

Developing a Sustainable Business Model: Legacy Community Health's Transition to Becoming an FQHC

This issue brief is part of a series developed to orient FQHC and Ryan White providers and to help them develop partnerships to build HIV prevention and care capacity in their communities. Additional resources are available at www.hivclinician.org.

The roots of Legacy Community Health Services stretch back three decades, to a small Houston clinic founded in 1978 to provide testing and treatment of sexually transmitted diseases, primarily for gay men. Throughout the 1980s and '90s, the clinic grew, adding prevention education, social services, and eventually HIV medical care for uninsured patients, funded in part by the Ryan White program and the Centers for Disease Control and Prevention.

Today, Legacy is one of the largest FQHCs in Texas, serving nearly 45,000 patients — including approximately 4,000 patients living with HIV—at 11 different clinic sites in and around Houston, providing adult primary care, pediatric care, dental, vision, and mental health services, in addition to specialized HIV care.

A key to Legacy's success has been a willingness to embrace a service delivery model that built on its roots as a Ryan White-funded clinic and recognized a growing need in the community. In a state with a limited health care safety net for low-income and uninsured residents, it has proven to be an effective and forward-thinking approach.

Diversifying the Focus and Expanding Services

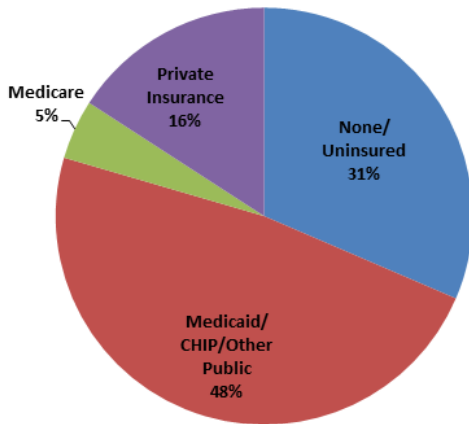
Legacy's transformation began in the early 2000s, following a decision by its leadership to diversify the organization's focus and funding to ensure it could sustain its ability to provide care and treatment to people with HIV in an increasingly challenging fiscal environment. Following a 2005 merger with a related community health organization in 2005, the new entity began expanding beyond HIV/AIDS services to begin its transition to a community health center and achieved its full status as an FQHC in 2007.

Key Issues to Consider

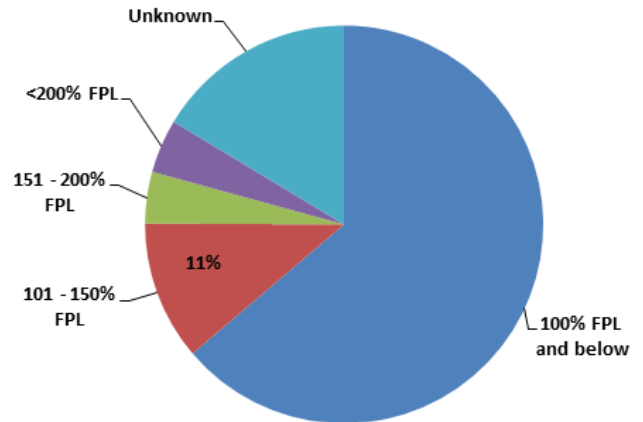
- Leadership and staff commitment to the FQHC mission
- Level of unmet medical needs in your community and your state's health care safety net
- Systems readiness to expand billing capability and data reporting
- Ability to sustain program operations during a process that may take several years to achieve full FQHC status
- Implications of maintaining separate population-focused sites or clinics or integrating clinical programs

Legacy Patient Community Health Demographics

Patient Insurance Coverage - 2013



Patient Income as a Percentage of the Federal Poverty Level (FPL) - 2013



Becoming an FQHC: Making it Work

- Build relationships with all related stakeholders, other FQHCs, third-party payers (e.g., the state Medicaid agency and Medicaid Managed Care Organizations), public hospitals, and other community-based providers
- Know and respect your community and the different cultures within it
- Engage in local, state, and federal advocacy efforts
- Connect with local, state, and federal political leaders
- Invest in building IT infrastructure and set realistic expectations for implementation and the impact on staff productivity
- Plan for a long-term transition and be prepared to overcome both internal and external obstacles, including staff and leadership turnover
- Seek advice from other health organizations that have made similar transitions
- Develop a public relations strategy to effectively communicate your organization’s transition and shift in focus

This brief is part of a series developed by the HIV Medicine Association, National Association of Community Health Centers and the Ryan White Medical Providers Coalition to help build partnerships between FQHCs and Ryan White-funded providers. The project is supported with grants from MAC AIDS Fund and Janssen Pharmaceuticals.