



Enhancing Access to Family  
Planning Services  
Merger with an FQHC



## FAMILY PLANNING CENTER

*healthy choices, healthy lives*



# Our Story

## Tough times

- Flat funding for FP Programs – Title X & State
- Frozen Medicaid rates
- Cash flow issues
- Economy
  - More uninsured/underinsured

Cause & Effect – inability to grow our services



## **Board Long-Range Planning - Priorities:**

- Need for umbrella organization
- Keep our identity
- Keep our clients
- Increase access to services
- Recognize communities in service area
- ‘the right fit’



## Opportunity knocks.....

Finger Lakes Migrant Health Care Project Inc.  
establishing an FQHC in our 'home' town  
offering primary care & dental services

They came to us .....

- concerned about impact on our services
- wanted to work with us – not as competition



## **An easy decision....**

- Same principles/mission
- Add family planning to their sites (3)
- Add primary care to our sites (3)
- Reach more underserved (migrant & seasonal farmworkers)
- Enhance FP services – “raise the bar” from PC model
- Staff retention & increased benefits



## Advantages:

- Assure continuation (and growth) of FP services in region
- Two well-established health care providers
- Increase service sites
- Patient-centered medical home model
- Patient navigators/case managers
- Electronic Medical Records
- E-Prescribing



## Challenges:

- New 'culture' - in both directions
- Retain FP identity – can't lose FP clients
- Teen confidentiality (& comfort)
- Need for FP 'crash course' for ALL staff
  - Ice breaker at general staff meeting – by FP Health Educators
  - Front-line staff culture shock – condom distribution





## Challenges (continued):

- Clinical differences
  - Increased prevention focus
  - Required FP visit components
  - Client education
  - Risk Assessment
  - Options counseling
  - Contraception distribution – onsite vs scripts



## Challenges (continued):

- Technical
  - Visit templates
  - Reporting requirements
  - Data Integrity – parallels
  - Quality Improvement issues – again Data
  - Billing differences



## Challenges (continued):

- Community Image
  - New branding – from FLMHC to FLCH
  - Client involvement in process
  - Front line and outreach staff involvement
  - Networks – community education
  - Marketing plan



## **Challenges (continued):**

- **Facility Set-up:**
  - Separate or integrated services
  - Counseling area
  - Community Education space
  - Waiting rooms
  - Schedules – teen clinic, male clinic



## The 'Process' (beyond internal)

- Legal
- State applications & approvals
  - numerous committee approvals
  - operating certificates - site transfers
  - laboratory & pharmacy
- State FP contract transfer
- Provider Credentialing
- Medicaid
- 3<sup>rd</sup> Party Payers Insurances
- Electronic remittances



## Still Not Done!

- Title X & DOH required we prove there ARE differences
  - Education & Outreach
  - Cost of contraceptives covered by FP, not FQHC
  - FP visits = more time & cost
- Community Identity - ongoing
- Staff education & training – ongoing
- New sites – new communities
- Health Care Reform
- Patient Center Medical Home Model



Finger Lakes

COMMUNITY HEALTH