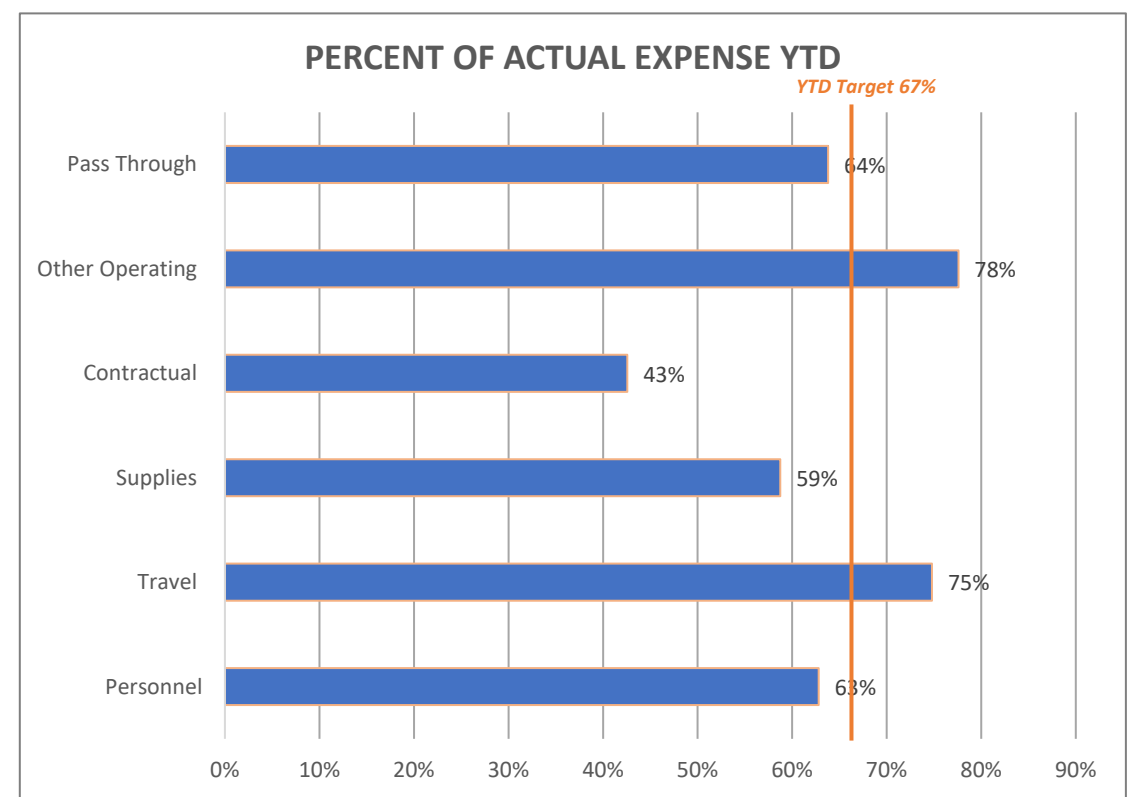
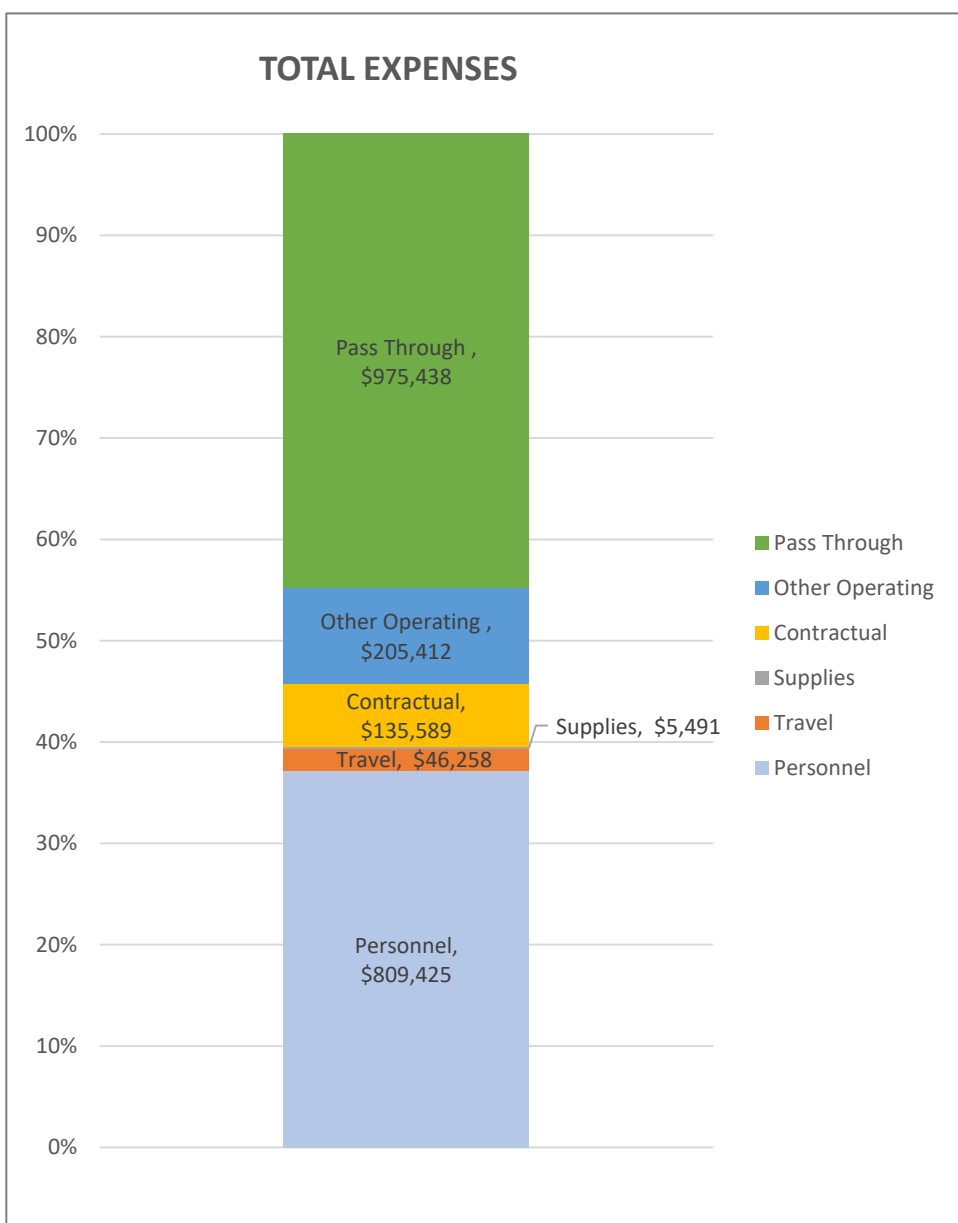
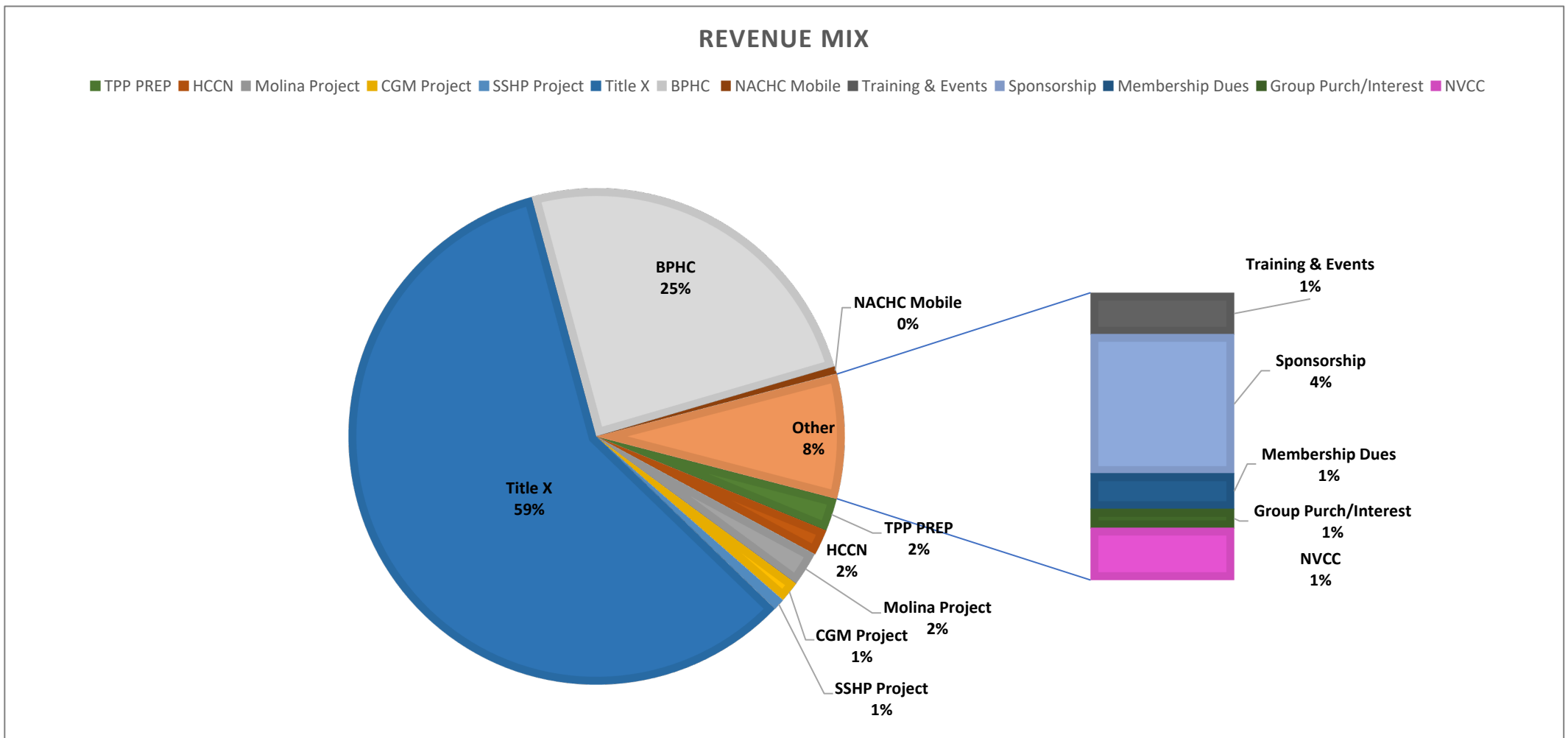
APPROVED

BUDGET 2023-2024 YTD Feb-24 % of Budget

Notes

	BUDGET 2023-2024	YTD Feb-24	% of Budget	Notes
Photocopying	580	0	0%	
Postage	73	60	82%	Postage to mail NHCW posters
Printing/Outreach	1,243	290	23%	
Recruitment Expenses	1,800	100	6%	Funds will be used to recruit MACH Program Coordinator
Staff/Board Development (6615)	2,814	2,136	76%	
Taxes & Licenses	125	22	17%	
NVCC Operating Expenses	10,000	5,534	55%	
Dues & Memberships (6620)	14,425	4,860	34%	FPCA & NFRPHA dues will be recognized in March financials
Shared Costs				
Audit	17,900	17,900	100%	Audit field work finalized
Auto Lease	6,973	4,215	60%	
Alarm	684	407	60%	
Bank Charges	180	80	44%	
General Office Supplies	3,200	1,193	37%	
IT Services	500	0	0%	
Janitorial	3,600	2,400	67%	
Insurances	10,500	9,867	94%	Now includes workers comp; previously included in fringe
Occupancy	46,081	29,802	65%	
Repairs/Maintenance	500	1,970	394%	Moving costs; these expenses were paid for by the BPHC carryover funds
Software Subscriptions	23,000	16,775	73%	
Telephone & Internet	11,436	7,679	67%	
Total Other Operating	264,344	205,412	78%	
Pass through Contracts- Title X	1,455,166	941,149	65%	
Pass through Contracts- TPP PREP	67,245	34,289	51%	Does not include Feb 2024 RFRs
Total Pass Through	1,522,411	975,438	64%	
Total Expenses	3,465,333	2,177,613	63%	
Income or Loss	27,754	43,493	157%	Income will decrease by fiscal year end as expenses are recognized for one time projects which revenue has already been recognized per GAAP accounting rules.

Financial Dashboard Report July 1, 2023 – February 29, 2024



	8-23	10-23	12-23	2-24	4-24	6-24	Avg
Days cash on hand* Goal = 60	113	68	49	98			82
Current ratio*	2.0	1.8	2.2	2.2			2.1

*Days cash on hand & current ratio calculated without Pop Health, Molina Project, SSHP Project and CGM Project restricted funds.

Nevada Primary Care Association

Statement of Financial Position

As of February 29, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1020 NVPCA Bank of America Checking	228,268.66
1030 Live Oak Savings	535,560.39
Total Bank Accounts	\$763,829.05
Accounts Receivable	
1200 Accounts Receivable	152,665.66
Total Accounts Receivable	\$152,665.66
Other Current Assets	
1300 Undeposited Funds	0.00
1320 Prepaid Expense	0.00
1323 Medical/Life Insurance	11,829.47
1324 Prepaid Training Expense	0.00
1325 Prepaid Rent	0.00
1328 Software Subscriptions	1,348.78
1329 Auto Insurance	961.78
1330 Cyber Insurance	356.72
1331 D&O Insurance	1,013.25
1332 General Liability Insurance	240.38
1333 Workers Comp Insurance	1,455.02
Total 1320 Prepaid Expense	17,205.40
1340 Petty Cash	0.74
2120 Payroll Asset	0.00
2130 Payroll Corrections	0.00
Total Other Current Assets	\$17,206.14
Total Current Assets	\$933,700.85
Fixed Assets	\$0.00
Other Assets	
1500 Rent Deposits	5,598.00
Total Other Assets	\$5,598.00
TOTAL ASSETS	\$939,298.85

Nevada Primary Care Association

Statement of Financial Position

As of February 29, 2024

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	258,601.37
Total Accounts Payable	\$258,601.37
Credit Cards	\$10,158.20
Other Current Liabilities	
2110 Direct Deposit Liabilities	0.00
2115 Direct Deposit Payable	0.00
2250 NVCC Reserve	10,000.00
2275 Credit Card Processing	0.00
2500 Payroll Liability	3,362.32
2530 Accrued Retirement Benefit (IRA)	0.00
2540 Accrued Vacation	19,034.79
2700 Accrued Expense	0.00
2900 Deferred Income	0.00
Total Other Current Liabilities	\$32,397.11
Total Current Liabilities	\$301,156.68
Total Liabilities	\$301,156.68
Equity	
3000 Equity	
3010 Temporarily Restricted FB	0.00
3030 Net Investment in Equipment	9,942.41
Total 3000 Equity	9,942.41
3020 Accumulated Earnings	61,034.31
4000 Retained Earnings	523,700.53
Net Revenue	43,464.92
Total Equity	\$638,142.17
TOTAL LIABILITIES AND EQUITY	\$939,298.85

BPHC Work Plan Activities for 7/1/2024 – 6/30/2025

NVPCA submitted the following workplan as part of the competitive application for the State Primary Care Association funding. We have successfully received this cooperative agreement funding to provide training and technical assistance to health centers since 1995. This competitive NOFO has 12 required objectives (1-12) that must have a minimum of 2 activities (i-iii) per objective. Below is a summary of the BPHC objectives and proposed activities for the upcoming year (July 1, 2024 – June 30, 2025).

Objective Name	1. Access to Care
Objective Description	Increase the number of health centers that receive T/TA to provide and enhance access to comprehensive, culturally competent, high quality primary health care services.
Activity Name*	1.1.1 Community Health Worker (CHW) Integration
Activity Description*	<p><i>Activity overview:</i></p> <p>The purpose of CHW Integration is to enhance access to comprehensive, culturally competent, high-quality primary care services by creating sustainable CHW programs that can take advantage of Nevada Medicaid reimbursement for CHW encounters.</p> <p>Health centers should be confident in using CHW services and anticipating reimbursement.</p> <p>NVPCA will partner with Nevada Medicaid to identify what is needed for health centers to create a billable encounter. This will include clinical and billing documentation practices.</p>
Anticipated Outcome*	100% of health centers will receive a CHW clinical and billing workflow document.
Activity Name*	1.1.2 Mobile Unit Peer Network
Activity Description*	<p><i>Activity overview:</i></p> <p>NVPCA Mobile Unit Peer Network brings together well-established mobile unit programs and new mobile unit programs to share challenges and best practices in creating access to the communities in Nevada. Based on health center priorities, the Mobile Unit Peer Network will create a training plan for the year to support and prepare health centers for New Access Point funding</p>

	opportunities to include providing comprehensive, culturally competent, high quality primary care services, and will include subject matter experts as needed.
Anticipated Outcome*	90% of health centers with mobile units will participate in the mobile unit peer network over the course of the project year.
Objective Name	2. Recruitment and Retention
Objective Description	Increase the number of health centers that receive T/TA on using data (e.g., Health Center Workforce Survey results) to develop, implement, and/or revise recruitment and retention strategies to attract linguistically and culturally competent candidates, enhance job satisfaction and workforce well-being, and/or reduce job turnover.
Activity Name*	1.2.1 Health Center Employee Engagement
Activity Description*	<p><i>Activity overview:</i></p> <p>NVPCA will partner with at least one health center in Nevada that has implemented strategies to enhance cultural competence and health center staff satisfaction to produce a training on best practices for evaluating employee sentiment in these areas. This training will also include at least one example of how a health center responded to opportunities for improvement identified in a staff survey and methods for establishing continued quality improvement on cultural competence and staff satisfaction.</p> <p>NVPCA will partner with at least one Nevada FQHC.</p>
Anticipated Outcome*	Training participants will rate satisfaction of at least 4.0/5 and behavior change as at least 4.0/5.
Activity Name*	1.2.2 J1 Visa Applicants
Activity Description*	<i>Activity overview:</i> Collaborate with Primary Care Office or SME to create and facilitate a J1 Visa applicant training to increase the number of providers in health centers.
Anticipated Outcome*	Training participants will rate satisfaction of at least 4.0/5 and behavior change as at least 4.0/5

Objective Name	3. Health Professional -Education Training
Objective Description	Increase the number of health centers that receive T/TA on implementing career pathway or residency programs for health and allied health professions students, trainees, and residents to enhance health centers' capabilities to recruit, develop, and retain a workforce that provides comprehensive, culturally competent, high-quality primary health services that meets the needs of the communities it serves.
Activity Name*	1.3.1 Career Pathways/Ladders
Activity Description*	<i>Activity overview:</i> NVPCA will collaborate with an Area Health Education Center(s) or subject matter expert (SME) to create a health center career pathway/ladder training. Topics will be based on emerging health center workforce needs to help develop and retain health center staff.
Anticipated Outcome*	Training participants will rate satisfaction of at least 4.0/5 and behavior change as at least 4.0/5.
Activity Name*	1.3.2 HR Workforce Workgroup - Career Pathways/Ladders
Activity Description*	<i>Activity overview:</i> Collaborate with one of the Area Health Education Centers or SME to provide tailored TA to health center requesting assistance with developing a career pathway/ladder. TA will be provided through the HR Workforce Workgroup. <i>Modality, frequency, length and training purpose and objectives:</i> TA will support the Career Pathways/Ladders Training Activity. TA will be provided in person or virtually for at least 2 sessions during the HR Workforce Workgroup meetings and 1:1 with the health center until TA is no longer requested. The purpose of this activity is to support health centers in developing a career pathway/ladder. Objectives will include developing, operationalizing, and using metrics to determine the return on investment of a career pathway/ladder program. <i>Partner Organizations:</i> NVPCA will collaborate with at least one of the three Area Health Education Centers to develop a career pathway/ladder.
Anticipated Outcome*	Up to 2 health centers requesting TA on developing a career pathway/ladder will receive TA.
Objective Name	4. HP-ET UDS
Objective Description	Increase the number of health centers that provide health professional education/training that is a hands-on, practical, or clinical experience.
Activity Name*	1.4.1 Graduate Medical Education Funding

Activity Description*	<p><i>Activity overview:</i> NVPCA will work with the Nevada Health Workforce Research Center and key state stakeholders to show policymakers that existing GME investments could be leveraged through the Medicaid GME program.</p>
Anticipated Outcome*	<p>This activity will support changing the way the state spends its GME dollars, thereby potentially bringing additional federal dollars and expanding the number of providers who can complete their GME in Nevada.</p> <p>100% of health centers will receive a one-page document and presentation slides outlining the missed opportunities under the current arrangement and steps that would need to be taken to secure matched federal funds through the Medicaid program.</p>
Activity Name*	1.4.2 Strengthen Health Center GME Programs
Activity Description*	<p><i>Activity overview:</i> NVPCA will evaluate by health center the challenges and opportunities of their GME programs. With this data, a prioritized action plan will be developed and implemented in years two and three.</p> <p>The assessment and individual interviews will be used to identify needed resources or policy changes. NVPCA will then work with appropriate partners to address these needs and prepare the health center to strengthen their programs to be more robust.</p> <p>In addition to working to prepare a health center to host GME, it will be essential for NVPCA to engage with training partners that could be included in a new program. We will work with hospitals and medical schools in the same region as the health center receiving TA.</p>
Anticipated Outcome*	At least one health center will receive TA on next steps to improve their GME program.
Activity Name*	1.4.3 Western Clinicians Network Conference Planning Committee
Activity Description*	<p><i>Activity overview:</i> With a relatively small clinician population in Nevada, and as a smaller PCA, NVPCA has found great efficiency and value in partnering with other like-minded organizations to provide professional development and training for the clinical network. Along with PCAs in Arizona, California, and Hawai'i, NVPCA will continue to co-sponsor the annual Western Clinicians Network (WCN) Clinical Excellence and Leadership Conference. This conference is developed by, for and with clinical leaders and PCA staff to provide clinician education and training that is</p>

	hands on and practical for their success in the health center environment.
Anticipated Outcome*	NVPCA will survey participants from Nevada to determine their satisfaction and behavior change based on conference content. NVPCA also facilitates ongoing clinician requests to network amongst themselves.
Objective Name	5. Health Center Leader and Board Support
Objective Description	Increase the number of health center leaders (e.g., CEO, CFO, CMO, Financial Managers) and board members who receive T/TA on improving management and administrative capabilities (e.g., leadership development, strategic plan development, board training) to advance health center excellence (clinical, financial, equity).
Activity Name*	1.5.1 Leadership Development
Activity Description*	<i>Activity overview:</i> NVPCA will offer to all and deliver to at least one health center TA to address needs and provide resources for leadership development. Needs will be identified in deliberate discussion with multiple health center staff to get a range of perspective to specify the subject of the TA and work toward a strategic solution.
Anticipated Outcome*	At least one health center will receive targeted TA.
Activity Name*	1.5.2 Leadership Development Program Modules
Activity Description*	<i>Activity overview:</i> In the process of assessing TA need in activity 5.1, NVPCA will identify areas of need that are common across health centers. Out of these subjects, NVPCA will prioritize to produce at least one leadership training module. This module will be published as a video, documentation, or both and distributed to each health center. As relevant and possible, NVPCA will post this information to the BPHC Health Center Resource Clearinghouse.
Objective Name	6. Preparedness, Response, and Recovery
Objective Description	Increase the number of health centers that receive T/TA on assessing, implementing, and/or revising preparedness, response, and recovery plans (e.g., continuity of operations planning, crisis standards of care) to ensure continued access to care during environmental and/or emergent health events (e.g., wildfire smoke, hurricane response, outbreaks).
Activity Name*	1.6.1 Microgrid Education
Activity Description*	<i>Activity overview:</i>

	NVPCA will partner with an energy bank and/or solar contractor with FQHC experience to educate health centers on the advantages of installing a microgrid and the financing opportunities available.
Anticipated Outcome*	Participants will rate satisfaction of at least 4.5/5. 50% of participants will list at least one actionable step to take as a result of this training.
Activity Name*	1.6.2 Mobile Unit Emergency Preparedness
Activity Description*	<p><i>Activity overview:</i> Health centers with mobile units will receive training by an SME on responding to emergencies and responding to disasters through the Mobile Unit Peer Network.</p> <p>The Mobile Unit Peer Network was created to link established and new health center mobile unit programs together to share best practices and lessons learned responding to the many challenges mobile units face. Its vital mobile units assess, implement and revise preparedness, response, and recovery plans to ensure continuity of care continues. Mobile units can respond to crisis outside of their programming to support other health center programs and respond to the communities needs in times of crisis whether it be in response to an environmental event or emergent health event. Training through the Mobile Unit Peer Network will provide an established network to collaborate in the case of an emergency.</p>
Anticipated Outcome*	Participants will rate satisfaction of at least 4.5/5. 50% of participants will list at least one actionable step to take as a result of this training.
Objective Name	7. Chronic Disease Management
Objective Description	<p>(Applicants Choice) Provide T/TA to health centers on ways to change one or more of the following measures health centers report on in the UDS: Controlled Hypertension Depression Remission Diabetes Heart Disease: Statin Therapy HIV Linkage to Care Ischemic Vascular Disease (IVD): Use of Aspirin or another antiplatelet</p>
Activity Name*	1.7.1 Continuous Glucose Monitoring
Activity Description*	<p><i>Activity overview:</i> Training will be provided by an SME on Continuous Glucose Monitoring (CGM) to improve the state's UDS A1C >9 measure.</p>
Anticipated Outcome*	Training participants will rate satisfaction of at least 4.0/5 and behavior change as at least 4.0/5
Activity Name*	1.7.2 Diabetes Education Using Community Health Workers (CHW)
Activity Description*	<p><i>Activity overview:</i></p>

	Provide training to health centers on the use of Community Health Workers in diabetes education. Health centers can identify, using population health software or EHRs, patients who have multiple key drivers of poor health and improve health equity by using CHWs to provide targeted diabetes education to improve diabetes control.
Anticipated Outcome*	Training participants will rate satisfaction of at least 4.0/5 and behavior change as at least 4.0/5
Objective Name	8. Preventive Service Outcomes
Objective Description	Provide T/TA to health centers on ways to increase preventive screening services on one or more of the following measures health centers report on in the UDS: BMI Screening- Adults Cancer Screening (breast, cervical, colorectal) Depression Screening HIV Screening Tobacco Use Screening Statin Therapy for Prevention and Treatment of Heart Disease Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Activity Name*	1.8.1 Cervical Cancer Screening Training
Activity Description*	<i>Activity overview:</i> Provide training on cervical cancer prevention, screening, and management to health center staff.
Anticipated Outcome*	Training participants will rate satisfaction of at least 4.0/5 and behavior change as at least 4.0/5
Activity Name*	1.8.2 Cervical Cancer Screening and Management/Follow-up
Activity Description*	<i>Activity overview:</i> Utilize population health data, through software like Azara DRVS, to identify best practices for cervical cancer screening being done in health centers in Nevada to provide training to other health centers. Best practices will be shared with 100% of health centers via the QI Peer Network.
Anticipated Outcome*	All health centers participating in the QI Peer Network will be able to identify at least one best practice to implement in their health center.
Objective Name	9. Value-Based Care Delivery
Objective Description	Increase the number of health centers that receive T/TA on developing, participating, or updating value-based care (VBC) delivery plans that advance health equity, support patients' social needs, and address care for specific populations. For example, supporting health centers develop a business case for VBC, supporting health center financial risk modeling for analyzing payer value-based proposals, supporting health center performance monitoring and reporting of value-based

	arrangements, supporting care management/population health strategy, supporting real-time clinical quality, utilization data infrastructure, capturing patient satisfaction feedback.
Activity Name*	1.9.1 MCO Population Health Contracting
Activity Description*	<i>Activity overview:</i> The PCA will execute contracts with MCOs to integrate enrollment files, care gaps files, and claims data into NVPCA’s Population Health Network.
Anticipated Outcome*	The PCA will contract with at least 50% of Managed Care Organizations.
Activity Name*	1.9.2 Value Transformation Framework Workplan
Activity Description*	<i>Activity overview:</i> QI Peer Network is using the NACHC Value Transformation Framework and HRSA Framework for Health Center Excellence to continue progress in the QI Peer Network to achieve the Quintuple Aim.
Anticipated Outcome*	100% of health centers participating in the QI Peer Network will receive TA on the VTF and the HRSA Health Center Excellence Framework.
Activity Name*	1.9.3 Patient Centered Medical Home TA
Activity Description*	<i>Activity overview:</i> NVPCA will continue to retain a Patient Centered Medical Home Certified Content Expert SME to provide individual technical assistance (training, coaching and practice facilitation) to support health centers with current PCMH and new recognition by at least one health center. Through well-established relationships and regular, site-specific TA engagements, NVPCA will continuously monitor and assess opportunities to maintain and expand sites deemed by PCMH. As of November 2023, NVPCA’s PCMH CCE has provided regular support for four (50%) of the FQHCs based in Nevada that have achieved recognition (NVHC, HCHC, NN HOPES, CHA) with a total of 22 locations. NVPCA’s goal is for at least one more health center to achieve PCMH in 2024-25. Based on a historical lack of engagement of two (25%) member health centers, we believe this goal is achievable, with the remaining active FQHC potentially achieving PCMH in 2025-26.
Anticipated Outcome*	Based on NVPCA's technical assistance and training provided by the PCMH SME, 1) 100% of currently recognized FQHCs will maintain their PCMH status through annual reporting requirements by NCQA. 2) At least one health center will improve eligibility for PCMH by increasing the number of criteria met.
Activity Name*	1.9.4 Population Health Training – Population Health Software
Activity Description*	<i>Activity overview:</i>

	Annual Training will be provided on how to optimize utilization of population health software, like Azara DRVS, to support the health center operations and quality improvement programs.
Anticipated Outcome*	70% of health centers using population health software will attend the annual training. Overall satisfaction will be rated 4.5/5.0 and behavior change rate 4.3/5.0.
Objective Name	10. Financial Sustainability
Objective Description	Increase the number of health centers that receive T/TA on improving financial sustainability by managing revenue diversity (e.g., billing and coding, financial recovery and sustainability planning, health center service and site expansion) to advance patient outcomes.
Activity Name*	1.10.1 Clinical Documentation Improvement
Activity Description*	<i>Activity overview:</i> Optimizing VBC incentive-based payment through appropriate clinical documentation improvement strategies.
Anticipated Outcome*	Health Centers staff will evaluate the satisfaction of the session 4.3/5. Health Center staff behavior change will be an average of 4.0/5.
Activity Name*	1.10.2 Federal Financial and Grants Management Update
Activity Description*	<i>Activity overview:</i> NVPCA will collaborate with HRSA's Financial and Grants Management staff to provide ongoing education of HRSA grant recipients. Training objectives will include updated federal requirements for financial reporting and grants management. Health center leadership staff will be recruited to participate.
Anticipated Outcome*	Health Centers staff will evaluate the satisfaction of the session 4.3/5. Health Center staff behavior change will be an average of 4.0/5.
Objective Name	11. Population Health and Social Risk Factors
Objective Description	Population Health and Social Risk Factors – Increase the number of health centers that receive T/TA on collecting information on the health-related social needs of patients to understand social needs in the community and achieve health equity. For example, how to systematically collect data and screen for social risk factors; how to identify which community partners will be engaged in the needs assessment process; and how to build partnerships to connect patients with support services to achieve health equity.
Activity Name*	1.11.1 Population Health Data: SDOH TA
Activity Description*	<i>Activity overview:</i> Provide TA to up to 3 health centers using population health software to collect and monitor SDOH data in target groups and over time in broader populations.

	Incorporate SDOH data collected to inform care modes, service delivery and programing. Use data to drive efficiencies and practice transformation.
Anticipated Outcome*	100% of Health centers using population health software will receive TA on the collection and analysis of SDOH to inform practice transformation.
Activity Name*	1.11.2 Leverage SDOH data for value-based payment and reimbursement
Activity Description*	<i>Activity overview:</i> TA will be provided to help health centers prepare to share SDOH findings with payors, key partners, and policy makers to drive value-based contracting and payment models by identifying key reports for executive health center leadership which will inform organizational priorities and value-based care strategies to support the Quintuple AIM: improved health outcomes, improved patient experiences, improved staff experience, reduces costs and equity.
Anticipated Outcome*	Health centers participating in the QI Peer Network will receive TA to increase SDOH reporting to executive leadership.
Objective Name	12. Health Center Supplemental Funding Support (Required)
Objective Description	Increase the number of health centers that receive T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received. PCAs should identify one supplement health centers in their state or region received and are actively implementing.
Activity Name*	1.12.1 Health Care for the Homeless Program Gap Assessment
Activity Description*	<i>Activity overview:</i> NVPCA will partner with a subject matter expert (SME) such as the National Health Care for the Homeless Council to develop a gap assessment tool to identify opportunities for training alignment across the state’s four HCH grantees. This gap analysis tool with then be used to survey the providers and administrators of HCH programs in the health centers.
Anticipated Outcome*	75% of HCH programs will complete the assessment. 100% of HCHs will receive the results of the assessment.
Activity Name*	1.12.2 Gap Analysis
Activity Description*	<i>Activity overview:</i> Using the results of the gap assessment in activity 1.12.1, NVPCA will analyze opportunities for training and technical assistance. This analysis will also identify best practices and knowledge resources that can be shared among the existing health centers. Where gaps exist across HCH programs, NVPCA will seek subject matter expertise at the national level and with our state peers. Trainings will be developed for delivery in years two and three of the grant period.

Anticipated Outcome*	At least three subjects for training to improve efficiency and capacity in HCH programs will be identified. At least two best practices will be identified for dissemination to other HCH programs via training or publication. These insights will be shared with 100% of health center program grantees. As relevant and possible, NVPCA will post this information to the BPHC Health Center Resource Clearinghouse.
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NVPCA 2023-2024 Training Needs Assessment Summary 1/23/2024

Nevada Primary Care Association (NVPCA) distributed a training needs assessment survey on December 14, 2024. Nevada's 330-funded and prospective federally qualified health centers, Associate members, and partner organizations received the survey invitation and link. All recipients were invited to forward the invite to colleagues within their organization. The survey deadline was January 15, 2024. The web-based survey took approximately 10-12 minutes to complete. **38** people participated in this survey; this is (%) fewer respondents than last year, many of those were from Canyonlands, but a better mix of FQHCs (7/9 responded).

	Responses
FQHCs	30
Tribal	1
Associate Members	0
Partners	7
	38

FQHC/Tribes	Responses
Canyonlands	5
Community Health Alliance	3
Hope Christian Health Center	9
Northern Nevada HOPES	2
Nevada Health Centers	10
Southern Nevada Community Health Center	1
Washoe Tribal Health	1
	31

CCHW	2
Chief Dental Officer	1
CEO	2
CFO	2
CMO	2
COO	2
Director of Behavioral Health Operations	1
Director, Business Intelligence	1
Director of Leadership and Organizational Development	1
Director of Nursing	2
Director of Population Health Management	1
Director of Revenue Cycle	1

Emergency Management	1
Financial Analyst	1
HR Director	2
Human Resources Generalist	1
Operations Manager	1
Outreach Medical Director	1
PA	1
Pharmacy Director	1
Revenue Cycle Manager	2
VP of Regional Operations	1
Quality RN	1

FQHC and Tribal Roles - Training Delivery Method

- The Top two delivery methods for trainings were virtual webinars (77%) and in person trainings (61%)

Preferred Training Day and Time

- **58%** preferred having trainings on Wednesdays, while **43%** preferred Tuesdays.
- **63%** preferred morning (10AM-11:30AM) trainings.

Continuing Ed Units –

- **60%** of those surveyed said that CMEs/CEUs were not a deciding factor in joining a NVPCA training. For those that it was a factor, they were seeking:
 - Medical CMEs (Provider, Nursing, Pharmacists) – **29%**
 - Social Work CEUs - **12.9%**
 - Other - HR CEUs (HRCI), CHW, SHRM – **29%**



Training Topics of Interest

Training Topics in order of Interest	FQHC/tribal Percentage	All Participants	Findings Topics of Interest
1. Increasing Access to Care	80.6%	81.5%	<p>Please rank the following areas in order of interest for future training and technical assistance at your center</p> <ol style="list-style-type: none"> 1. Community Health Worker (CHW): creating sustainable CHW programs; billing and reimbursement for CHW encounters. 2. Healthcare for Homeless: gap assessment tool; maximize impact of programs; expanding access to homeless individuals
2. Justice, Equity, Diversity, Inclusion (JEDI)	77.4%	78.9%	<p>NVPCA will continue to offer a JEDI-focused general session at this fall's annual health care conference. What are the top 2 topics you would like covered?</p> <ol style="list-style-type: none"> 1. Staff culture / Workforce - internal staff relations 2. Health center cultural humility training 3. Communicating and educating patients
3. Financial Sustainability	77.4%	78.9%	<p>Please rank the following areas in order of interest for future training and technical assistance at your center</p> <ol style="list-style-type: none"> 1. Revenue Cycle: revenue cycle management 101; billing and coding; benchmarking. 2. Value-based Care: Strategies for value-based incentive payment; appropriate clinical documentation strategies. 3. Federal Requirements: Best practices for financial and grants management compliance.
4. Workforce & Development	77.4%	76.3%	<p>What are your top 2 workforce development-related topics you would be interested in learning more about?</p> <ol style="list-style-type: none"> 1. Employee mental health and well-being 2. Retention strategies & best practices 3. Organizational culture
5. Population Health Management	74.1%	73.6%	<p>Does your organization currently use any population health management software?</p> <ul style="list-style-type: none"> • Yes: 41% • Unsure: 37% • No: 22% <p>Does your health center use a specific tool to collect SDOH?</p> <ul style="list-style-type: none"> • PRAPARE: 41% • Unknown: 37% • Our CHC developed our own tool: 11% • AHC HRSN: 4% <p>Other SDOH Tools: Health Leads, Findhelp.org</p>

6. HIV Integration	64.5%	63.1%	<p>On a scale of 1-5 (1 being least interested and 5 being very interested)</p> <ol style="list-style-type: none"> 1. Integration of PrEP and universal screening in the primary care setting. 2. I would like to know more about caring for patients with HIV/Hepatitis C Virus (HCV) co-infection. 3. I would like to know more about PEP
7.Reproductive Healthcare	61.2%	57.8%	<p>Please indicate the top three (3) reproductive healthcare-related topics you would be interested in learning more about.</p> <ol style="list-style-type: none"> 1. Integrating into reproductive health visits screening and referrals for social determinants of health (SDOH) 2. Improving screening and treatment for HIV and Sexually Transmitted Infections (STI) 3. Implementing trauma informed reproductive healthcare
8.Preparedness Response and Recovery	48.3%	52.6%	<p>Please rank the following areas in order of interest for future training and technical assistance at your center</p> <ol style="list-style-type: none"> 1. Risk Assessment and Emergency Planning: Strategies for managing area-specific hazards, power outages, and supply chain disruptions. 2. Training and Testing: Enhancing emergency preparedness through staff training and response drills. 3. Mobile Unit Emergency Preparedness: Preparing mobile units to respond to emergencies and disasters.

Please identify any topics of interest we missed or priorities we've missed.

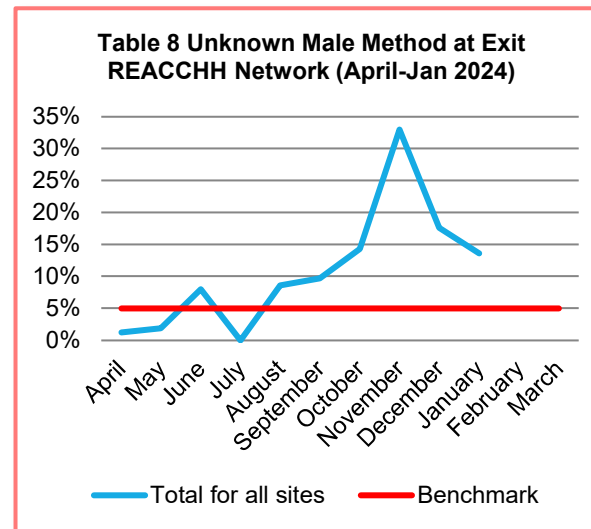
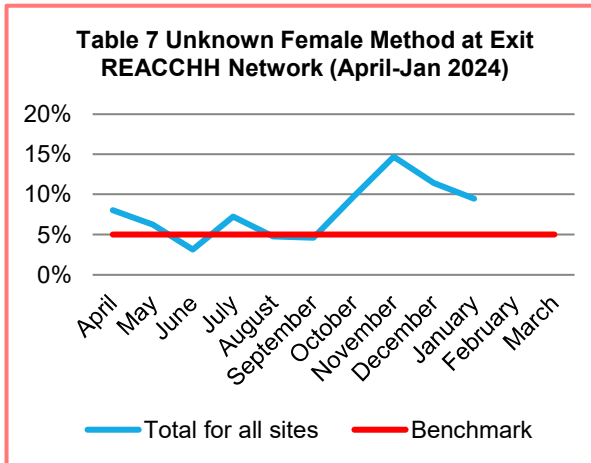
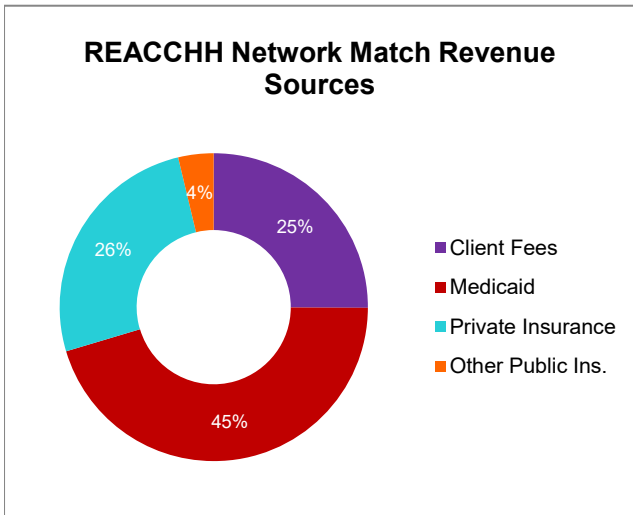
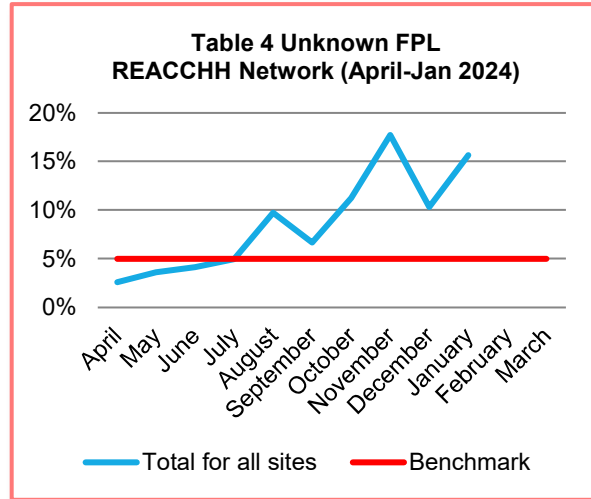
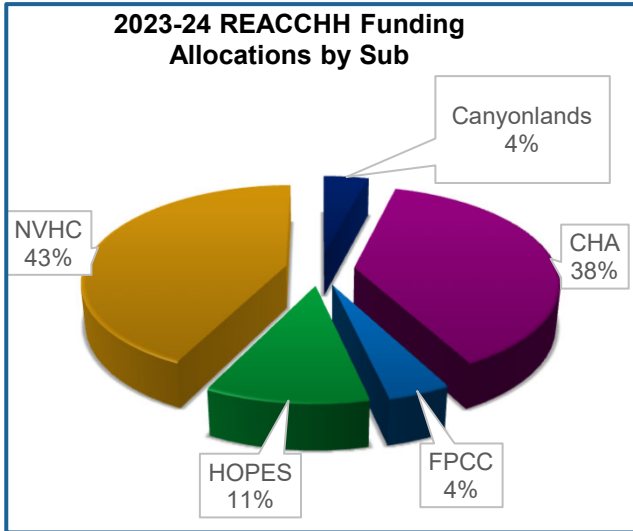
- How can I best help to impact change? (Medicaid policy, State/Fed regs)
- Integrated Primary Care Behavioral Health and Psychiatric Collaborative Care Model (CoCM).
- Empanelment, scheduling, increasing patient flow efficiency.
- NV Medicaid reimbursement. Cost Report. PPS wrap.
- I would also love some training on how to increase provider engagement across the board. Our providers are wanting to see less and less patients and pushing back on filling their schedules. We are looking for ways to re-engage with them.
- Recruitment and retention of staff.
- Gender inclusive care.
- Provider documentation and coding.
- Maybe more training on Diabetes and education to the patients that are diabetic and pre-diabetic.
- More training on Healthcare for the Homeless program best practices. As well as Street medicine. Information on program development, staff models and integration.
- Psychoneuroimmunology would be interesting to learn more about.
- Keep up the great work. The needs are being well addressed.
- This is a thorough list. I wish I could have selected more than one or two.
- Thanks so much for your support!
- Thank you for sending out this survey.

NVPCA REACCHH Dashboard (YTD = January 2024)

Contract Year: April 1 - March 31

2023-2024 Contracted Funds
Canyonlands, CHA, FPCC, NN HOPES + NVHC

Data Quality - Unknown Rates*
Quality Improvement Award Eligibility (4)



At 83% of the contract year...

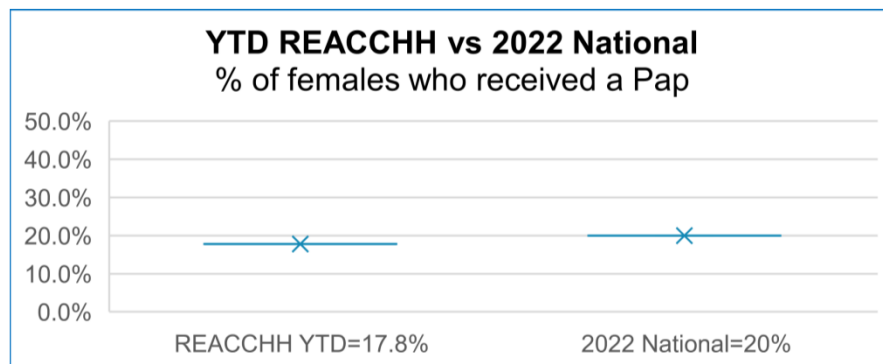
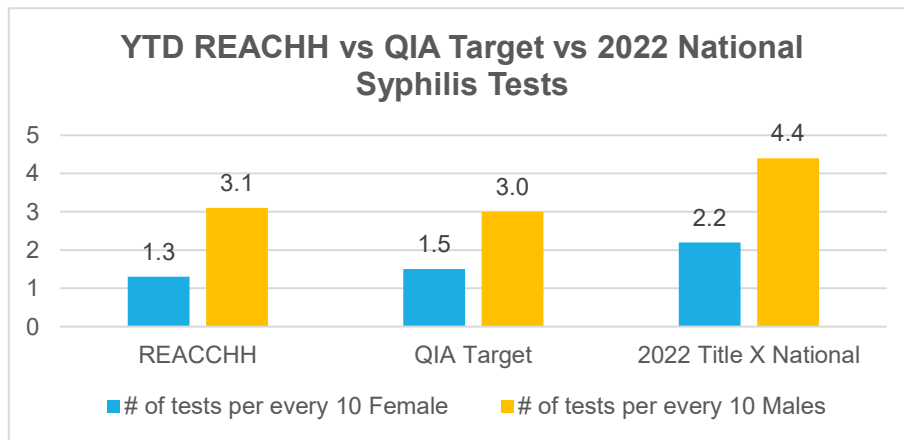
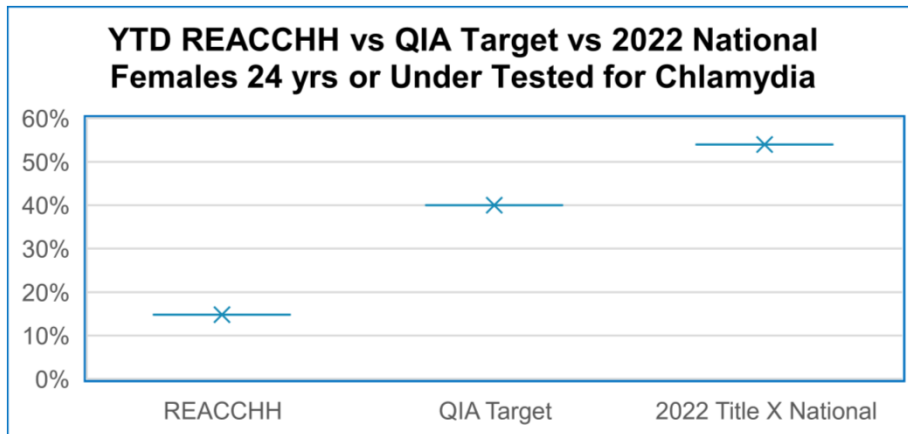
REACCHH Title X funds spent YTD = 82.9%

Unique Title X Patients Served by REACCHH = 81.7% of total contracted

4) Data submitted using the FPAR 2.0 template

Clinical Quality Standards

Quality Improvement Award Criteria (4)



***Notes & updates for data through January 2024:**

- Quality Improvement Awards Period: 8/1-12/31/23.
2023 Quality Improvement Award Summary
 *One subrecipient eligible based on unknown rates =<5%;
 *2023 QIA Value = \$10,000
- Permanent sterilization (vasectomy) in northern NV by 3/31/24 --> 6/24

ARPA Nevada Health Workforce Pipeline Grant NVPCA Medical Assistants for Community Health (MACH) Program

The period of performance is March 1, 2024, through November 30, 2026.

Overview of Scope of Work

There has never been a more challenging time for health care workforce than now. Career pathways or “grow your own” programs are becoming more vital and integral to growing and retaining a health care workforce. NVPCA recognizes that FQHCs need support in developing successful and sustainable on-the-job training programs. NVPCA will develop a toolkit to provide a launching point and foundational knowledge for FQHCs building their own medical assistant on-the-job training programs. The toolkit will include: Planning, Academic Partnership, Pre-Implementation, Implementation, Evaluating, and the process of becoming a Registered Apprenticeship. This program will be known as Medical Assistants for Community Health (MACH). CareerSteps online medical assistant training program will provide the foundational knowledge for the learner. The health centers will provide the externship and hands on experience to make them successful in their program. The learner will identify a mentor to support them through their experience and journey to becoming a certified medical assistant.

Online Study Hours	Externship Hours	Total Hours	Access
452	100	552	12 months

The Health Center subrecipients will receive a stipend for each learner that completes the MACH training program. The stipend is \$7000 per learner (see detail below in chart). Also, the \$2,931.44 cost of the online training program through CareerSteps will be covered by NVPCA.

Supplies	stethoscope, BP cuff, lab jacket, etc.	\$400
Preceptor Wages	\$25 x 180 hours/student	\$4,500
Lab supplies/ training tools	practice models, equipment for teaching phlebotomy and EKG, medical supplies, etc.	\$2,100
TOTAL		\$7,000

Method of Selection: Nevada based FQHCs and Tribal Health Centers are eligible to become a subrecipient of the NVPCA MACH Training Program. To participate, eligible Health Centers will demonstrate workforce need and staffing capacity to engage in this program. Forty learners from these Health Centers will be identified and enrolled on a first-come, first-served basis. NVPCA and participating Health Centers will execute a contract confirming expectations and outcomes.

Expected Outcomes

NVPCA will hire a .90 FTE Certified Medical Assistant Program Coordinator with FQHC experience.

Participating FQHCs will.....

- have a sustainable medical assistant on-the-job training program plan to address their specific needs.
- understand the NVPCA MACH Program learning objectives which include Program Orientation, MA Career Introduction, Health Care Foundational Knowledge and Basic Science, Anatomy and Physiology Essentials, General Patient Care, Pharmacology Basics for Medical Assisting, Infection Control, Testing and Laboratory Procedures, Externship Readiness Skills, Patient Care Coordination and Education, Medical Administrative Assistant, Communication and Customer Service in the Health Care Office, Medical Laws and Ethics, Phlebotomy, EKG and Cardiovascular, Career Success in Health Care, Medical Assistant Final Exam, Fundamentals of HIPAA, Initiating Externship, Clinical Externship, and Program Completion.
- be prepared to implement an MA on-the-job training program.
- implement a MACH on-the-job training program by 3/1/2025.
- evaluate the MA on-the-job program after first trainees graduate.
- will explore becoming a Registered Apprenticeship Program through the Nevada Registered Apprenticeship Program.



*CIN Exploration: Review of
Stakeholder Interviews*

NVPCA Board Retreat

March 20, 2024

Overview

The Nevada Primary Care Association (NVPCA) engaged Starling Advisors to assist with the exploration of developing a clinically integrated network (CIN). This exploration is divided into two phases:

Phase	Purpose	Deliverables/Activities	Timeline
1. Membership Education	Introduce NVPCA’s membership to the concept of network development.	<ul style="list-style-type: none"> On-site strategy session 	September 2023
2. Network Structure & Governance	Assess the overall market in which Nevada FQHCs operate to assess the value and impact of a CIN.	<ul style="list-style-type: none"> Stakeholder interviews Member education webinars Network pro forma 	December 2023 – June 2024

At the conclusion of the exploratory phase, the NVPCA Board will be asked to make a formal decision regarding network formation.

Today's Discussion

As part of the exploratory phase, Starling Advisors conducted 30-minute stakeholder interviews with NVPCA members and other partners to help NVPCA evaluate the prospect of developing a CIN. The main goal of these stakeholder interviews was to gather information about the level of interest in forming a CIN and what the network's initial priorities should be if it were to be created. The Starling team met with leadership from:

- 8 NVPCA Member Health Centers
- Other Partners:
 - Silver Summit Health Plan (Centene)
 - Molina Healthcare of Nevada
 - United Health Group
 - Nevada Department of Health and Human Services (DHHS)/Medicaid

Today's conversation will focus on reviewing findings from these stakeholder interviews. We will end by discussing the additional education and information that is needed to complete the Network exploration.

Stakeholder Interview Findings: NVPCA Members

Challenges in Working with Health Plans

- Most health centers now have good relationships with the four Medicaid MCOs, but there are still some challenges:
 - Communication
 - Credentialing
 - Performance Data
 - Attribution
- Most health centers currently have value-based contracts with the Medicaid MCOs, but there is not much innovation around the types of arrangements that are being offered to FQHCs. Health centers wish they had more leverage/ability to negotiate.

Opportunities for the CIN

- Build on the success of the 2020 performance improvement project for diabetes and hypertension, which led to the QI Peer Network team.
- NVPCA members are most excited about joint contracting, increased negotiating power, building economies of scale, and data analytics.
- Stronger advocacy/a new avenue for making policy changes with the state.
- Other programs of interest:
 - Credentialing
 - Centralized care navigators
 - Clinical pharmacy

Concerns About the CIN

- Concerns around collaboration.
- Low participation.
- Level of financial investment to develop the CIN.
- Pulling away from other priorities.

Questions for the Board:

What questions do you have about these findings?

Based on these findings, what sticks out to you as the largest barrier to moving forward?

Stakeholder Interview Findings: NVPCA Partners

Quality and Access Priorities

- Priorities include:
 - Maternal Health, Behavioral Health, Childhood Immunizations
 - Access to providers
 - Engaging with high utilizers or patients with multiple conditions
 - Addressing SDOH
- All the plans we talked to mentioned observing declines in HEDIS quality scores in the past three years. They claim this is a major concern when developing value-based payment programs.
- MCOs have some flexibility when it comes to measures to focus on, but all prioritize those in the DHHS Quality Strategy.
- For DHHS, primary care and increasing bonus payment arrangements is a big priority.

Discussion: *HEDIS measures will always be central to MCO and Medicaid quality programming, so it is critical to understand HEDIS to succeed in value-based pay arrangements.*

What resources do you feel are needed to jump from a focus on UDS to a focus on HEDIS? These can serve as starting points in a network strategy.

Peer networks have found attribution/assignment data support & patient roster management is key.

Opportunities

- DHHS/Medicaid said they would be open to standardizing value-based programming across each plan and building it into their own contracts with the plans.
 - It is not always the case that a state Medicaid agency is willing to take on this role and be directive with the plans, so this is good news for health centers!
 - They stressed that value-based programming will focus on demonstrated performance.
- Medicaid MCOs expressed concern with their quality performance and challenges with improving HEDIS metric-based gap closure. The state updates quality metrics each year, so providers to be able to move the needle on these measures year over year would be valuable partners.

Opportunities

- All MCOs directly stated or inferred that they will focus on increasing risk-bearing provider contracts in the future.
- DHHS/Medicaid stated that there is an opportunity for implementation of new, more innovative value-based payment models for FQHCs with the upcoming procurement, and they are very willing to obtain input on what these arrangements should look like to offer more direct guidance to MCOs.
 - Value-based payment is something that Medicaid understands and is willing to advance.
 - Medicaid recognizes that health centers need more capacity to be successful.
 - Medicaid has ambitious quality goals and wants a collaborative vs. antagonistic working relationship.

Conclusion

- NVPCA members have a better understanding of what a clinically integrated network is, what opportunity a CIN presents to health centers. Members are open minded but not yet decided on whether they'd join a CIN.
- A health center owned CIN that could help Nevada health centers to interpret data correctly, offer centralized support for outreach/care gap closures, and offer education on what it takes to participate in more advanced payment arrangements and take on financial risk has a business opportunity in the Nevada market.
- Plans and state are willing but ambitious partners – a Nevada CIN needs to be ready to deliver outcomes if you move to the phase of negotiating contracts.

Next Steps to Complete the Exploratory Phase

Item	Purpose	Timeline
Member Education Webinars: 1) CIN Legal Structure & Governance 2) Considerations for Joining the CIN & Process for Moving Forward	Provide additional education to support members in coming to a decision as to whether they may wish to join a prospective CIN.	April
Member Interest Survey	Online survey through which members indicate interest in joining prospective CIN. Responses inform the pro forma.	May/June
Go/No-Go Decision or “Tollgate”	Member decision point to vote on whether to move forward with the creation of the CIN, after a review of the pro forma.	July 17 Board Meeting

If NVPCA members decide to pursue Network formation, the next phase of work would involve developing governing documents and engaging legal counsel to formally instantiate the new legal entity.

Cybersecurity Insurance Initiative

The University of Nevada, Reno Cybersecurity Program is currently designing a certification tailored for clinics and hospitals across Nevada. This initiative aims to elevate security standards within participating organizations, ultimately mitigating cybersecurity incidents. By proactively addressing these risks, we anticipate a decrease in claims filed against cyber liability insurance carriers. Additionally, we are actively collaborating with insurance brokers to potentially offer discounted rates for program participants. Our approach involves implementing a scorecard system to establish baseline criteria, fostering a standardized best practice among all facilities involved.

Healthcare Cybersecurity – Baseline Criteria Evaluation (DRAFT) v.2024.3

1. ORGANIZATION INFORMATION			
Name of Organization:			
Street Address:			
City, State, Zip:		Phone:	
Website:		Fax:	
a. Size of Organization (size based on FTE staffing)		<input type="checkbox"/> Micro-Small (<20) <input type="checkbox"/> Small (20-100) <input type="checkbox"/> Medium (101-200) <input type="checkbox"/> Large (201-2,000) <input type="checkbox"/> Enterprise (2,000+)	
b. Total number of full-time equivalent (FTE) physicians:			
c. Annual Revenue:			
2. IT / OT DEPARTMENT INFORMATION			
a. Cybersecurity / Risk Management Leadership (CIO)			
Name:			
Title:			
Phone:			
Email:			
b. Total number of FTE IT employees:			
c. Day-to-day security practices are handled:		<input type="checkbox"/> Internally <input type="checkbox"/> By third-party vendor <input type="checkbox"/> Combination	
d. Best description of organization's network architecture:		<input type="checkbox"/> On premises <input type="checkbox"/> Cloud-based/hosted <input type="checkbox"/> Combination	
3. NATIONALLY RECOGNIZED SECURITY STANDARDS			
a. Has this organization has undergone an assessment to ensure alignment with the National Institute of Standards and Technology (NIST) Cybersecurity Framework?		<input type="checkbox"/> Yes, proceed with to 3b <input type="checkbox"/> No, proceed to 3c	
b. If yes, when were the NIST Cybersecurity standards reviewed to ensure alignment?		<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months – 1 year <input type="checkbox"/> More than 1 year <input type="checkbox"/> Unsure	
c. Does this organization maintain HIPAA compliance?		<input type="checkbox"/> Yes, proceed to 3d <input type="checkbox"/> No, proceed to 3e	
d. If yes, when was the last HIPAA assessment completed to ensure compliance?		<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months – 1 year <input type="checkbox"/> More than 1 year <input type="checkbox"/> Unsure	
e. Is this organization in compliance with the standards of the Joint Commission?		<input type="checkbox"/> Yes, proceed to next row <input type="checkbox"/> No, proceed to the next section	
If yes to 3a, 3c, and 3e, proceed to Completion of Evaluation			
4. SECURITY MEASURES			
a. Does this organization have a firewall in front of all externally exposed applications, identifying and blocking threats?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

b. Does this organization maintain an up-to-date asset database?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are service accounts configured using the principle of least privilege?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does this organization implement data loss prevention processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. In addition to anti-virus, what security solutions are used to prevent or detect malicious activity on the network? Select all that apply.	<input type="checkbox"/> Endpoint Protection Platform (EPP) <input type="checkbox"/> Endpoint Detection and Response (EDR) <input type="checkbox"/> Security Operations Center (SOC) or Managed Detection and Response (MDR) <input type="checkbox"/> Network Detection and Response (NDR) <input type="checkbox"/> Security Information and Event Management (SIEM) <input type="checkbox"/> None of the above <input type="checkbox"/> Other
f. Does this organization implement multi-factor authentication (MFA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Does this organization implement physical access requirements (locks, badge, biometrics)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Electronic Health Record (EHR) System / HIPAA Compliance	
a. Which of the following encryption protocols are currently implemented with the organization?	<input type="checkbox"/> SHA256 <input type="checkbox"/> SHA5 <input type="checkbox"/> SHA1 <input type="checkbox"/> MD5 <input type="checkbox"/> Other
b. Does this organization ensure routine security assessments are completed? <i>HIPAA Security Assessment: used to identify risks to confidentiality, integrity, and availability of all electronic PHI the Covered Entity or Business Associate creates, receives, maintains, or transmits.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, proceed to 6a
c. If yes, how frequently?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Never
6. INCIDENT RESPONSE PLAN	
a. Does this organization have an incident response plan that is routinely reviewed and updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, what is the Recover Time Objective (RTO) for Critical Assets? <i>*RTO applying to low frequency and high severity or a catastrophic incident</i> <i>*Critical Assets: essential to maintaining operations and fulfilling the organization's mission</i>	<input type="checkbox"/> Less than 5 hours <input type="checkbox"/> 5-12 hours <input type="checkbox"/> 12-24 hours <input type="checkbox"/> 1-7 days <input type="checkbox"/> More than 7 days <input type="checkbox"/> No RTO is defined <input type="checkbox"/> Unsure
c. Does this organization (or a third-party) conduct routine penetration testing on the network?	<input type="checkbox"/> Yes <input type="checkbox"/> No, proceed to 6e <input type="checkbox"/> Unsure, proceed to 6e
d. If yes, what is the frequency of completion?	<input type="checkbox"/> At least once every 48 hours <input type="checkbox"/> Once within 2-7 days

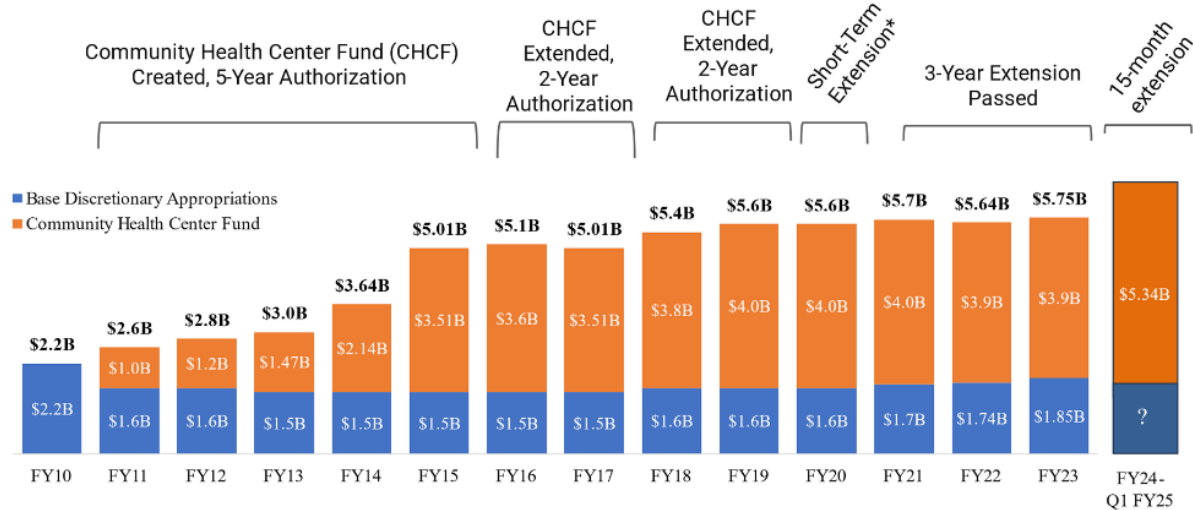
	<input type="checkbox"/> Once within 8-14 days <input type="checkbox"/> Less often than once in 14 days <input type="checkbox"/> Unsure
e. Does this organization have an encryption process for data at rest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Does this organization have an encryption process for data in transit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Does this organization implement the use of an encrypted VPN tunnel for remote users?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. EMAIL HYGIENE	
a. Does this organization have processes regarding email hygiene and enforce their use?	<input type="checkbox"/> Yes <input type="checkbox"/> No, proceed to 8a <input type="checkbox"/> Unsure, proceed to 8a
b. Does this organization use standard techniques to restrict rogue domains and mitigate risk? (MFA, DKIM, SPF)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. How frequently is training completed?	<input type="checkbox"/> Biannually <input type="checkbox"/> Annually <input type="checkbox"/> In response to failed security test <input type="checkbox"/> Other
d. Select from the following trainings the organization provides to employees:	<input type="checkbox"/> Cybersecurity Awareness <input type="checkbox"/> Phishing and Vishing <input type="checkbox"/> Privacy <input type="checkbox"/> HIPAA <input type="checkbox"/> Social Engineering
8. NETWORK SECURITY	
a. Does the organization segment internet-facing networks and devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No, proceed to 8c
b. If yes, select all that apply:	<input type="checkbox"/> Network <input type="checkbox"/> Legacy <input type="checkbox"/> All of the above
c. Does the organization have and follow defined formal patch management procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. What is the average time of critical patch deployment?	<input type="checkbox"/> Less than 24 hours <input type="checkbox"/> 24-72 hours <input type="checkbox"/> More than 72 hours
e. Is the organization employing end-of-life procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
9. BUSINESS CONTINUITY PLAN	
a. Does this organization implement the use of backup and data recovery procedures in case of data loss or corruption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does this organization have a business continuity or disaster recovery procedure which has been reviewed and updated in the last two years addressing cybersecurity threats?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
c. Does this organization provide any services or initiate any financial transactions with customers or clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. VENDOR RISK MANAGEMENT	
a. Does the company evaluate the security of its third-party providers (vendors) prior to contracting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. How frequent is the re-evaluation of third-party providers (vendors) security standings?	<input type="checkbox"/> More often than once every 6 months <input type="checkbox"/> Once every 6 months – 1 year <input type="checkbox"/> Once every 1 year or longer <input type="checkbox"/> Unsure <input type="checkbox"/> Never
11. REGULATORY COMPLIANCE	
a. Is every non-essential service on the system is disabled by the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the organization allow the use of Bring Your Device (BYOD) or mobile devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is there a process in place to ensure encryption of BYOD or mobile devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the organization use any legacy software, devices, or operating systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No, proceed to 12a
e. If yes, is segmentation or a process in place for added protection of legacy systems in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. INCIDENT HISTORY	
a. Does the organization document all loss, incidents, and responses?	<input type="checkbox"/> Yes <input type="checkbox"/> No, proceed to Completion of Evaluation
b. If yes, when was the last recorded incident?	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months – 1 year <input type="checkbox"/> More than 1 year <input type="checkbox"/> Unsure
COMPLETION OF EVALUATION	
Please validate all questions are completed and accurate. This will conclude this preliminary evaluation of the organization's cybersecurity status.	
<input type="checkbox"/> I confirm this application is complete and correct to the best of my knowledge and belief.	
Evaluation completed by:	
Name:	
Title:	
Date:	

**Nevada Primary Care Association
Board of Directors Policy Update
March 20, 2024**

Health Center Funding

Federal Health Center Appropriations History



B = Billions.
*Includes Continuing Resolutions and Health Extender Legislation; Health center mandatory funding for FY20 and the first quarter of FY21 was not the result of a full reauthorization of the Community Health Center Fund (CHCF), but was covered by a collection of short-term extensions of the previous authorization of the CHCF which occurred in 2018 and initially expired on September 30, 2019. Three-year extension passed in December 2020 provides funding through October 2023. FY23 mandatory funding reflects approximately \$95 million reduction due to sequestration. Likely to continue in FY23. *Reflected proposed Biden administration budget.
Source: Federal appropriations are for consolidated health centers under PHSA Section 330. Federally-funded health centers only.

- **Mandatory**
 - Funding secured through 12/31/2024
 - 10% increase from \$4B per year to \$4.4B per year
 - Rode on a ‘minibus’ of appropriations bills funding other government agencies that were only funded through 3/8, i.e. a must pass bill
 - 339 to 85 in the House with all NV members voting for
 - 75 to 22 in the Senate with both NV Senators voting for
- **Discretionary**
 - Funding expires Friday 3/22
 - All indications that funding will be at same level as last year
 - Should pass before the deadline and run through September 2024
 - FY25 budget season is now with Appropriations hearings already announced

340B

- **PATIENTS Act** released by Rep. Matsui (D-CA)
 - Puts 340B program intent into statute
 - Bans all restrictions or conditions on shipments to contract pharmacies
 - Imposes fines on drug makers who violate the law
 - Failed to attract a Republican co-sponsor after months of attempts
 - NACHC is neutral because it did not come from the ASAP 340B partnership

State Policy

- Expanded loan repayment from AB45 final regulation was presented by Treasury this week
 - Expect this to be finalized soon and the program available for applications
 - Loan repayment for any licensed provider, may be able to use for MA if you can prove a shortage serving Medicaid and SFS patients

2025 Legislative Priorities

- Establish Medicaid GME in health centers
 - This has been very popular where we have sent up trial balloons
 - Presentations on GME in March Interim HHS hearing
 - Support from the Nevada Minority Health and Equity Coalition
 - **Need to get accredited by ACGME to access existing state grant program (does not go through Medicaid)**
- Additional 340B protections
 - Arkansas law recently upheld by 8th Circuit Court
 - States may legislate how covered entities access contract pharmacies (i.e. to guarantee they can)
 - Meeting with Attorney General's office on 4/5 to discuss preferred enforcement of our proposal
- Fix for dental expansion
 - No update
- Health center funding
 - Does this go explicitly to GME accreditation?

