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NNCC FISCAL YEAR 2012-2013 YEAR IN REVIEW

The National Nursing Centers Consortium's (NNCC) mission is to advance nurse-led health care through policy, consultation, programs, and applied research to reduce health disparities and meet people's primary care and wellness needs. NNCC goals are to:

1. Provide national leadership in identifying, tracking, and advising healthcare policy development.
2. Position nurse-managed health centers as a recognized, cost-effective mainstream health care model.
3. Foster partnerships with people and groups who share common goals.

NNCC represents nurse-managed health clinics (NMHC) serving vulnerable populations across the country. Nurse-managed health clinics seek to be recognized as an integral part of the nation's healthcare delivery system. To fulfill this ambitious goal, the NNCC Board of Directors and staff are currently implementing a 2010-2014 strategic business plan to guide the Consortium's future growth and foster the success of its members. The business plan strategies are tied to four pillars that include:

1. Advocacy/Policy that promotes nurse-led care and programs that enhance it.
2. Programs that enhance primary care and wellness.
3. Applied Research that promotes nurse-led care and strengthens primary care and wellness.
4. Technical Assistance including earned income consulting.

Interwoven with the four pillars are overarching priorities that work together to help NNCC achieve its mission. Overarching priorities are related to a network of broad, active and strategic partnerships, strong organizational infrastructure, active pursuit of program and fund development, and evidence-informed programming.

In FY 2012-2013, the NNCC continued to grow in staff and programs. Please visit www.nncc.us to meet the NNCC team. NNCC is especially pleased to highlight the following major accomplishments for FY 2012-2013.

A summary of events, accomplishments and/or challenges over the last fiscal year is described below. They are broken down and listed under the four main pillars of NNCC's mission: Policy, Programs, Applied Research and Technical Assistance.

**STRATEGY 1:
POLICY/ADVOCACY THAT PROMOTES NURSE-LED CARE
& PROGRAMS THAT ENHANCE IT**

NNCC's policy goal is to provide national leadership in identifying, tracking, and advising healthcare policy that promotes nurse-led care and programs that enhance it.

FEDERAL ISSUES

Federal Funding through the Affordable Care Act - The Affordable Care Act of March 2010 marked a momentous occasion in U.S. history when the federal government pledged its support to provide health care to all citizens of the United States. The Affordable Care Act included language, modeled after the Nurse-Managed Health Clinic Investment Act of 2009, which authorized a new \$50 million Grant Program for nurse-managed primary and wellness care. It also more importantly defined "nurse-managed health clinic" in federal statute, a recognition that has proven critical for nurse-managed health clinics to receive managed care reimbursement across the country. The definition has become instrumental in how NNCC now is positioning NMHCs nationally and has been helpful with national and state policy-makers to include NMHCs in policy language, where they might previously have been excluded. Nonetheless, the authorization did not guarantee that the full \$50 million would be appropriated to the Grant Program.

NNCC and collaborating nursing groups agreed to work together to advocate for \$20M in discretionary funding for the NMHC Grant Program, as they have since its authorization. Continuing budget woes kept the Grant Program from being included in the President's fiscal year 2014 budget. However, the policy group is working to have language regarding NMHCs inserted into the Senate Labor Health and Human Services (LHHS) sub-committee's report to the full Appropriations committee, an area in which NNCC has had great success in the past. To this end, NNCC submitted testimony to both the Senate and the House LHHS committees this year regarding 2014 funding for the NMHC Grant Program.

Third Annual Nurse-Managed Health Clinic Week – In November of 2012, the late Senator Inouye (D-HI) submitted a resolution on the Senate floor designating November 26-30, 2012, as the third annual *Nurse-Managed Health Clinic Week*. The resolution received unanimous consent in the Senate.

Future of Nursing IOM Report - The Institute of Medicine's Initiative on the Future of Nursing released its ground-breaking, comprehensive report *The Future of Nursing: Leading Change, Advancing Health*, in October 2010. NNCC policy and executive staff served as reviewers for the report, which features nurse-managed health clinics and NNCC policy recommendations in multiple locations within the report. NNCC's 2010 *State-by-State Guide to Regulations Regarding Nurse Practitioner Practice* was included in the report, which shares the various levels of prescriptive authority for NPs by state. NNCC conducted initial advocacy to capitalize on the release of the report, and continues to push the subsequent implementation of its recommendations. Tine Hansen-Turton helped facilitate the plan to broaden the role of nurse practitioners in primary care and is now working closely with the RWJF and the AARP to implement the plan. NNCC's overall strategies to broaden health insurance reimbursement for nurse practitioners and to become part of the medical home are closely aligned with the goals of the Future of Nursing report. NNCC recently received a two-year, \$150,000 grant from the Robert Wood Johnson Foundation to help the Pennsylvania State Nurses Association and the Pennsylvania Action Coalition implement the report's recommendations in Pennsylvania.

Additionally, NNCC is working with the Pennsylvania Action Coalition to ask for Robert Wood Johnson Foundation (RWJF) funding to add 50 state legal assessments regarding nurse scope of practice laws to an interactive webpage portal, where nurses could go to find all the laws applicable to practice in their state.

ACA Anti-Discrimination Provision – One provision of the ACA requires that insurance companies not discriminate against different types of providers. Since its inception, the NNCC policy group has been advocating for the ACA anti-provider discrimination provision to be enforced with real consequences, which means that strong regulatory language would have to show how discrimination can be identified and what remedy should be enforced when the law was broken. Unfortunately, in May 2013 the Administration decided not to write regulations to support the provision, making the federal provision unenforceable. Nonetheless, the Administration did issue a reminder that anti-discrimination can be enforced at the state level.

STATE ISSUES

Issues with Applying for Meaningful Use Incentives – Unless a NMHC is a FQHC or a rural health clinic, the NMHC must serve 30% Medicaid patients in order to qualify for meaningful use. The NNCC policy group is addressing this restriction by working with Congressional members to move a bill that would remove this requirement from non-profit NMHCs. Further, the policy group is working with the Office of the National Coordinator to develop a brief for members that will walk clinics through trying to reach the 30% threshold under the somewhat relaxed stage 2 requirements.

State Health Insurance Exchanges as a Mechanism to get Managed Care Organizations to Contract with NPs - The Affordable Care Act requires state-based health care exchanges, which are now being called “marketplaces.” Health insurers that participate in the marketplace of each state must contract with “essential community providers.” By regulation, the regulatory definition of “essential community provider” explicitly includes FQHCs, but could also be read to implicitly include NMHCs that are not federally qualified. NNCC’s policy group has recommended to the membership that NMHCs advocate for inclusion of essential community providers in each of their states.

Recent State Gains in NP Scope of Practice –A number of gains have been made across the nation for NP practice. Some highlights of these gains are:

- Texas Senate Bill 406 removed the ten percent onsite supervision requirement for NPs and Physician Assistants.
- Nevada Assembly Bill 170 passed changes to the advanced practice nurse title in Nevada to Advanced Practice Registered Nurses and grants nurses holding that title a license to practice as an APRN instead of certificate. Further, after 2 years or 2000 hours of clinical experience with a physician collaborative agreement in place, an APRN can prescribe most medication, except Schedule I and a few other dangerous drugs, without a collaborative agreement.
- Oregon House Bill 2902, providing payment parity for NPs and PAs, was signed into law. The law declares an emergency and requires insurer payment parity in some situations (fee for service) when a PA or NP is billing under their own provider number. The bill sunsets in 2016, when the emergency declaration expires.

- Also signed into law, Rhode Island's Senate Bill 614 grants NPs independent practice with some restriction on Schedule I and other dangerous drugs and full oversight by the Board of Nursing.
- Senate Bill 491 in California, which would give NPs the ability to practice independently, has the potential to make serious gains for NP ability to practice to their full abilities. Therefore, the NNCC policy group is watching the bill very closely and working with California members to make sure the bill passes with positive gains for NMHCs.

Telehealth – It has come to the Policy Group's attention that telehealth bills across the states are being written in ways that impede NP participation in the practice. NNCC's Policy Director reached out to the American Telehealth Association and attended their 2013 federal policy conference to begin to build an advocacy angle for nurse-managed care. NNCC also submitted comments opposing proposed telehealth rule amendments in Georgia that would impose superfluous supervision of NPs providing telehealth in the state.

Pennsylvania Credentialing Issue - In June 2013, Pennsylvania Department of Public Welfare (DPW) halted the processing of Medical Assistance credentialing paperwork for NPs working at a PHMC NMHC, indicating that the clinic was not meeting the information requirements for their collaborating agreements. DPW then provided a collaborative agreement template to be used in the future. After a thorough analysis, the policy group determined that the collaborative agreements currently being used by the NMHC do meet all the requirements of Pennsylvania law, and that the template provided by DPW asks Pennsylvania NPs to commit to things that are not required under the law. Specifically, DPW's template essentially requires that a physician be available at all times to provide on-site consultation, something which is not required under current law. In addition, the template requests a detailed list of the medications the NP is able to prescribe to be included in the collaborative agreement, something which is normally submitted to the state Board of Nursing. NNCC has written a memo evaluating the issue and law and is requesting a meeting with the Pennsylvania Department of Public Welfare to address it.

MANAGED CARE REIMBURSEMENT

Results of New Study of MCO Credentialing and Reimbursement Practices Published in Population Health Management

NNCC has been documenting the credentialing and reimbursement practices of the nation's largest managed care organizations for the past eight years, and has successfully leveraged research findings on these practices to advocate for policy change. Results of the latest survey of 258 HMOs operated by 98 different MCOs were published in the journal *Population Health Management* in March 2013. In brief, results of the 2012 survey indicate that among managed care organizations in the United States operating the largest HMO product lines, 74% currently credential NPs as primary care providers. Relative to prior reports in the literature, this signals a large improvement. In the 2005 and 2007 surveys of MCOs, 33% and 53% reported credentialing NPs as primary care providers, respectively. While this progress is encouraging, results indicate that among the major managed care plans in the U.S., one in four still does not credential NPs as primary care providers. Moreover, there has been little change in the credentialing practices of NPs by Medicaid managed care companies in recent years. In a 2007 survey of managed care credentialing policies of MCOs with significant Medicaid HMO product lines, 74% reported that they credentialed NPs as primary care providers. Five years later in 2012, this figure has increased only slightly (76%). The article documenting these findings has been e-published and is available now on the journal's website.

ONLINE ADVOCACY UPDATE

NNCC continues to build its presence on the social networking sites Facebook and Twitter. NNCC's communications team is actively using these sites to improve the reach of NNCC's policy campaigns, spread the word about NNCC members' many accomplishments, and raise the profile of nurse leaders throughout the country. NNCC's online supporter base has doubled in the last year. NNCC now has approximately 2,500 followers on the two websites. The greatest growth continues to take place on Twitter. There continues to be virtually no overlap between NNCC's membership contacts and its Twitter subscriber base. The followers of @NursingCenters include key contacts at foundations, national health and nursing organizations, politicians and journalists. These websites are thus allowing NNCC to reach people with news about NNCC and nurse-managed care that it would not be able to reach otherwise.

STRATEGY 2:

PROGRAMS THAT ENHANCE PRIMARY CARE & WELLNESS

NNCC manages health promotion, disease prevention, and care coordination programs in partnership with nurse-managed health clinics that served approximately 2,700 people of all ages in FY 2012 - 2013. Please see the table below for a summation of services.

The services provided by NNCC directly benefit its member nurse-managed health centers and the communities they serve. Along with the support of member centers, over the past fifteen years, NNCC has successfully developed several signature health promotion programs, as laid out below. While the age groups vary for these programs, they primarily serve African American, Latino and Asian families living in Philadelphia and Washington, DC. The following describes client service program outcomes:

Program Name	Services Provided	# Reached/Outcomes 2012 - 2013
GlaxoSmithKline Asthma Healthcare Access Project	Education on indoor environmental triggers for asthma during two home visits.	Over 100 families were served in this program which ended December 2012.
Be Free From Nicotine	Tobacco cessation classes that provide cessation aids and education	Project served 85 participants with smoking cessation services in FY 2013.
Lead Safe DC (LSDC) –	Environmental home assessments and educating caregivers and health care providers about lead poisoning prevention, asthma, and healthy homes. Remediation of homes with home health hazards.	In 2012 the DC Prenatal and Early Childhood Provider Training Initiative trained over 240 providers on lead safety and healthy homes, provided more than 100 home education visits with lead dust testing to at-risk DC families, and provided community workshops. The Healthy Homes Initiative has begun enrolling DC homes in need of remediation from home health hazards. The goal is to provide education for 50 families and remediation services in 25 homes. 6 homes have completed remediation, and 5 more are in process.
Lead Safe Babies – Families in Transition (LSB FiT)	Educational workshops for homeless families and providers focusing on lead poisoning prevention	Program met deliverables by educating 500 homeless families and service providers. Presented webinar to national homeless provider group, reaching 132 participants.

Mabel Morris Early Childhood Home Visiting	Home visitation program for low-income pregnant women and children birth to five years living in Philadelphia County. Now approved to be Parents as Teachers (PAT) Affiliate with 4 certified staff.	30 families (45 children) are now being served under the new Parents as Teachers model. All staff have had PAT educational training. Mabel Morris Early Childhood Home Visit Program is fully approved as a Parents as Teachers Affiliate.
PA Cure SBIRT Project	Facilitate SBIRT (screening, brief intervention, and referral for drug and alcohol treatment) services in three nurse-managed health centers in the Philadelphia area.	Facilitated community advisory board meetings, steering committee meetings and trainings for staff, created and produced multiple training products, supervised 6 Behavioral Health Consultants, assisted in the roll-out of study recruitment and provided regular feedback regarding patient sessions. Monitored implementation across 3 clinic sites, creating action plans as needed to address barriers.
Philadelphia Nurse Family Partnership	Public health nurse home visits with Nurse-Family Partnership certified nurses. Serves low income first-time mothers-to-be and their children until their second birthday. 16 Nurses (Team I and Team II) with expansion grant award for Team III of one supervisor, 7 – 8 NFP nurses and support staff. 1 FTE Supervisor, 6 FTE Public Health Nurses in place 11/2012. Team III is federally funded through MIECHV grant award Team I and II is PA DPW OCDEL Grant Award funded.	503 women enrolled and served one or more times since 7/1/2012. 200 babies. Approximately 30 referrals per month. 75% of new mothers initiate breastfeeding (exceeds national rates) with 21% breastfeeding six months pp. At age two years, 92.5% of children fully immunized (exceeds national rate). 89.36 of children at age two years screened for lead exposure (exceeds national rate) with 4% positive result. Ages and Stages and Ages and Stages Socio-emotional Assessments are used to determine child growth and development. 6.6% of children at age two referred for further evaluation as of 12/31/2012. All staff credentialed by NFP National Service Office with NSO contract for all model elements until 2015.
Southwest Philadelphia Breast Health Initiative	Underserved African American women receive education, referrals for clinical breast exams and mammograms	Since April 2012, 151 women received education and referrals for mammogram; 100 received clinical breast exams; and 26 received mammograms.
Students Run Philly Style	Transforms the lives of Philadelphia students, ages 12 to 18, through distance running and mentorship	800+ students and 200 volunteer running leaders participate in this program, with 800 running in Generation Run in April 2013 and over 900 running in the Broad Street Run in May 2013.
SUM ALL PROGRAMS	Health Promotion, Disease Prevention, Education, Environmental Assessment and Education	Over 2700 individuals and families served.

GRANTS / HIGHLIGHTS

Environmental Education Grants - Through funding from U.S. EPA, NNCC awarded grants to support environmental education to 19 organizations located throughout Region III (PA, VA, DE, WV and DC). Each grant totaled approximately \$5000.

STRATEGY 3:

APPLIED RESEARCH THAT PROMOTES NURSE-LED CARE & STRENGTHENS PRIMARY CARE AND WELLNESS

BUILDING RESEARCH PARTNERSHIPS TO ADVANCE THE MISSION OF NNCC

NNCC has been exploring opportunities for research partnerships with external researchers who share its mission to advance the work of nurse-managed health clinics and the role of nurse practitioners as healthcare leaders and primary care providers. Among the partnership meetings held over the past year included meetings with researchers from Thomas Jefferson University School of Nursing and the University of Pennsylvania School of Nursing. As one example of a current partnership, the NNCC research and policy teams are working with a nurse researcher at Thomas Jefferson to prepare a manuscript for publication based on data gathered from its bi-annual study of MCO Nurse Practitioner credentialing practices. This manuscript will focus on the credentialing practices of MCOs with large Medicare product lines, and the implication of these practices for the care of older adults in the United States. Staff are also discussing research options with the NNCC Research and NNCC Wellness Committees.

FUNDING AWARDED FOR NATIONAL HEALTH CENTER CONTROLLED NETWORK ADMINISTERED BY NNCC

NNCC has been nationally recognized for its role as a convener and innovator in community health care, bringing together stakeholders who share its vision of eliminating health disparities facing America's low-income communities. It is in the role of neutral convener, and also its role as a national technical assistance provider, that NNCC applied to HRSA for funding to establish a nationally-focused health center controlled network (HCCN). NNCC is thrilled to announce that it will be receiving this funding starting in FY2013 - 2014. This network will include 11 FQHCs located in six states: PA, CA, IL, CO, TN and TX. The 11 centers operate 51 clinics, serving a total of 172,000 patients per year. The composition of the participating FQHCs is unique in two key ways. First, four of the FQHCs are brand new program grantees who received new access point funding in 2011. As new FQHCs, these centers have tremendous needs that can be met through a HCCN. Second, six of the 11 FQHCs are nurse-managed health clinics (NMHCs). This is significant given there are only eight nurse-managed FQHCs in the entire country. The project will be a three-year, \$400,000 per year agreement with HRSA Bureau of Primary Health Care. The HCCN will provide its members with financial and other resources to help them fully implement HIT systems, access incentive payments under national meaningful use programs, and improve quality through development of Patient-Centered Medical homes and reaching clinical quality benchmarks including Healthy People 2020 goals.

LOCAL HEALTH CENTER CONTROLLED NETWORK

Keystone Community Health Alliance – NNCC continues to manage a research network, the Keystone Community Health Alliance (formerly Data Mart Network) of nurse-managed health clinics that are collecting data electronically and pursuing research opportunities. The mission of the Alliance is to build the capacity of nurse-managed primary care health centers to collect clinical data, thereby facilitating clinical research aimed at adopting best practices, ensuring quality patient care, and disseminating research findings. The research network is considered a PBRN (practice-based research network), registered with the Agency for Health Care Research and Quality (AHRQ). The Alliance was supported by the Independence Blue Cross Foundation in 2012 with an \$88,000 grant, and is fortunate to have received an additional \$50,000 from the Independence Blue Cross Foundation for 2013.

PRIMARY CARE PRACTICE & ENHANCING SERVICES

Chronic Care Initiative - Eight NNCC members in Philadelphia participated in 2010 in the Pennsylvania Governor's Chronic Care Initiative, applying the chronic care model to diabetes screening and treatment in their centers. Effective October 22, 2010, NCQA began recognizing nurse-led primary care practices as patient centered medical homes. Following this, all eight member clinics in Pennsylvania that took part in the Chronic Care Initiative became officially recognized PCMH practices, based on the model of care they adopted from being part of the Initiative. Funding for the Initiative is currently continuing through a Medicare Demonstration grant that was awarded to the state. Tine Hansen-Turton is an advisor to the Joint Commission which also adopted the inclusion of both nurse practitioners and nurse-managed health clinics as medical home eligible. NNCC is happy to report that its member organization PHMC, after going through the process to be the first Joint Commission-accredited nurse-managed health clinic network medical home site, has received notice that it will be recommended for Joint Commission accreditation!

Diabetes Medical Home Study - In January 2011, the NNCC received funding from the Pfizer Foundation through a partnership with the American Nurses Association (ANA) to implement a diabetes medical home study in two of NNCC's member health centers. The primary objective of the project was to examine and articulate how the nurse-led health care home model can improve patient-centered measures among African American women. Patients from both PHMC Health Connection in North Philadelphia and Rising Sun Health Center in Northeast Philadelphia were randomly selected using electronic health records based upon if they were diagnosed with diabetes or are at risk of developing the chronic disease. The patients are being followed and given a personalized self-care plan based upon their diagnoses, which will over the course of the year measure and keep track of patients' BMIs, medication, physical activity, blood pressure, diet, and other factors. The progress of the patients will continue to be evaluated to measure the effectiveness of the medical home concept in treating diabetes and at risk patients. This grant was extended to May 2013, with findings announced at the international nursing conference in Australia.

NNCC Quality and Safety Standards – In 2010 the NNCC Board of Directors adopted Quality and Safety Standards that had been finalized in 2009. NNCC is close to establishing a contract with a provider to develop third party certification for the standards. In the retail clinic industry, quality and safety standards have proven effective in third party managed care reimbursement.

STRATEGY 4:

TECHNICAL ASSISTANCE INCLUDING EARNED INCOME CONSULTING

NNCC provides direct member services and technical assistance to its members and to other health centers across the nation. Examples of technical assistance include assisting health centers with applications to become federally qualified health centers, conducting site-visits and meeting with university leadership to discuss challenges and opportunities, assisting with the development of business and strategic plans, providing grant writing assistance, and visiting legislators with or on behalf of member centers.

Community Health Partners for Sustainability

Since July 2008, NNCC has operated a National Cooperative Agreement (NCA) funded through the HRSA Bureau of Primary Health Care, Office of Special Population Health. This technical assistance project operates under the NNCC-owned brand, Community Health Partners for

Sustainability (CHPFS), and works to increase access to primary and preventive health care for residents of public housing that struggle to maintain healthy lives. NNCC learned in August, 2011, that it had been awarded a three year extension of \$416,261 per year. This funding is allowing NNCC to significantly grow its Technical Assistance and Consultation capacity. In July 2012, project staff launched an expanded and redesigned project website, www.chpfs.org, to better communicate its technical assistance brand, and host expanded information and tools for health centers.

In the FY 2012-2013 grant year, Community Health Partners for Sustainability served 120 technical assistance client health centers for a total of 601 hours via site visits, phone and e-mail consultation. Project staff presented several educational sessions for partner organizations and hosted several successful webinars series including one on cognitive behavioral therapy and a series on primary care for older adults. Participant surveys post-webinars showed high confidence in the knowledge of presenters, as well as high applicability to attendees' work. Nearly all stated that they would recommend the session they attended to others. Partnership with like organizations proved a winning strategy, as collaboratively planned webinars had better attendance.

Community Health Partners for Sustainability also maintained and deepened its partnerships with other technical assistance providers, including National Association of Community Health Centers, National Health Care for the Homeless Council, Health Outreach Partners, Association of Asian Pacific Community Health Organizations, and North American Management. New partnerships were developed with several new technical assistance clients who are seeking assistance with establishing new or expanding existing health centers.

Community Health Partners for Sustainability successfully executed the national training symposium, **Scalable Innovations for Health Centers and Public Housing** in Philadelphia, PA on November 29th and 30th, 2012. Feedback was overwhelmingly positive and attendance was the highest of any such event to date. There were 224 attendees from 29 states, as well as the District of Columbia, and Puerto Rico registered for the conference.

Community Health Partners for Sustainability hosted its 2013 national health center and public housing symposium, **Keys to Health Center Success**, from June 4-6, 2013, in Denver, CO. For the first time, Community Health Partners teamed up with another technical assistance provider and NCA holder, the National Center for Health in Public Housing (a program of North American Management) to co-host the event. This strategic partnership was encouraged by HRSA and allowed for a more dynamic event. There were over 215 attendees from 29 states, Puerto Rico and the District of Columbia. At least 25 individuals from 19 organizations engaged in one-on-one consultations with Community Health Partners staff. Additionally, Community Health Partners hosted a focus group lunch for its target health center population (public housing primary care [PHPC] grantees) and received constructive feedback on how better to serve this important population. Overall, there were 39 attendees from 19 PHPC grantee health centers. Some NNCC members were in attendance and presented at the conference. As an important strategic partner, Sheridan Health Services was instrumental in providing support for the event and hosted a site visit at the conclusion of the symposium. Community Health Partners received overwhelmingly positive feedback from attendees and presenters.

NNCC Conference

Having received continued and expanded funding from HRSA in support of its Community Health Partners for Sustainability project, NNCC continued in 2012 to maintain the infrastructure necessary to host annual conference events. NNCC successfully executed its national member conference, **Scalable Innovations for Nursing**, on November 28, 2012, at the Four Seasons Hotel in Philadelphia, PA. The event coincided with NNCC's HRSA-supported national training symposium for centers serving residents of public housing, Scalable Innovations for Health Centers and Public Housing, which immediately followed at the same location on November 29-30. Immediate feedback from attendees was extremely positive, with several long-standing NNCC members commenting that this year's session was the best to date. The Independence Blue Cross Foundation provided \$12,500 to support these conferences.

FQHC Planning

NNCC successfully completed its work as a consultant for the City of Philadelphia stemming from its Health Center Planning Grant. NNCC hosted focus groups in Northeast Philadelphia to assess consumer readiness for a new health center and delivered its report to the Philadelphia Department of Public Health. NNCC continues to provide technical assistance to other health centers and other agencies exploring implementation of the FQHC model in their sites. While HRSA has significantly reduced funding for New Access Point grants, health centers continue to explore expansion to a FQHC or FQHC look-alike model. With NNCC's help, these health centers and agencies will be prepared to pursue expansion with non-Federal funding or HRSA funding, should it become available.

New Access Point Development

Locally, NNCC continues to provide in-depth consultation to nurse-led health clinics who have recently received New Access Point grants from HRSA. NNCC is receiving funding to continue to provide consultation to Congreso and PHMC as they fully implement their new site which will serve 3,000 patients annually. Sheridan Health Services (in partnership with University of Colorado-Denver), and La Comunidad Hispana (privately managed clinic in Kennett Square, PA) received funding in Summer 2012, and are preparing for HRSA site visits to ensure compliance with the 19 FQHC program requirements. NNCC has provided technical assistance to these new grantees to ensure they are prepared for their site visits.

These successes indicate progress NNCC has made with members to demonstrate that nurse-managed health clinics deliver effective, efficient, high quality care to the nation's most vulnerable communities, and as such are valuable partners with federal government, and competitive applicants for FQHC status.

Geriatric Training

NNCC successfully partnered with New York University School of Nursing (NYU) on the latter's proposal to the U.S. Department of Health and Human Services, Health Resources and Services Administration to provide training on best practices for care of geriatric patients to nurse-led health clinics and Federally-Qualified Health Centers nationwide. The proposal was approved, and NNCC is a subcontractor on the HRSA grant received by NYU. NNCC will receive \$90,000 over the next three years. NNCC began implementing its three part webinar series in May 2013, presenting training modules on geriatric best practices. Parts one and two of the webinar series were presented on May 1 and May 29, and the Part three was presented on June 26. The sessions were recorded and archived electronically.

Fiscal Intermediary Services

NNCC continues to serve as fiscal intermediary to Child Health Consultants, a group of nurse home-visitors who provide early intervention and assessment services to children engaged in the Philadelphia Department of Human Services system. In addition, NNCC operates as the fiscal intermediary for school-based wellness centers located within two Charter schools - Pan American Academy in Lower Northeastern Philadelphia, affiliated with Congreso de Latinos Unidos, and Belmont Academy in West Philadelphia.

SELECT AWARDS, RECOGNITIONS, PRESENTATIONS & PUBLICATIONS – FY 2012-2013

Select Media

- On July 24, 2012, NNCC Director, Technical Assistance and Consultation Alex Lehr O’Connell was quoted in an article published by the Philadelphia Tribune, about how health centers have expanded to meet the need for care in vulnerable communities.
- On November 17, 2012, Alex Lehr O’Connell was the featured guest on Your Health Matters, at 900AM WURD, a weekly radio program in Philadelphia, hosted by Dr. Calvin Johnson, former Secretary of Health for the state of Pennsylvania. The program featured a one hour discussion between Alex and Dr. Johnson centering on the history and future of nurse-led health care.
- Nurse Family Partnership’s social worker, Eudora Burton, was named a Local Hero by public television station WHYY’s NewsWorks. Ms. Burton helps new mothers increase their knowledge and skills to secure safe, affordable housing for their families.
- The national publication Sports Illustrated ran a wonderful article on Students Run Philly Style in February 2013:
<http://sportsillustrated.cnn.com/highschool/news/20130220/jonathan-ros/index.html>.
- Students Run Philly Style received coverage on CBS and Fox for its participation in the Broad Street Run, including <http://philadelphia.cbslocal.com/2013/04/29/kids-at-the-broad-street-run-will-show-support-for-boston-marathon-bombing-victims/>.
- Students Run Philly Style was selected as Thad Young (76ers player)’s charitable partner. Additionally, Director Heather McDanel was selected as a finalist for Be Well Philly’s Health Heroes Award.
- Tine Hansen-Turton was featured on Robert Wood Johnson Foundation’s blog about the need for increased funding for nurse-managed primary care clinics.
- Tine Hansen-Turton and NNCC was featured in the Independence Blue Cross special edition on healthcare best practices.

Select Publications

- Tine Hansen-Turton, Jamie Ware, Lisa Bond, Natalie Doria, Patrick Cunningham, *Are Managed Care Organizations in the United States Impeding the Delivery of Primary Care by Nurse Practitioners? A 2012 Update on Managed Care Organization Credentialing and Reimbursement Practices*. POPULATION HEALTH MGMT. Epub

head of print (March 29, 2013).

- Joshua Riff, MD, MBA, FACEP (Editor); Sandra Ryan, MSN, RN, CPNP, FCPP, FAANP (Editor); Tine Hansen-Turton, MGA, JD, FCCP, FAAN (Editor); Caroline Ridgway, JD. *Care Clinics: The Essential Guide for Clinicians, Managers, and Educators*. Springer Publications. This is the first comprehensive guide to setting up, operating, and practicing in a convenient care clinic.

Select Presentations

Program and Reimbursement Presentations

NNCC CEO Tine Hansen-Turton presented at:

- The American Academy of Nursing on insurer credentialing policies
- University of Scranton and the Commonwealth Medical School on the nurse-managed clinic model.

Policy Presentations

NNCC Director of Policy Jamie Ware made the following presentations:

- Public Health Law Conference: Critical Opportunity Presenter – regarding nurse practitioners as primary care providers
- Nurse Practitioners of Oregon Education Conference: Presenter – regarding federal advocacy work on behalf of nurse practitioners and NMHCs
- Nurse Midwives of Oregon Conference: Presenter - regarding federal advocacy work on behalf of nurse practitioners and NMHCs.
- 2013 Medical-Legal Partnership Summit: “*The Nursing Role in MLP: Raising Awareness and Involvement of the Nursing Discipline.*”
- 2013 Public Health Preparedness Summit: “*Legal Review of Using Registered Nurses for Phone Triage Lines During a Flu Pandemic.*”

Technical Assistance Presentations

NNCC Director of Technical Assistance and Consultation Alex Lehr O’Connell made the following presentations:

- National Association of Community Health Centers’ Community Health Institute expo - presented a training on partnership between health centers and public housing
- Webinar entitled: “Grant Writing 101: Reducing Stress and Improving Quality,” primarily for health center staff across the nation.
- National Health Care for the Homeless Conference: presented a session on partnership between health centers and housing authorities.

A SPECIAL THANKS TO ALL OUR MEMBERS AND TO OUR FUNDERS:

Academy of Cognitive Therapy, Annie B. Casey Foundation, Belmont Charter School, Boston Foundation, Cameron and Jane Baird Foundation, Carpenter Foundation, Children's Health Fund, Connelly Foundation, Denver Foundation, District of Columbia Department of the Environment, District of Columbia Children and Youth Investment Trust Corporation, Eccles Family Foundation, Education Plus Health, George Washington University, GlaxoSmithKline, Greentree Community Health Foundation, Harrison Foundation, Health Education Corporation, Health Promotion Council, Independence Blue Cross Foundation, Independence Foundation, Julianna Hike Fund, Kynett Foundation, Louis N. Cassett Foundation, Maguire Foundation, Mercy Hospital, Metta Fund, NNCC's membership, Pan American Charter School, Patricia Kind Family Foundation, Pennsylvania Department of Health, Pennsylvania Department of Public Welfare, Philadelphia Department of Public Health, Public Health Fund, Public Health Management Corporation, Rancocas Valley Regional High School, Reading Housing Authority, Robbins Foundation, St. Mary's Medical Center, Scott Herrin Family Fund, State Street Foundation, Seybert Foundation, Susan G. Komen for the Cure, U.S. Department of Health & Human Services, U.S. Environmental Protection Agency, the United Way of Greater Philadelphia and Southern New Jersey and many individual donors.

AND TO THE FOLLOWING CORPORATE PARTNERS:

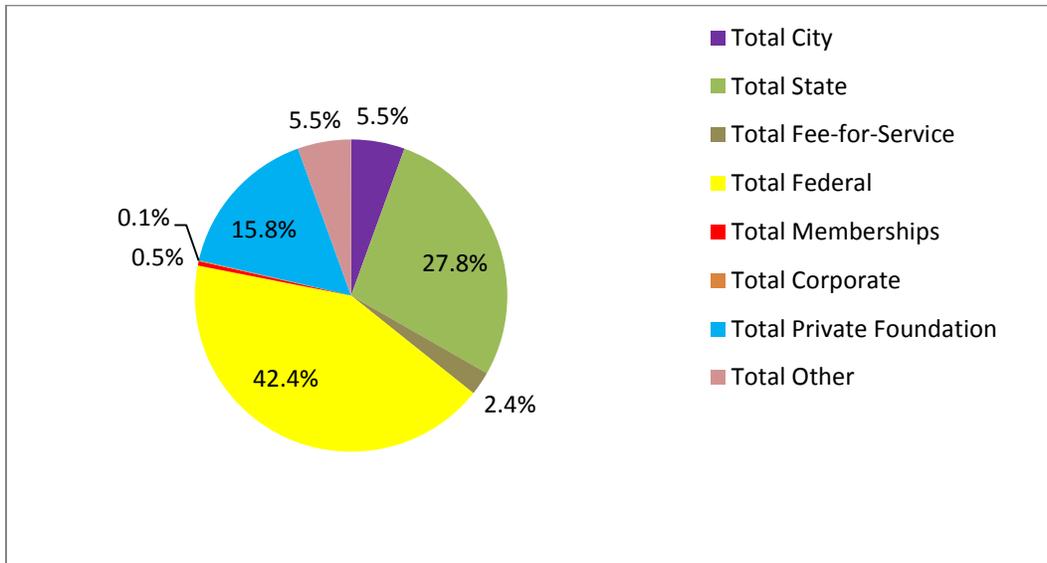
American Jewish Community, AmeriChoice, ARAMARK, Arthur Jackson Company, Atlantic Real Estate Group, Ballard Spahr LLP, Barclays, Binswanger, Beacon Commercial, Blank Rome, Board of the Philadelphia Distance Run, Boeing Company, Brandywine Realty Trust, Burlington Coat Factory, Capital One NA, Catalyst Outdoor Advertising, CB Development Services, Children's Hospital of Philadelphia, CIGNA Foundation, Clear Sound Inc., CMF Associates LLC, Comcast Sportsnet, Comcast-Spectacor Foundation, Cozen O'Connor, Create Architecture, D2CA Architects LLC, Data Design Services, DCM Architecture & Engineering, Delaware County Road Runners, DDR Corporation, Devigi Inc., Devine and Partners Communications Group LLC, Dick's Sporting Goods, Drinker, Biddle and Reath LLP, Duane Morris, Eagle Nationwide Mortgage, East River Bank, F.A. Davis Company, FAMECO Real Estate, Fast Tracks, First Trust Bank, Fisher Capital, FMC Corporation, Four Seasons Total Landscaping Inc., Fox and Roach Charities, Generocity, Gilead Pharmaceuticals, Hollow Brook Wealth Management LLC, ImPark, Independence Blue Cross, Insomnia Cookies, Integra Realty Resources, JPRA Architects, Kistler Tiffany Benefits, Klehr, Harrison, Harvey, Branzburg & Ellers LLP, KPMG, Kohl's, Lafayette College, Langan Engineering and Environmental Services Inc., Margolis Realty, Mason Building, McDevitt Company, McKean Defense Group LLC, Metro Commercial Real Estate Inc., Microsoft Matching Gifts Program, Modell's II Inc., Nicole Miller Philadelphia, National Philanthropic Trust, Northwestern Mutual Financial Network, Partridge Architects, PC Construction and Management Inc., Parkway Corporation, PECO, Perna Frederick, Philadelphia Insurance Company, PhillyIN.com, Philadelphia Runner, PREIT, Pub of Penn Valley, Regal Foundation, REIT Management, Resource America Inc, Runbucks LLC, SAP Matching Gift Program, Shoemaker, Simkiss Companies, Sovereign Security, Sporting Club at the Bellevue, Stockton Real Estate Advisors, Stonehenge Capital Partners, Stradley, Ronon, Stevens and Young LLP, Studley, Sunoco Foundation, Superfeet Worldwide Inc., Susquehanna Bank, Tasty Baking Foundation, TB Philly, Team Clean Inc., Temple University, Thompson Group, Tiburon Endurance Sports, Tierney, Travelport, Truist, Turner Construction Company, Wells Fargo Foundation, Zombie Run

Financial Information – Fiscal Year 2012-2013

The NNCC Fiscal Year 2013 budget of July 1, 2012 – June 30, 2013 was \$7,781,183. Each year the NNCC is audited by independent auditors and has always received an unqualified opinion. To receive a copy of the most recent audit, please contact Nancy De Leon Link, Chief Operating Officer, at 267-765-2363 or ndlink@nccc.us.

Revenue Breakdown:

NNCC has diverse funding sources, as can be seen in the chart below and also from a list of its funders, above. The two biggest funding sources are federal (42.4%) and state (27.8%) grants.



Program Expenses:

NNCC maintains an excellent division between administrative expenses and program expenses, with only 8% of its revenue going to administrative costs.

