



5 A Legacy: Lessons in Community Health Care

Making It Happen for
New Jersey's Working Poor,
Uninsured, and Underserved

The Community Healthcare Resource Center of New Jersey

Our Mission

The mission of The Community Healthcare Resource Center of New Jersey has been to be an advocate for the benefit and promotion of New Jersey's community health centers and to assist in providing these organizations with the financial, strategic and technical assistance needed to promote and ensure their economic sustainability.

The Community Healthcare Resource Center of New Jersey wishes to express its appreciation to the following individuals and organizations that have been instrumental in assisting us in reaching our goals and objectives:

The Robert Wood Johnson Foundation
MARCO NAVARRO, PROGRAM OFFICER
TERRANCE KEENAN, SPECIAL PROGRAM CONSULTANT
GRETCHEN HARTLING, CO-DIRECTOR, NEW JERSEY HEALTH INITIATIVES

The Healthcare Foundation of New Jersey
ELLEN KRAMER-LAMBERT, PRESIDENT
ANNÉ H. JACOBSON, SENIOR PROGRAM OFFICER

Hyde and Watson Foundation
HUNTER W. CORBIN, PRESIDENT

Schering-Plough Foundation Inc.
JOSEPH P. STARKY, PRESIDENT
CHRISTINE FAHEY, VICE PRESIDENT
NINA MITCHELL WELLS, ESQ., FORMER STAFF VICE PRESIDENT

New Jersey Primary Care Association
KATHERINE GRANT-DAVIS, EXECUTIVE DIRECTOR

Community Healthcare Resource Center of New Jersey
DESIREE BARBER, FORMER EXECUTIVE DIRECTOR

Lessons Learned

From 2001 to 2005, The Community Healthcare Resource Center of New Jersey has worked to advocate and assist New Jersey's network of community health centers – primary care providers that deliver medical care to the state's working poor, uninsured and underserved populations. By sharing the lessons we learned, The Community Healthcare Resource Center of New Jersey hopes to inspire others to support, enhance and secure New Jersey's vital network of community health centers.

Table of Contents

2	All Is Possible Through Partnership: A Message from the Leadership
4	Strengthening Community-based Health Centers

pages
8–11



Lesson 1
Give Healthcare Providers a Chance and They Will Innovate Solutions: The Medical Clinics Initiative

pages
12–13



Lesson 2
Encourage Collaboration and Inspire Intelligent Growth: East Orange Partnership Initiative

pages
14–15



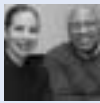
Lesson 3
Streamline a Process and People Will Be Better Served: The Pharmacy Initiative

pages
16–17



Lesson 4
Invest in the Human Resources of an Organization and It Will Thrive: Technical and Staff Development

pages
18–19



Lesson 5
Form a Nonprofit Foundation and Secure a Provider's Future: Building Capacity

Leadership

Steering Committee

2003 – 2005

Joseph S. Frelinghuysen, Jr.
CHAIRPERSON

Hans Dekker
PRESIDENT, THE COMMUNITY
FOUNDATION OF NEW JERSEY

Albert M. Head, MHS, MSP
EXECUTIVE DIRECTOR

Julane Miller-Armbrister
TRUSTEE, THE COMMUNITY
FOUNDATION OF NEW JERSEY

Stuart D. Sendell
CHAIRPERSON, THE COMMUNITY
FOUNDATION OF NEW JERSEY

Joshua L. Weisbrod, MD, FACS

2000 – 2003

Roxanne Black
PRESIDENT, FRIENDS'
HEALTH CONNECTION

Joseph S. Frelinghuysen, Jr.
CHAIRPERSON

Alfred Gaymon, MD
PISACANO LEADERSHIP FOUNDATION

James C. Kellogg
FORMER PRESIDENT, THE COMMUNITY
FOUNDATION OF NEW JERSEY

Ellen Kramer-Lambert
PRESIDENT, THE HEALTHCARE
FOUNDATION OF NEW JERSEY

Julane Miller-Armbrister
TRUSTEE, THE COMMUNITY
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Jamie Reedy, MD, MPH
PISACANO LEADERSHIP FOUNDATION

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Richard Weinberg
QUALITY IMPROVEMENT
MEDICAL DIRECTOR,
UMDNJ-THE UNIVERSITY HOSPITAL

Joshua L. Weisbrod, MD, FACS

All Is Possible Through Partnership: A Message from the Leadership

Dear Friends:

When we organized the Community Healthcare Resource Center of New Jersey (CHRC-NJ) in the year 2000, we knew that the State's community health centers – over 60 or more hospital-based, faith-based, independent and Federally Qualified Health Centers (FQHCs) – were quietly providing an enormous service to our State. They were handling the primary care health needs of hundreds of thousands of individuals who otherwise would go without care, except for emergency room visits when it's often too late.

We also recognized that community health centers depended entirely on the dedication of a relatively small number of professional staff members – physicians, nurse practitioners, nurses, assistants and volunteers who receive relatively little recognition or visibility within their communities for the outstanding and, often, selfless efforts they put into helping to meet their patients' needs. It is this fraternity of dedicated primary healthcare workers and their organizations that CHRC-NJ looked to support and strengthen.

We are especially grateful to two philanthropic leaders, The Community Foundation of New Jersey for agreeing to spearhead this initiative and The Robert Wood Johnson Foundation for a four-year \$500,000 grant to fund the program. We are also indebted to the many individuals who volunteered on one or more of our committees, donating their time and valuable expertise to pursue our vision.

While the organizations and individuals mentioned above were instrumental in starting the CHRC-NJ, the Healthcare Foundation of New Jersey and the Hyde and Watson Foundation were concurrently organizing the Medical Clinics Initiative – an important philanthropic effort to provide annual grants for qualifying programs or investments at deserving health centers. These foundations and several others provided the essential funding to support 17 health center grants to implement some fundamental and innovative new programs and services. In due course, the CHRC-NJ would become the agent for the annual selection process of health centers to receive these grants and to assist in their distribution through The Community Foundation of New Jersey.



Joseph S. Frelinghuysen, Jr. Albert M. Head, MHS, MSP

Left to right: Deborah G. Jamison, CHRC-NJ executive assistant, with Steering Committee members Albert M. Head, MHS, MSP, executive director; Stuart D. Sendell, chairperson, The Community Foundation of New Jersey; Joseph S. Frelinghuysen, Jr., chairperson; and Hans Dekker, president, The Community Foundation of New Jersey. Not pictured: Julane Miller-Armbrister, trustee, The Community Foundation of New Jersey and Joshua L. Weisbrod, MD, FACS.

Ultimately, the legacy of the CHRC-NJ will be to see New Jersey's community health centers thriving and growing in the coming years as they strive to meet the needs of their patients. We hope to have shown that supporting these centers financially is a worthy cause. A small clinic can keep its doors open; a community health center can construct a much-needed addition or make needed repairs; prescription drugs can get to a patient faster and more efficiently at nominal cost. Together we have helped in the effort to empower New Jersey's community health centers to continue what they only do – care for the State's working poor, uninsured and underserved.

As we close this chapter in the ongoing history of New Jersey's community health centers, we are reminded of the true heroes – those dedicated people who each day with great skill and compassion respond to the pressing and complex medical needs of our State's most vulnerable children, adults and families. We thank them for the wonderful work they do and for making our State a better place in which to live. We hope that New Jersey's philanthropic and corporate communities will continue to work with our community health centers to support them in their mission and ensure their future viability.

As we say goodbye, we are enthusiastic about the importance of our mission – to promote New Jersey's community health centers. We are hopeful that our goal of supporting and sustaining them will be worthy of the continuing support of New Jersey's philanthropic community. We thank you for your support and trust that it will continue in the future.

Sincerely,

Joseph S. Frelinghuysen, Jr.
CHAIRPERSON, STEERING COMMITTEE

Albert M. Head, MHS, MSP
EXECUTIVE DIRECTOR

Leadership

Advisory Committee

2000 – 2003

Lester Bornstein
VICE CHAIRPERSON OF THE BOARD
OF DIRECTORS, THE HEALTHCARE
FOUNDATION OF NEW JERSEY

Katherine Grant-Davis
EXECUTIVE DIRECTOR, NEW JERSEY
PRIMARY CARE ASSOCIATION

Steven J. Levin, MD
MEDICAL DIRECTOR, ST. JOHN'S
FAMILY HEALTH CENTER

Denise V. Rodgers, MD
ASSOCIATE DEAN, COMMUNITY
HEALTH, UMDNJ-ROBERT WOOD
JOHNSON MEDICAL SCHOOL

Jonathan N. Tobin, PhD
PRESIDENT / CEO,
CLINICAL DIRECTORS NETWORK

Albert Walker
PARTNER, PELORUS
MANAGEMENT CONSULTANTS

Joshua L. Weisbrod, MD, FACS

Strengthening Community-based Health Centers

One Nonprofit Takes the Lead

Each and every day, licensed community health centers deliver primary medical care to New Jersey's estimated 13.9 percent uninsured population – the majority of whom are working, low-income families who have no employer-sponsored health benefits and are often unable to pay for their own coverage. In their daily mission to serve the underserved, these primary care providers face tremendous challenges in maintaining and growing their program services.

In the fall of 1999, Joseph S. Frelinghuysen, Jr., and others at The Community Foundation of New Jersey brought the plight of New Jersey's community health centers to the attention of The Community Foundation's Board. The Community Foundation, established in 1979, is a well-known custodian and advisor for more than \$120 million of charitable funds directed by individuals and supporting organizations throughout the State. The Board initially authorized a small committee to investigate and study a representative group of health centers to determine whether an initiative could be formed to address their need for advocacy, greater financial support and technical assistance. The committee was chaired by Mr. Frelinghuysen and was later named The Community Healthcare Resource Center of New Jersey.

Community Health Centers in Jeopardy

The committee conducted a thorough assessment of the problems confronting community health centers. Through site visits to six different community centers, it learned that they were doing an extraordinary job in serving New Jersey's working poor, uninsured and underserved populations. But they also faced some alarming obstacles that threatened their future.

The committee found that many of New Jersey's private, nonprofit and independent health centers were under-recognized by New Jersey's philanthropic, corporate, government and community sectors and often lacked the financial support enjoyed by more visible nonprofits. The committee also found that most health centers were overwhelmed by their daily responsibilities and did not have the time, expertise or resources to focus on organizational efficiency, strategic planning and fundraising.

The committee also found that a 1997 State decision to transition Medicaid beneficiaries to private managed-care networks was destabilizing the health centers' patient base and undermining the financial viability of some centers. Rather than turn to their local health centers, Medicaid patients were now being encouraged by the State to access primary care from private HMO physicians. These factors, together with rising health care costs and decreasing reimbursements, were placing financial pressure on many community health centers throughout New Jersey.

Helping community health care centers build and secure their futures.

Advocating on Behalf of New Jersey's Community Health Providers

Following the assessment, The Community Foundation of New Jersey decided that it would take on a leadership role to assist community health centers in meeting and overcoming their challenges. The committee felt that what these centers needed most was technical expertise and financial support to improve operations and efficiency, as well as more recognition and support from New Jersey's philanthropic, corporate and community organizations.

It was determined that the best way for The Community Foundation of New Jersey to address the pressing needs of community healthcare was to form a separate resource center that would focus on New Jersey's network of community health centers.

One of New Jersey's premier philanthropic organizations, The Robert Wood Johnson Foundation, embraced the project by offering a four-year \$500,000 grant. Established in 1972, The Robert Wood Johnson Foundation, based in Princeton, N.J., is the largest foundation devoted exclusively to health and healthcare in the United States. With support from The Community Foundation of New Jersey and The Robert Wood Johnson Foundation, CHRC-NJ was established in October 2000 and a steering committee formed. The following month, Desiree Barber, MSPH, was hired as executive director. She would lead CHRC-NJ for the next three years

Our Dedicated Funders

The following agencies and foundations have generously supported the Medical Clinic Initiative:

- n **The Healthcare Foundation of New Jersey**
LIVINGSTON, \$450,000
- n **The Hyde and Watson Foundation**
CHATHAM TOWNSHIP, \$150,000
- n **MCJ Foundation**
MORRISTOWN, \$25,000
- n **New Jersey Health Initiatives, a program of The Robert Wood Johnson Foundation**
CAMDEN \$25,000
- n **The Grotta Foundation**
SOUTH ORANGE, \$10,000
- n **Union Foundation**
WARREN, \$10,000
- n **Wallerstein Foundation for Geriatric Life Improvement**
WEST ORANGE, \$10,000

Grants Funded by
The Medical Clinics Initiative

2003 Awardees

Barnert Hospital, Paterson:
\$40,000 capital grant to renovate and restructure reception/registration and waiting areas of its outpatient center

Irvington Hospital Foundation:
\$40,000 capital grant to modify geriatric primary care service areas to meet the needs of that population

The Newark Beth Israel Medical Center Foundation:
\$39,566 capital grant to renovate and refurbish its Adult Day Care Center at Newark Beth Israel Medical Center

UMDNJ-The University Hospital:
\$36,349 capital grant to centralize all of the Ambulatory Care Services for outpatient scheduling

Eric B. Chandler Health Center:
\$40,000 capital and operating grant to enhance patient care and increase operational efficiency

Parker Family Health Center:
\$40,000 operating grant to establish a disease management approach to the care of low-income, uninsured patients who exhibit the cluster of medical abnormalities that is referred to as metabolic syndrome and are at high risk for diabetes and cardiovascular disease

Plainfield Health Center:
\$40,000 operating grant to start "Assisted Living Without Walls," a unique program that provides a variety of senior case management services to those who cannot afford assisted living

Trinitas Health Foundation:
\$40,000 capital grant to upgrade and streamline patient registration and waiting areas

Overlook Hospital Foundation:
\$40,000 operating grant to fund a preventive medicine program for uninsured patients at Overlook Hospital's clinic, the Community Health Center at Vauxhall Road

Grants Funded by
The Medical Clinics Initiative

2004 Awardees

Children's Specialized Hospital Foundation:
\$36,750 capital grant to enhance medical care and to serve more children at the hospital's pediatric practice clinics in Newark and Roselle Park

Irvington Hospital Foundation:
\$39,800 program grant to provide transportation services to Irvington General Hospital in order to provide increased access to care

Newark Community Health Centers:
\$39,800 capital grant to replace the roof in the East Orange Primary Care Center

Newark Department of Health and Human Services:
\$30,000 capital grant to enhance its electronic patient registration system

Overlook Hospital Foundation:
\$39,800 program grant to fund access to care for underserved patients with depression

Plainfield Health Center:
\$34,250 program grant to fund an early intervention pediatric oral health program

Saint Barnabas Health Care System/The Beth Israel Health Care Foundation:
\$39,800 capital grant to improve the Adult Day Care Center at Newark Beth Israel Medical Center

Saint James Hospital:
\$39,800 program grant to expand hours of the family clinic to create additional designated hours for the care of newborns

A legacy that seeks to give New Jersey's neediest and most vulnerable residents access to quality medical care.



until 2003 when Albert M. Head, MHS, MSP, took over as executive director.

To stabilize and grow New Jersey's community health centers, CHRC-NJ would provide professional assistance and direction to the State's community health care providers in three areas: advocacy, program development and resource development.

Community Health Centers Receive Improved Focus and Support

By the time at which The Robert Wood Johnson Foundation grant expired in March 2005, CHRC-NJ would have increased the visibility of the State's more than 60 community-based health centers. The health centers would become recipients of important new charitable contributions from New Jersey grant-makers of \$680,000 during a two-year period to fund new programs and innovative approaches to medical care for families, mothers and children without insurance.

These funds would assist community health centers to operate more effectively by bridging barriers to care. It would be the agency that would spearhead the creation of MedAccess-New Jersey, a pharmacy program that would enhance access to prescription drugs for many individuals in need.

It would assist a Federally Qualified Health Center in establishing its own foundation that has raised, at the time of this report, more than \$1 million to provide for special programs and

endowment. It would start a training initiative that would offer seminars and workshops for staff, management and Board members of New Jersey's community health industry.

Looking Forward

In March 2005, CHRC-NJ as an entity dissolved, having accomplished its two primary goals: to raise the profile of community health centers within the State's philanthropic communities and to serve as a conduit to help small community health centers access private grant funds.

To promote the community health centers as vital forces within New Jersey's health industry, the CHRC-NJ would advocate for the establishment of a new 501(c)3 with a mission to assist New Jersey's health centers in raising more appropriations from the State and Federal governments and in raising grant funds from foundations and corporations. A second goal would be the evolution of the MedAccess-New Jersey pharmaceutical program into an independent 501(c)3 organization, operating a new statewide pharmacy to assist New Jersey's health centers in accessing prescription drugs quickly and at minimal cost. The goals of a centralized pharmacy would be two-fold: to streamline the process whereby health centers access drugs under patient assistance programs and to dispense drugs that would be acquired in bulk through donations of drugs-in-kind by pharmaceutical companies or outright cash grants from government or philanthropic entities.

A regranting
program
that gave
community
health centers
and clinics
the resources
to expand and
improve services.

Lesson 1

Give Healthcare Providers a Chance and They Will Innovate Solutions

Just like families and individuals, sometimes community health centers need a helping hand to meet their goals and to deliver high-quality primary and preventive care to medically underserved and uninsured patients. When given the resources, community health centers can create their own solutions as to how best to serve their local populations. They can find the right tools to continue to provide needed services for large numbers of people who desperately need medical care but whose limited financial resources often are devoted to more pressing expenses like food and housing.



Mae-Carter-Deramus, nursing assistant, helps patient Thomas Rock with paperwork.

One of the major ways in which CHRC-NJ has assisted community health centers over the past two years has been to serve as a re-granting agency and to direct philanthropic funds to assist health centers improve their facilities and services. Working closely with The Healthcare Foundation of New Jersey and other funders since 2002, CHRC-NJ has directed more than \$680,000, which was “re-granted” to community health centers that have applied for funding support. The Healthcare Foundation of New Jersey from its own funds has contributed more than \$450,000, with the balance coming from the Hyde and Watson Foundation; New Jersey Health Initiatives, a program of The Robert Wood Johnson Foundation; the MCJ Foundation; the Grotta Foundation; the Union Foundation and the Wallerstein Foundation for Geriatric Life Improvement.

The Medical Clinics Initiative, initially conceived by The Healthcare Foundation of New Jersey, has provided 17 grants in two years to support a variety of worthy projects and capital expenditures. The grants typically facilitate the purchase of upgraded medical equipment, facility improvements and other important assets or services. For many patients, receiving

We are assisting our patients in developing healthier lifestyles, and they are teaching their children to do the same. By impacting one life we are impacting the entire community

Mary Nicosia, RN, APN-C
Family Nurse Practitioner
and Clinic Director
Parker Family Health Center, Red Bank



Mary Nicosia, RN, APN-C, laughs with Rocio Ortiz, one of her young patients.

necessary medical and preventive care at their local community health centers means that they can avoid costly, last-minute trips to emergency rooms when their health condition may have worsened. In addition to helping community health centers and clinics improve services to patients, the Medical Clinics Initiative also assisted health centers by providing a financial incentive to their administrators to streamline their operations and management functions and to highlight emerging priorities.

An example of a re-granting success story is that of Overlook Hospital's Community Health Center at Vauxhall Road in Union County. In 2003, CHRC-NJ recommended and awarded a \$40,000 grant to the center to provide preventive health care to indigent patients. As a result, 164 complete physical

Lesson 1

examinations and 71 follow-up visits occurred. Many clients received electrocardiograms, immunizations, mammograms, Pap smears and other medical screenings, in addition to wellness education.

At the Parker Family Health Center in Red Bank, \$40,000 granted in 2003 established a program to manage the health care of low-income, uninsured patients who have metabolic syndrome and at least three or more serious risk factors for cardiovascular disease or diabetes. From an initial 60 patients, the program is now serving 200 patients who are insulin-resistant or have diabetes itself.



Charlie D. Hubbard, a client of Newark Beth Israel Medical Center's Adult Day Health Care Center, gives Cecelia Flack, RN, C, director, some pointers about how to solve a jigsaw puzzle.

Other examples of successful programs funded include the Plainfield Health Center's pediatric oral health program; Irvington General Hospital's transportation services for the elderly; Newark Beth Israel Medical Center's refurbishing of its Adult Day Care Center; and Saint James Hospital's family center, which expanded its hours for newborn care. These health centers were four of eight beneficiaries who were able to expand their services thanks to an aggregate program grant of \$300,000 from The Healthcare Foundation of New Jersey in 2004.

Today, as a result of CHRC-NJ's two-year re-granting program, small yet vital community health centers and clinics throughout Essex, Middlesex, Monmouth, Morris, Passaic and Union counties are thriving and can better manage their practices and operations, provide necessary healthcare to underserved patients and generate their own funding sources because of the assistance they received from CHRC-NJ.

When given the opportunities, these health centers innovated solutions that will broaden and improve their services for years to come.



Top – Cecelia Flack, RN, C, helps Adult Day Health Care Center client Kathleen Cox with a craft activity.

Center – Adult Day Health Care Center client Hilda Robinson ponders her next move.

Bottom – The Newark Beth Israel Medical Center Adult Day Health Care Center.

Lesson 2

Encourage Collaboration and Inspire Intelligent Growth

The story of a successful collaboration in one of New Jersey’s neediest cities began in 2001 when CHRC-NJ funded a community needs health assessment of the city of East Orange. Before this, such an evaluation of the Essex County city hadn’t been completed for 30 years.

Many characteristics of the city had changed in three decades. The assessment identified the city’s most critical medical needs and its changing demographics, health disparities and issues impacting access to care. It yielded some compelling insights, particularly concerning barriers for the elderly, uninsured, immigrant and other populations.

The community health needs assessment also underscored that there was a significant, largely untapped potential for collaboration among community and public health centers in East Orange. As a result, CHRC-NJ forged a formal commitment among these centers, which agreed that they would work to create a cohesive network to embrace the study’s findings and improve the delivery of primary care while sharing resources.

The initial health centers – East Orange Primary Care (a satellite center of Newark Community Health Centers), the East Orange Department of Health and Human Services and the Family Health Center of East Orange General Hospital – expanded their partnership to include the city of Orange Department of Health and Human Services, Cathedral Healthcare System and Saint Matthew’s Neighborhood Improvement Development Association in the network. With the assistance of CHRC-NJ, they established the East Orange and Orange Community Health Partnership and jointly applied for and received a \$95,000 federal planning grant that was issued under the Bureau of Primary Health Care, Health Resources and Services Administration as an Integrated Systems Development Initiative.



Top – Left to right: Darrell Holcomb, deputy department head of the Department of Community Services, City of Orange; Desiree Barber, MPH, principal, Community Health Development Consultants and former executive director of Community Healthcare Resource Center of New Jersey; and Albert M. Head, MHS, MSP, executive director, Community Healthcare Resource Center of New Jersey.

Bottom – Evelyn Davis-Grant, executive director of the Neighborhood Improvement Development Association.

I am pleased that the City of East Orange is a recipient of a \$95,000 planning grant to enhance access to healthcare for patients of East Orange and Orange. We are optimistic we will make tremendous progress in improving the availability and quality medical care.

East Orange Mayor
Robert L. Bowser



Today, the health centers and the Health Departments of the East Orange and Orange Community Health Partnership are working to coordinate services and reduce disparities in health care for patients. They are sharing resources and records, communicating effectively and improving access to services. Patients have benefited from an improved quality of services and an increased availability of medical services in key areas.

Left to right: Suzette Robinson, coordinator of the East Orange General Hospital Family Health Center; Rochelle D. Williams-Evans, acting director of the East Orange Department of Health and Human Services; Jennifer Jackson, director of marketing, community relations and education for East Orange General Hospital; Alvaro Simmons, PhD, acting president/CEO of the Newark Community Health Centers, Inc.; and Mayor Robert L. Bowser of the City of East Orange. Not pictured: Anne M. Hewitt, Ph.D, Director, Seton Center for Community Health, Assistant Professor, Department of Public and Healthcare Administration, Seton Hall University; and Neil De Haan, Ph.D., Director of Grants, Catholic Health and Human Services Corp.

Streamline a Process
and People Will Be Better Served

MedAccess-New Jersey
Steering Committee

- The Cancer Institute of New Jersey
ELLEN LEVINE, LCSW, MANAGER/SOCIAL WORK
- The Healthcare Foundation of New Jersey
ANNE H. JACOBSON, SENIOR PROGRAM OFFICER
- The Community Healthcare
Resource Center of New Jersey,
ALBERT M. HEAD, MHS, MSP, EXECUTIVE DIRECTOR
DAVID H. KLEIN, ESQ., COORDINATOR,
MEDACCESS-NEW JERSEY
- Eric B. Chandler Health Center
ERIC JAHN, MD, MEDICAL DIRECTOR
- Ernest Mario School of Pharmacy, Rutgers,
The State University of New Jersey/
Robert Wood Johnson University Hospital
ENID MORALES, PHARM D, BCPS,
CLINICAL ASSOCIATE PROFESSOR
- Newark Community Health Centers, Inc.
ALVARO SIMMONS, PH.D, ACTING PRESIDENT AND CEO
- Plainfield Health Center
LARISA HERNANDEZ, DIRECTOR OF ANCILLARY SERVICES
- Robert Wood Johnson University Hospital
DEBRA GOOD, MSW, LCSW, DIRECTOR, CASE MANAGEMENT
- St. John's Family Health Center
STEVEN LEVIN, MD, MEDICAL DIRECTOR
- St. Peter's University Hospital
RENEE DIMARZIO, ADMINISTRATIVE MANAGER,
DEPARTMENT OF MEDICINE
GREGORY SMITH, LCSW, CLINICAL SOCIAL WORKER,
ADULT AND PEDIATRIC CENTER (HOWS LANE)
RAMECK HUNT, MD, MEDICAL DIRECTOR (HOWS LANE)
- Schering-Plough Foundation, Inc.
NINA MITCHELL WELLS, ESQ.,
FORMER STAFF VICE PRESIDENT
- UMDNJ-Robert Wood Johnson Medical School
SUSAN GIORDANO DESSNER, ADVISOR, H.I.P./H.O.P.
MARK ERIC GALVEZ, FOUNDER/PRESIDENT,
COMMUNITY HEALTH PROJECT, MD-MPH STUDENT
DENISE V. RODGERS, MD, ASSOCIATE DEAN,
COMMUNITY HEALTH
LYNN WAISHELL, PHD, DIRECTOR,
HEBS DIVISION, UMDNJ/RU-SPH

Today, the high cost of medications is a barrier for many low-income patients to getting the prescriptions they need to control chronic medical conditions. In order to improve their access to medications and simplify the application process for free patient assistance programs (PAPs) offered by pharmaceutical companies, CHRC-NJ in 2001 conducted a study to examine how the State's community health centers were meeting the prescription needs of their patients. At the same time, The Robert Wood Johnson Medical School in New Brunswick, a unit of the University of Medicine and Dentistry of New Jersey, was making efforts to address similar issues.

CHRC-NJ and the medical school came together to establish MedAccess-New Jersey, an initiative to promote simplified access to prescription medications for community health centers. This was made possible by an \$86,700 grant from The Healthcare Foundation of New Jersey. In addition to a number of important community health centers in New Brunswick (see below) and elsewhere, other collaborators included the UMDNJ-School of Public Health and the Rutgers University School of Pharmacy. CHRC-NJ was chosen to administer, lead and guide the process, as well as to solicit financial support for the project. MedAccess-New Jersey was conceived to promote the effective utilization of the PAPs offered by pharmaceutical companies and to provide links to generic medications, samples and donated medications from pharmaceutical companies.

A pilot program was begun in 2002 with St. Peter's University Hospital, Newark Community Health Centers, the Plainfield Health Center, the Eric B. Chandler Health Center, St. John's Family Health Center, the Robert Wood Johnson University Hospital, The UMDNJ-Robert Wood Johnson Medical School and the Cancer Institute of New Jersey. MedAccess-New Jersey provided these facilities with access to the RxBridge™ database, a Web-based software program developed by MedBank of Maryland, a nonprofit organization established to provide simplified access to prescription medications for Maryland's uninsured, indigent population.

Through the
MedAccess-
New Jersey
program,

our clinic has been able
to simplify and streamline
the process of obtaining
medications for our
patients. The program also
inspired better collaboration
among the health centers
involved, which led to other
benefits for our patients.

Steven J. Levin, MD
Medical Director
St. John's Family Health Center
New Brunswick



Steven Levin, MD, medical director of the St. John's Family Health Center in New Brunswick, poses with patient Viviana Lopez.

MedBank accomplishes this through the use of the RxBridge database and by operating a mail order pharmacy that delivers prescription medications to eligible patients. For a \$1 per patient per month license fee, MedAccess-New Jersey collaborating health centers have been able to use the RxBridge database in downloading and completing PAP application forms automatically, relieving their staff social workers from the tedious task of filling out forms manually for initial and refill prescriptions.

The results two years later are encouraging: patients who use a PAP are able to pick up their medications up to three weeks faster than before. An added plus is that renewal information is automatically entered into a database. More than 1,170 patients have benefited from the program and it is estimated that up to 2,000 New Jersey patients will eventually receive prescriptions through the MedAccess-New Jersey initiative.

We believe that the establishment of a virtual or real statewide nonprofit pharmacy to serve New Jersey's community health centers and their patients would ensure fast, simple access to low-cost prescriptions and would be a worthy investment for the future.

Lesson 4

Invest in the Human Resources of the Organization and It Will Thrive

To the physicians, nurse practitioners and administrators working in community health centers, treating patients is their top priority. Time is often short and human resources too strained to teach the staff vital functions such as customer service, staff recruitment and retention, performance improvement and revenue maximization. Staff training, especially in small health centers, is often overlooked due to the daily pressures of running a health center and serving patients.

In 2001, CHRC-NJ partnered with the New Jersey Primary Care Association to create a Community Health Training Initiative. The objective was to offer ongoing educational and development opportunities to community health centers so that they could improve their operations.

One-day or half-day seminars were held for Board members, executive staff and staff members of 17 community health centers in Atlantic, Camden, Essex, Hudson, Middlesex, Ocean and Union counties. Outside professionals from the community health industry were engaged to lead sessions on "Customer Service/Patient Satisfaction," "Improving Operational Efficiency Through Revenue Maximization," "Practical Pointers from a Panel of Peers," "Diversity Training/Cultural Sensitivity" and "Performance Improvement."

Initially, it was difficult for health center staff to attend these sessions due to the pressures of daily activities and the limited number of staff in many centers. CHRC-NJ was able to partially address this issue by doing on-site seminars at individual centers and inviting other nearby centers' staffs to attend. We believe the future of such programs lies in providing long-term comprehensive training such as the Primary Care Development Corporation has implemented in New York City.



Top – Classes were brought on site to the health centers so that staff could maximize their time.



Bottom – The Community Technical and Training Institute provided workshops on improving operations, performance and customer service.

“It is very comforting for a start-up organization

like our center to know there is a back-up source of information, support and guidance to help us hit the ground running and to provide open doors to other organizations.”

Eugene Cheslock, MD
President of Volunteers in Health
The Parker Family Health Center,
Red Bank



Eugene Cheslock, MD,
President of Volunteers in
Health at The Parker Family
Health Center, Red Bank,
with members of the staff.

Lesson 5

Form a Nonprofit Foundation and Secure a Provider's Future

Since 1969, the Plainfield Health Center has been a mainstay of community health in Union County. It is a highly respected, comprehensive health center that each year serves the medical and dental needs of 22,000 individuals living in Union and Middlesex counties. A full array of services are available and the staff includes physicians, certified nurse-midwives, nurse practitioners, social workers, registered nurses, case managers, counselors and medical and dental support staff.

A challenge faced by the Plainfield Health Center year after year was how best to maximize financial resources – especially grants – that it depended upon to continue its mission of providing health care to the greater Plainfield community. In an average year, nearly half of its patients are uninsured, with many of them indigent and unable to contribute to the cost of their care. An equal amount of its patients depend on Medicare or Medicaid to reimburse for their health care. Shrinking reimbursement rates for Medicaid, Medicare and State funding for charity care made the Plainfield Health Center vulnerable in the late 1990s to a cost squeeze, with reimbursement revenues declining while costs were increasing.

In 2001, officials at the Plainfield Health Center approached CHRC-NJ to assist them in developing and implementing a training session for its Board of Directors to help them operate and govern more effectively. The Plainfield Health Center also asked the CHRC-NJ to assist in supporting the start-up of a nonprofit operating foundation for the purpose of raising funds to sustain the health center and its programs and to build an endowment.

Initially, CHRC-NJ provided a \$10,000 grant for the Board training and to assist in setting up the Foundation. New Board members were recruited and



Plainfield Health Center Board of Directors Chairperson Siddeez el-amanin with acting President / CEO Rudine Smith.

Thanks to assistance from the CHRC-NJ,

we were able to establish the Plainfield Health Center Foundation, which has raised well over \$1 million for programs, operations and endowment to continue the Plainfield Health Center mission of providing high quality primary health care for the underserved populations of central New Jersey.

Andrea C. West
Director
Plainfield Health Center Foundation



Plainfield Health Center Foundation Director Andrea C. West with Board Chairperson Oliver J. Bartlett.


guidelines were drawn up for Board members with membership qualifications and requirements. The newly created Plainfield Health Center Foundation has been especially successful under the direction of Oliver J. Bartlett, chairman, and Andrea C. West, executive director. Since its establishment, the Foundation has raised more than \$1 million for various health center initiatives and for a future endowment.

Today, the Plainfield Health Center is better positioned to continue operating an important and respected community health center for many years to come.

In closing,

it has been a pleasure working with New Jersey's community health centers, foundations, State, county and local health departments and dedicated volunteers.

It has become clear that financial investment in the community health center industry, through grants and partnerships, is one of the most effective ways of creating sustainability within the health care arena. We hope from these 5 Lessons Learned, you will continue to spearhead growth and success through partnerships.



"How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday in your life you will have been all of these."

— George Washington Carver