LETTER FROM BRUCE GRAY, Chief Executive Officer

2017 was quite the year: from the initial Executive Orders on immigration through Congressional efforts to “repeal and replace” Obamacare to the protracted struggle to “fix” the health center federal funding “cliff” and address the worsening opioid epidemic, the year was challenging for both the health center movement generally and NW health centers and NWRPCA specifically.

The year also offered, though, encouraging glimpses of an emerging new health care paradigm: The OR 1115 Medicaid waiver was renewed for another five years, providing more time to test the innovative Coordinated Care Organization model and OR’s approach to value-based payment; the WA 1115 waiver for $1.5 billion was approved, with a focus on transformation through the Accountable Communities of Health; and ID and AK health centers were among national leaders in implementing exciting initiatives on clinically-integrated care and workforce development, respectively. The Northwest continues to be a pioneer in innovative payment reform, care integration and care management.

We hope you’ll enjoy and benefit from this annual report, which reflects how dramatic 2017 was for us organizationally as well. We the staff and Board thank all NW CHCs and partners for the role you played in NWRPCA’s success over the past year and for remaining so engaged and focused on our collective vision for community health; our commitment as a movement to ensuring access to quality care for all remains as firm as ever. We look forward to working closely with you in 2018 as we continue together to build the best regional network in the nation of vibrant, innovative and high-quality health centers.

Sincerely,

Bruce Gray
NWRPCA Chief Executive Officer

CURRENT LEADERSHIP AND STAFF

Sadie Agurkis, Director of Education and Training
Marleen Arenivar, Event Planner
Caroline Baptist, Marketing Specialist
Thornton Bowman, Chief Operating Officer
Seth Doyle, Director of Strategic Initiatives
Aine Foran, Program Support Associate
Bruce Gray, Chief Executive Officer
Janeane Harwell, Development Specialist
Sonia Handforth-Kome, Chief Financial Officer
Thomas Johnson, Data and Information Specialist
Mikayla Kiyokawa, Program Support Associate
Katie Siri, Rotations Coordinator
Chris Spencer, Distance Learning Specialist
Nathan Thomas, Workforce Specialist
Kelly Rondou, Director of Program Support
Katie Yankula, Accounting and Human Resources Specialist

2017 BOARD OF DIRECTORS

Executive Committee
Chair: Heidi Hart, ED, Terry Reilly Health Services, ID
Immediate Past Chair: Kevin Munson, CEO, Mat-Su Health Services, AK
Vice Chair: Charla DeHate, CEO, La Pine Community Health Center, OR
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Member at Large: Bob Farrell, CEO, Community Health Center of Snohomish County, WA
Member at Large: Gil Munoz, ED, Virginia Garcia Memorial Health Center, OR

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IDAHO: Patty Kleinkopf, COO, Family Health Services; Brian Hadlock, Executive Director, Grand Peaks Medical and Dental
OREGON: Sherlyn Dahl, ED, Comm. Health Centers of Benton & Linn Counties; Patrick Luedtke, MD, Community Health Centers of Lane County
WASHINGTON: John Browne, CFO, CHAS Health; Mike Maples, CEO, Community Health of Central Washington
NORTHWEST REGIONAL PRIMARY CARE ASSOCIATION (NWRPCA)
is a not-for-profit 501(c)3 membership-driven organization that serves community and migrant health centers (C/MHCs) in Alaska, Idaho, Oregon, and Washington (federal Region X).

Founded in 1983, NWRPCA offers a range of programs and services to support and strengthen C/MHCs in the Northwest. We work to ensure equal access, regardless of one’s financial or insurance status, to primary and preventive health care for all residents living in the region.

OUR MISSION
NWRPCA is a member organization that strengthens community and migrant health centers in the Northwest by leveraging regional power and resources on their behalf.

OUR VISION
With the support of NWRPCA, our community and migrant health centers will be exemplary professional homes for their staffs and will serve their communities well.

OUR VALUES
» COMMUNITY: We support the consumer-driven governance of the community and migrant health center.
» SOCIAL JUSTICE: We advocate for social justice, particularly for the right to wellness and health.
» RESPECT: We demonstrate respect for each other and those we serve.
» TRUST: We build trust by acting with honesty and integrity.
» DIVERSITY: We celebrate diversity as the pathway to insightful work and enriched relationships.
» EXCELLENCE: We constantly aspire to excellence through innovation and continuous improvement.

OUR PROGRAMS & STRATEGIC QUADRANTS
Business Intelligence for Region X (BIX)
Community Health Improvement
Education & Training
Member Services
Workforce Development
A SNAPSHOT OF THE HEALTH CENTERS WE SERVE

REGION X HEALTH CENTERS SERVE ALL & REACH MORE PATIENTS THAN EVER BEFORE

In 2016, Region X Health Centers:

» Served 1,700,00+ patients, including 139,497 Migrant/Seasonal Workers, 122,034 individuals identified as Homeless, and 507,710 individuals served near a public housing site. 22.1% of patients were best served in languages other than English and 51.6% of patients were at or below the poverty line;
» Reached more through 500+ health center locations;
» Experienced an overall 25% increase of patients since 2012.

Health centers exist to serve all in their communities, regardless of an individual’s ability to pay. Region X health centers continue to primarily serve Medicaid recipients and the uninsured. However, since 2012, there’s been an increase in serving Medicare patients and patients with private insurance. This signifies Region X health centers’ increasing presence and impact as high quality health care providers in their communities, as well as the impact of the Affordable Care Act.

Compared to 1 in 12 nationwide, IN REGION X, 1 IN 9 PEOPLE are HEALTH CENTER PATIENTS.

APPROXIMATELY 74% OF ALL PATIENTS SERVED IN REGION X ARE AT OR NEAR 200% THE POVERTY LINE.

PATIENTS SERVED BY REGION X HEALTH CENTERS

<table>
<thead>
<tr>
<th></th>
<th>In 2012</th>
<th>In 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>39.5%</td>
<td>54.6%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>37.3%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Private insurance</td>
<td>13.4%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Medicare</td>
<td>8.1%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Other</td>
<td>1.7%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

REGION X HEALTH CENTERS ARE THE PATIENT-CENTERED MEDICAL HOMES OF THEIR COMMUNITIES

The patient-centered medical home (PCMH) model creates a quality health care team — led by care coordinators and/or case managers — for each patient, based on the patient’s whole person health needs. The PCMH model incorporates primary and specialty care that is integrated, patient-specific and patient-led. Telehealth — defined as “the use of telecommunications and information technologies to share information and provide clinical care, education, public health, and administrative services at a distance” — enhances delivery of services for each patient. The PCMH model reduces redundancies, saves time, and creates a trusting and supportive environment for every patient.

Region X health centers prioritize the PCMH model, telehealth, and integrated services. The percentage of health centers in our region PCMH-certified has increased from 47% in 2012 to 82% in 2016. Health centers in Region X have dramatically increased the number of case managers on staff since 2012 with an increase in the number of case manager visits by 33%.

REGION X HEALTH CENTERS ARE ALSO MORE LIKELY TO USE TELEHEALTH SERVICES THAN THE NATION AS A WHOLE to reach more patients, with 53% of Region X health centers providing telehealth services to their patients, including primary care services, specialty care services, mental health services, oral health services and chronic care management.
REGION X HEALTH CENTERS
AIM TO IMPROVE PATIENT OUTCOMES and REDUCE HEALTH DISPARITIES

Opioids

93% OF REGION X HEALTH CENTERS ARE ADDRESSING THE OPIOID EPIDEMIC through either increased AIMS funding, employing substance services staff, and/or employing MAT-certified physicians.

REGION X HEALTH CENTERS PROVIDED SUBSTANCE ABUSE SERVICES TO 14,084 PATIENTS IN 2016, AN INCREASE OF 9% FROM 2012.

Childhood Obesity

On average, Region X health centers have increased the number of ADOLESCENT PATIENTS WHO RECEIVE WEIGHT AND NUTRITION COUNSELING to address childhood obesity.

Diabetes, Hypertension, and Colorectal Cancer

Region X health centers are exceeding the national average and meeting the Healthy People 2020 goal in serving and meeting the needs of patients with hypertension. Health centers have also increased the number colorectal cancer screenings of patients. On average, Region X patients with diabetes have better control of their blood sugar than those nationally.

Mental Health

Year after year, Region X health centers increase their mental health service offerings as well as the number of patients served.

Patients with Mental Health Issues Served

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>84,085</td>
</tr>
<tr>
<td>2016</td>
<td>141,384</td>
</tr>
</tbody>
</table>

Centers Offering Mental Health Services

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>81%</td>
</tr>
<tr>
<td>2016</td>
<td>90%</td>
</tr>
</tbody>
</table>

Oral Health

Region X health centers are exceeding the national average and meeting the Healthy People 2020 goal of providing children with preventive dental sealants.
NWRPCA proudly serves Region X community & migrant health centers (C/MHCs)

In 2017, 85% of Region X C/MHCs were members of NWRPCA. Membership is also offered to individuals and organizations who support the mission of the C/MHC movement.
MEMBER SERVICES: Serving those who serve all

As a membership association, NWRPCA members are our greatest asset and our first priority.

Through collaboration, outreach, and data collection with health centers, NWRPCA is able to offer its members and other health centers in Region X outstanding benefits in workforce development, education and training, networking and partnerships, and high-level advocacy that we know will be of most benefit to them.

Member benefits include:

» Production of multi-state educational conferences around the region
» Workforce development services, including two recruitment partnerships with Jackson Physician Search and The Delta Companies
» Dialogue with national leaders and legislators
» A telehealth partnership with Certintell
» Structured opportunities for peer-to-peer learning, networking and sharing
» Development of on-site and distance-based training adapted to member needs
» Power to help shape the community health landscape of the Northwest through governance and leadership opportunities
» Partnerships with top-rated educational institutions and medical residency programs
» Discounts on trainings and conferences

2017 NWRPCA Annual Awards Recipients

**LEGACY AWARD**
ARACELI GAYTON, CFO, Virginia Garcia Memorial Foundation and Health Center (left) and ANGELICA RUPPE, CFO, La Clinica

**SUMMIT AWARD**
JENNIFER KRIEDLER-MOSS, CEO, Peninsula Community Health Services

**HELPING US HELP YOU AWARD**
HEIDI HART, CEO, Terry Reilly Health Services
COMMUNITY HEALTH IMPROVEMENT:
Improving population health outcomes

NWRPCA is committed to achieving health equity by working to ensure that all communities have the necessary conditions for good health.

Community Health Worker (CHW) Workforce Support

NWRPCA provides coordinated trainings and peer networking opportunities for CHWs, technical support for grants focused on CHW interventions, and education to state and federal officials on the roles and impact of CHWs.

In 2017, in follow-up to the Region X CHW workforce study conducted in 2016, NWRPCA staff have shared the findings widely from this study to a number groups, including a conference presentation at the National Association of Community Health Centers (NACHC) Community Health Institute. In partnership with other primary care association and national cooperative agreements grantees, NWRPCA has also helped to establish a national CHW interest group related to the effective integration of CHWs in health centers.

Additionally, NWRPCA worked with Health Outreach Partners to host a series of convening events for outreach workers, CHWs, and other frontline health center staff to identify challenges and solutions in providing health care services to immigrant populations. Information gathered during these convening events was compiled into a resource produced by Health Outreach Partners titled “The Silent Crisis.”

Vulnerable Populations

NWRPCA works to strengthen health and health care services for vulnerable populations, including veterans, migrant and seasonal agricultural workers, the homeless, and residents of public housing through coordination, information sharing, partnerships, and training among C/MHCs and allied organizations.

Outreach and Enrollment

NWRPCA supports C/MHCs’ efforts to help consumers find health coverage, determine tax credits to reduce premium costs, and provide training to facilitate access to coverage for hard-to-reach populations such as immigrants, refugees and migrants, and seasonal agricultural workers. NWRPCA also provides technical expertise, resources, and training for migrant health centers to serve H2A visa holders, in partnership with Farmworker Justice.

In 2017, NWRPCA conducted a three-part webinar series focused on strategies for effective outreach and care to aging, homeless, and LGBT populations. Over 120 health center staff participated in the webinar series.

NWRPCA also continued to participate in and support a national dental sealant pilot project led by NACHC. The three Washington health center participants in this pilot had an opportunity to share lessons learned during NWRPCA’s spring conference in Spokane.
Western Forum for Migrant and Community Health

The 2017 Western Forum for Migrant and Community Health in San Francisco, CA brought together more than 200 health care and public health professionals from across the region for training on a wide range of topics, including strategies and best practices in increasing access to care, effective models in addressing the social determinants of health, and innovative community health worker programs. The conference featured a provocative keynote presentation by Arturo Rodriguez, President of the United Farm Workers, and a spectacular live performance by El Teatro Campesino.

2017 Western Forum for Migrant and Community Health Overall Survey

99% of surveyed attendees reported that the conference helped enhance their professional effectiveness.
EDUCATION & TRAINING:
Strengthening health centers in Region X

NWRPCA offers professional development opportunities for C/MHC staff, leaders, and Board Members. The program aims to provide an “education home” for C/MHC professionals.

Conferences, Workshops, and eLearning

Education and training is delivered through Conferences, Workshops, Webinars and eLearning. We design and offer three cornerstone annual conferences and provide stand-alone intensive workshops on specific topics. And because our members are spread across 900,000 square miles, we conduct live webinars and provide eLearning offerings such as recorded webinars and online learning courses for C/MHC staff who are unable to attend in-person conferences and workshops.

In 2017

94% of Region X health centers participated in NWRPCA Education & Training offerings

1,503 individuals — with 65% from Region X — received continuing education through one or several of NWRPCA’s trainings:

» Two year-long webinar series featuring behavioral health interventions and governance best practices
» Three annual conferences: Western Forum for Migrant and Community Health (February), Spring Primary Care Conference (May), and Fall Primary Care Conference (October)
» Our annual Corporate Compliance training in January
» Two management and engagement trainings in March and September
» A Federal Torts Claim Act training jointly offered with the four Region X state primary care associations in July
» A joint online live streaming of the opioids session at the Alaska Primary Care Association Annual Meeting in April
» Our annual Uniform Data Systems (UDS) training in December

Speakers Bureau

The Speakers Bureau builds upon NWRPCA’s expertise in creating events as well as identifying and vetting highly qualified speakers. It also serves as another avenue to bring trainings to C/MHCs throughout the region. This offering is comprised of three opportunities:

- SPEAKER REFERRAL SERVICE
- SUPPORT SERVICES for your training
- SPEAKERS BUREAU ROADSHOW

Learning Vault

The Learning Vault is a centralized place for all conference and training content. In 2017, the Learning Vault housed nearly 500 conference sessions, recorded webinars, and online learning tutorials at no cost. Additionally, traffic to the Learning Vault increased by over 350% since its launch in 2016.
2017 PRIMARY CARE CONFERENCE HIGHLIGHTS

Fall Primary Care Conference
October 21-24 | Seattle, Washington

WITH 458 ATTENDEES REPRESENTING 32 STATES, 96% OF SURVEYED ATTENDEES gained tools through the sessions that will enable them to improve the quality of services their organization provides.

NWRPCA & CHAMPS, in conjunction with HRSA Region X, offered a two-day joint track covering HRSA areas of priority: Childhood Obesity, Opioids, and Mental Health, with a special emphasis on available resources, funding opportunities, and programs. Key U.S. Health Resources & Services Administration leaders participated from the Primary Care and Health Workforce Bureaus and the Region X Office of Regional Operations.

Spring Primary Care Conference
May 20-23 | Spokane, Washington

WITH 251 ATTENDEES REPRESENTING 22 STATES, 86% OF SURVEYED ATTENDEES indicated that attending the conference enhanced their professional effectiveness. The Spring Primary Care Conference also hosted NWRPCA’s Annual Membership Meeting and Award Ceremony. Participants had the opportunity to tour CHAS Health in the heart of Spokane.
WORKFORCE DEVELOPMENT: Pursuing innovative recruitment and retention strategies

NWRPCA is dedicated to supporting and developing the growth of the clinical and administrative workforce at C/MHCs, and helping to make Region X C/MHCs both Providers and Employers of Choice in their communities.

Education Health Center Initiative (EHCI)

NWRPCA and the Community Health Association of Mountain/Plains States (CHAMPS), the Region VIII primary care association, jointly provide financial and operational consulting services to help develop and expand primary care residency programs at C/MHCs across the United States. Through the A.T. Still program and EHCI, NWRPCA is helping to “grow our own” health care workforce to meet the challenges and demands of the 21st century.

In 2017, NWRPCA worked with six health centers and organizations to help develop their General Medical Education/Teaching Health Center (GME/THC) program.

Career Center

This online resource is an opportunity for Region X C/MHCs to share clinical and administrative job openings, and is frequently viewed by those seeking employment at Region X health centers. In 2017, the Career Center had 208 job postings from 46 health centers across all four Region X states.

NWRPCA–A.T. Still University Campus

The campus, which is administered and managed by NWRPCA, is part of an innovative C/MHC-based osteopathic medical school accredited through A.T. Still University. This model helps address the country’s workforce shortage by training future physicians in rural and urban underserved communities through hands-on clinical experiences directly at health centers, hospitals, and other clinics.

During the 2017–2018 academic year, the campus held a total of 17 FQHC-based clinical rotations throughout the region.

The ATSU Class of 2017 secured a 100% match rate into primary care residencies. The Portland-based campus also found a new home at the Multnomah County Health Department — Southeast Clinic.
BUSINESS INTELLIGENCE: Identifying, collecting, analyzing and utilizing data

NWRPCA works with key partners to leverage data to support health centers addressing the Institute for Healthcare Improvement’s Triple Aim: improving the patient experience of care, improving the health of populations, and reducing per capita costs.

The Region X Biennial Salary and Benefits Survey
This survey identifies trends in the marketplace and provides information specific to C/MHCs. Aggregate data and trends are shared and discussed at the annual Fall Primary Care Conference. The next Salary and Benefits Survey will be produced and distributed in 2018.

The Annual Measure of Finance, Operations, and Productivity (AMFOP) Report
The AMFOP report, produced in partnership with CliftonLarsonAllen (CLA), provides annual CHC-specific benchmarking for financial and operational performance metrics.

In 2017, participation reached its highest rate to date with 55 participants (AK: 12; ID: 9; OR: 13; WA: 21). These centers were provided with individualized reports comparing their performance data to Region X, state, and historical data. Many participants in AMFOP met at a session during the 2017 Fall Primary Care Conference to review the results and suggest refinements in data collection and analysis for future reporting.
In the 2017 fiscal year, NWRPCA’s operations delivered **positive net revenue**. The organization’s dedicated staff and volunteers implemented essential programs and services to improve population health outcomes and support C/MHCs throughout Region X.
PARTNERS, SUPPORTERS, SPONSORS & VOLUNTEERS: Collaborating and building bridges

NWRPCA partners with strategic not-for-profit and for-profit organizations to further our mission, adding value, generating benefits, and supporting programming for C/MHCs in the Northwest.

2017 Annual Sponsors
Annual sponsors provide funding that supports NWRPCA operating expenses while bringing knowledge and expertise in the primary care sector, including lab solutions, insurance options, smart purchasing, responsible banking services and more.

2017 Conference Sponsors
Conference sponsors help us provide high-quality events where we train and convene C/MHC leadership in the Northwest.

PLATINUM SPONSOR: $25,000
GOLD SPONSOR: $20,000
BRONZE SPONSORS: $10,000
COPPER SPONSORS: $5,000

Volunteers support NWRPCA’s mission, events and programs. We are grateful for our volunteers who donated their time in 2017:

Julie Arenivar; Lily Broberg; Martha Gonzalez; Martin Isaac; Martha Madero-Hernandez; Natasha Orozco; Alma Ortega; Chelsi Redpath; Jody Schreffler; Nha Truong; Ana Yolanda; Yunyi Liao; Patricia Giampa; Marissa Buendia; Rachel Chisausky; Leslie Fisher; Liana Kobayashi; Van Nguyen; Andrew Petrini

$10,000 and up
Wipfli LLP/HFS Consultants

$8500 to $9,999
UnitedHealthcare Community Plan

$5000 to $8499
Amerigroup Washington
AristaMD
Commonwealth Purchasing Group
Foundation for Healthy Generations
Gilead Sciences, Inc
Quest Diagnostics
Scribe-X Northwest

$2500 to $4999
Capital Impact Partners
Centerprise, Inc.
Certintell
Community Health Plan of Washington
Community Health Ventures
Coverys
HomeStreet Bank
Jackson Physician Research
Medcor Inc
Nonstop Wellness

$1000 to $2499
eClinicalWorks
Moss Adams
WA State Allied Health Center of Excellence
As a membership association, Northwest Regional Primary Care Association members are our greatest asset and our first priority. However, all the services and programs we provide are for the benefit of all C/MHCs in HRSA Region X — Alaska, Idaho, Oregon, and Washington.

We are proud to work with allied organizations including Region X PCAs: Alaska Primary Care Association, Idaho Primary Care Association, Oregon Primary Care Association, and Washington Association of Community & Migrant Health Centers.