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## MODELS FOR PRACTICE

### FOCUS AREA: ACCESS (PRIMARY CARE)

**Program Name:** Community Health Center of West Yavapai County

**Location:** Prescott, Arizona

**Problem Addressed:** Access to Primary Care

**Healthy People 2010 Objective:** 1-4a

**Web Address:** None

#### SNAPSHOT

The Community Health Center of West Yavapai County (CHCWYC) began as a free clinic approximately seven years ago. The clinic became a community health center in January 2001 and plans to apply for 330 funding from the Bureau of Primary Health Care in the Health Resources and Services Administration (HRSA). The program has grown from seeing 25 patients per night, two nights a week, with a volunteer staff, to seeing 3,000 patients (uninsured and underinsured) in the first year. CHCWYC has a paid staff of seven and shares an additional four to five staff with the health department. The center is a 501(c)(3) non-profit organization. It was recently awarded a HRSA Community Access Program (CAP) grant allowing it to purchase equipment and software to set up a practice management system and an electronic medical record system. It is one of 16 programs to receive a Robert Wood Johnson Foundation (RWJF) grant to integrate mental health into primary care.

#### THE MODEL

**Blueprint:** The CHCWYC service area covers 8,000 square miles. The center is co-located with the Yavapai County Health Department, with which it shares resources, including staff. The center has close working relationships with a variety of partners including the health department, hospital, laboratories, a mental health center, and the United Way. CHCWYC has grown from one location to two and has plans to double the number of sites. The shift from free clinic to community health center was made possible with funding from state tobacco dollars. The uninsured, Medicaid and Medicare recipients, and the underinsured below 200 percent of the federal poverty level receive primary care services at the center based on a sliding fee schedule. These services include clinical preventive services, colposcopy clinics, contracted laboratory and radiology services, and a small pharmacy benefit. The pharmacy benefit is tied to a limited formulary and has a \$10 per prescription co-pay. The community health center, in conjunction with the free clinic, provides mental health services one night per week. A chemical dependency specialist physician and a

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clinical pharmacist who specializes in polypharmacy problems staff the clinic on a volunteer basis. Two psychiatrists volunteer their time to provide back up for problems that are more serious.

A HRSA CAP grant awarded in 2001 allows the center to purchase equipment and software to set up systems for sharing of patient data and support patient tracking, demographics, insurance, etc. between their sites and with other provider partners who see the same clientele.

**Beginnings:** The free clinic began as a class project developed by a nurse in the community who was working on her BSN degree. The clinic almost immediately began seeing 25 patients each night, two nights a week. The success of the free clinic and subsequently of the center was and is attributable, at least in part, to the strong support and commitment of the medical community.

**Making a Difference:** Evaluation of this grassroots effort up to this point has focused on counting the numbers of people who come through the doors. The program recorded 3,000 uninsured patient visits in the first year plus approximately 400 Medicaid clients. A more sophisticated evaluation is anticipated in response to the CAP grant and RWJF funding; however, these are not yet in place.

**Challenges and Solutions:** Over the course of seven years, with seeing 25 clients every night, volunteer burnout became an ever-present problem. The move to a community health center daytime operation and the complexity of the computer system resulted in the discontinued use of volunteers. However, the loss of volunteers was offset by state tobacco funding (\$358,000 per year) and revenues from Medicaid, Medicare, and self-pay that enabled the center to hire staff. The center hired its first full-time director, a full-time medical director (provider), a part-time physician, and a part-time nurse practitioner. The new mental health clinic has about 10 volunteers.

Currently, the center has two physical locations and plans to expand to three or four sites. There is a mountain range in between the main site and the other location(s). CAP funding will be used for electronic medical records and patient management systems that will support sharing of patient data, patient tracking, demographics, insurance, etc.

Space has been an issue since the free clinic began. Co-location with the local health department, which also enables the sharing of staff resources, has been very successful. A new facility, with 11,000 square feet, is due to open in 2003. The facility represents a pooling of resources—\$500,000 received by the center from the state for a building, \$1.8 million from Yavapai County, and land plus architectural plans donated by the hospital. The new facility will allow the center to expand services to include dental

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services and provide a separate location for mental health counseling and six exam rooms.

Continued funding is always a problem. The center has been successful applying for funds that support caring for the uninsured, implementation of mental health services, and a computer infrastructure. The need still exists for funds that cover the staff who deliver the services. The center is applying to become a 330 funded Federally Qualified Health Center to help cover indirect service costs.

### **PROGRAM CONTACT INFORMATION**

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