

# ANNUAL REPORT 2009



CHARLES B. WANG  
COMMUNITY HEALTH CENTER  
王嘉廉社區醫療中心

# LETTER FROM CEO AND BOARD CHAIR:

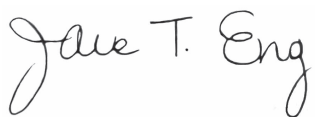
A group of volunteers who established a free clinic in Chinatown 39 years ago were deeply concerned about the quality, accessibility, and affordability of health care in this country and our community. From these humble beginnings, the Charles B. Wang Community Health Center has evolved into a leading community-based health care provider for the underserved Asian community in New York City. Today, patients come to us from many neighborhoods throughout the metropolitan area. They choose the health center as their primary care provider because of our ability to deliver culturally appropriate, affordable, and effective care. We never turn away patients for lack of ability to pay.

We continuously strive to improve the quality of our services to patients and communities. We depend on exceptional staff to meet patient needs, set high professional standards for our health care outcomes, and create a strategic direction to ensure future growth and continued vitality.

The Charles B. Wang Community Health Center stands ready to help make the vision of extending health care to 32 million Americans a reality. Today, we join with 1200 community health centers across the United States and 20 million patients we serve in celebrating passage of the new health care reform legislation. The legislation will expand coverage through Medicaid and through new subsidies for low-income families, improve access to primary and preventive care, increase support for community health centers, strengthen the health care workforce, and spur significant reforms in the insurance market.

We value the enduring relationships that we have built with our donors, partners, and colleagues. Your support and encouragement have sustained our mission for nearly four decades.

Sincerely yours,



Jane T. Eng, Esq.,  
*Chief Executive Officer*



Pyser Edelsack,  
*Board Chair*



**Quality is “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”**

## IMPROVING HEALTH CARE QUALITY

At the Charles B. Wang Community Health Center, we work hard to make sure that our practice adheres to evidence-based clinical guidelines and delivers quality outcomes for patients. This annual report highlights how we engage in continuous performance improvements, conduct research and program evaluations, invest in human capital, and use information technology to achieve the center’s quality goals.

What is health care quality? Quality means different things to different people. Some people think that quality health care means seeing the doctor right away, being treated courteously by the doctor’s staff, or having the doctor spend a lot of time with them.

While quality can encompass availability of care and the patient’s experience when receiving care, the outcome of care received by patients is the most important indicator of quality. According to the Institute of Medicine, quality is “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

## ENGAGING IN CONTINUOUS QUALITY IMPROVEMENT

Quality is not just a buzzword but an integral part of the health center’s day-to-day operations. Our staff engages in diligent and deliberate quality improvements in all aspects of our work. Each year, the health center submits a health care and a business plan setting forth its clinical and financial goals to the federal Bureau of Primary Health Care for approval. Our performance in meeting these goals is documented and reported annually to the federal agency.

In addition, health center departments also submit annual improvement goals to a quality assurance/quality improvement (QA/QI) workgroup led by the chief medical officer. The goals are designed to ensure that the health center continually improves the quality of services, meets the needs of patients and the community, and complies with standards and regulations relevant to primary care indicators. We collect data and track indicators on effectiveness of care, access/availability of care, satisfaction with the care experience, and use of services. We measure our quality of care outcomes against benchmark data from the Quality Assurance Reporting Requirements (QARR) for commercial and Medicaid health insurance plans developed by the New York State Department of Health.

On a regular basis, the QA/QI workgroup tracks key clinical and service indicators and reports results to a medical and dental advisory committee appointed by the health center’s board of directors. We use data analysis to find processes that are in need of improvement, implement corrective action, and then measure the outcome of those activities. Improvement activities are carried out following the elements of the PDSA (Plan, Do, Study, Act) cycle in order to build knowledge, test a change, and implement a change.

The health center also recognizes that patients can improve the quality of their health outcomes by becoming educated to take charge of their own care. Patients and their families are important members of the care team who collaborate with their providers in self-managing their medical conditions and monitoring their own care. We offer education on disease prevention and self-care through one-on-one counseling and/or group workshops. Bilingual education materials are available on multiple health care topics. Through enabling services such as social work, outreach, and care management, the health center provides the tools and support that patients need to make informed decisions and to participate in their own care.



# CONDUCTING/DISSEMINATING PROGRAM EVALUATIONS

The health center's quality improvement efforts are supported by a research and evaluation department. The department assesses community needs and conducts ongoing evaluations to identify program strengths and deficiencies as well as opportunities for improvement. We collect and analyze data to provide direction for staff, justify resource allocation, identify training needs, promote programs to stakeholders, and assess the effectiveness and impact of a particular program, intervention, or strategy in achieving stated goals. Evaluations are not just an accountability tool for funding sources, but they are used by the health center for performance improvement and organizational learning.

The health center also disseminates its evaluation and research findings to community health centers, public health organizations, non-profits, and other interest groups. We conduct oral and written presentations at professional meetings to raise awareness about Asian American health, advocate for policy changes, encourage increased resources, and provide lessons learned. Some examples of poster sessions and public presentations conducted in 2009 were:

- Applying social marketing principles to develop evidenced based hepatitis B awareness campaign in Asian Americans and Pacific Islanders
- Contextual factors influencing hepatitis B knowledge and perceptions: understanding differences and similarities among Chinese and Korean immigrant communities in New York City
- Effectiveness of pre-counseling workshops in improving genetic literacy among at risk Asian American women.
- Assessment and planning to improve access to services, quality of care and continuity of care for elderly Chinese immigrants
- Health intervention addressing the increased prevalence of diabetes in immigrant Chinese communities: evaluation findings of culturally and linguistically appropriate diabetes self management workshops
- Adherence to latent TB infection treatment by recent Chinese American immigrants
- Benefits of utilizing bar code technology in electronic medical records in a community health center: findings and implications from a mixed-methods evaluation
- Knowledge, perceived risk and barriers to HIV testing among Asian American adolescents: implications for targeted health education activities
- Voices of parents and pediatricians: experiences of Chinese immigrant children in seeking pediatric health services
- Use of electronic medical records in provision of quality pediatric health care in an urban community setting (selected as the best poster at the 2009 Community Health Institute and Expo, National Association of Community Health Centers)

**“Program evaluation is an essential public health service and a critical organizational practice in public health...The underlying logic is that good evaluation does not merely gather accurate evidence and draw valid conclusions, but produces results that are used to make a difference.”**

*~U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Introduction to program evaluation for public health programs, 2005.*



## INVESTING IN HUMAN CAPITAL

**“The knowledge I learned from the workshops improved my communication with patients because now I can provide better explanations of the Chronic Care Model. I also found my job is more rewarding and satisfying now.”**

*~Frontline health worker trainee*

**“The one-on-one session in the program is really helpful because the trainee and I worked together. We shared our experiences in problem solving and looked for better solutions to solve the problems we discussed. The trainee learned how to carefully review registration notes for QA. We really had a great experience because the training helped to build up our learning curve.”**

*~Trainee supervisor*

The quality of health and health care services frequently begins with frontline staff, such as patient service representatives, medical assistants, care managers, and outreach workers, who are often the first and most frequent point of contact with patients. Frontline health care workers typically receive little or no training from peers and often feel that their contributions to the workplace are not recognized, which in turn can lead to high turnover and increased costs. The quality of frontline workers and their job satisfaction prompted us to rethink how to retain workers and to look at new ways to offer professional development.

Based on the results of an organizational training needs assessment, the health center launched training programs aimed at improving the skills and job satisfaction for frontline health care workers and support staff. With the support of the Robert Wood Johnson Foundation, Lower Manhattan Development Corporation, and New York City Small Business Solutions, these programs provide both classroom and on-the-job training to employees. The programs are based on the concept of “work-based learning,” an approach that uses job tasks and responsibilities to teach clinical and academic skills. In the work-based learning model, employers, in partnership with academic institutions, supervisors, and frontline staff, determine competencies for a particular occupation and then structure ways to teach the competencies in a work setting. When tied to career advancement and educational opportunities, work-based learning has the potential to turn entry-level jobs into career opportunities, thereby improving morale and commitment and reducing turnover.

In the health center’s training program, classroom instruction is offered by the Adult and Continuing Education program at the City College of New York. The curriculum includes anatomy and physiology, overview of the U.S. health care system, customer service, medical terminology, and computer skills. Additional training is available on chronic care management and medical billing and coding. Supervisors learn to improve their coaching and mentoring skills through training conducted by faculty from the Sophie Davis School of Biomedical Education, City University of New York.

Since 2007, more than 200 CBWCHC frontline workers have successfully completed the training programs and received salary increases. Some employees are continuing their professional development by enrolling in two-year and four-year colleges. Others are pursuing advanced training courses that can lead to licensure. The Chinatown Health Clinic Foundation partners with the health center to provide scholarships for frontline staff to support their continuing education and career advancement.



# USING HEALTH INFORMATION TECHNOLOGY

The health center became an early adapter of health information technology when we successfully established an electronic health records (EHR) system-wide in 2006. Streamlining existing paper medical records, the EHR has enhanced communication, coordination, measurement, and decision support throughout our practice. It allows health care providers to identify and recommend patient-specific services, generate reminders to increase patient compliance with physician recommendations, and facilitate provider communication and coordination when treating the same patient. Patient safety and health outcomes are improved when reminders and other features alert physicians of patient conditions or potential adverse drug events.

Adoption of EHR has proven to be especially useful in chronic disease management. One example that shows how we use health information technology to improve care outcomes is in the area of diabetes management.

With a grant from the New York State Health Foundation, the health center created workflow templates and a diabetes registry in the EHR to better track, case manage, and coordinate care for patients with pre-diabetes and diabetes. The registry information is available to all care team members, including physicians, nurses, care managers, health educators, nutritionist and medical assistants. By tracking key patient information, the registry helps care team members to identify and reach out to patients who may have gaps in their care. Reminders prompt providers when preventive services are due, or if clinical measures are not met with the date of the last encounter. Progress reports provide information to the team members on how well they are doing in delivering the recommended care to the patient population.

In May 2009, the health center's internal medicine team (20 physicians) received three-year recognition from the National Committee for Quality Assurance and American Diabetes Association Diabetes Physician Recognition Program. The program recognizes physicians who use evidence-based measures and provide excellent care to diabetic patients. CBWCHC is the first community health center in New York State to receive this recognition.

**“Evidence-based medicine is  
“the conscientious, explicit and  
judicious use of current best  
evidence in making decisions  
about the care of individual  
patients.”**

*~Sackett DL, Straus S,  
Richardson S, Rosenberg W,  
Haynes RB. Evidence-based  
medicine: how to practice and  
teach EBM, ed 2. London:  
Churchill Livingstone, 2000.*



# 2009 AT A GLANCE

## SERVICES

Internal medicine • Women's health • Pediatrics • Dental • Mental health • Social work  
Health education • Research and evaluation • Health careers training • Health advocacy

## LOCATIONS

**Manhattan** • 268 Canal Street, New York, NY 10013 • 125 Walker Street, New York, NY 10013  
• 168 Centre Street, New York, NY 10013  
**Queens** • 136-26th 37th Avenue, Flushing, Queens 11354

## WHO WE SERVE

Number of patients	37,799
Clinical encounters	200,223
Education and social service encounters	40,057
Patients with incomes < 200% of poverty	88%
Patients best served in a language other than English	91%
Patients without health insurance	22%

## 2009 QUALITY IMPROVEMENT AND QUALITY ASSURANCE DASHBOARD

### Quality of Care

<i>Indicators:</i>	<i>CBWCHC</i>	<i>Commercial*</i>	<i>Medicaid*</i>
Children with 2nd birthday who received appropriate immunizations	87%	73%	70%
First trimester entry for prenatal care	80%	87%	69%
Female patients aged 21 to 64 with Pap test within last 2 years	77%	82%	74%
Patients with controlled hypertension	76%	58%	60%
Diabetic patients with HBA1c < 9%	91%	72%	66%
Lead testing for children 1 to 2 years of age	94%	77%	86%
Depression screening for adult patients	73%	NA	NA
Oral cancer screening	93%	NA	NA

### Quality of Service

Satisfaction with providers	96% rated good and above
Satisfaction with nurses and medical assistants	95% rated good and above
Ease of getting care	90% rated good and above
Quality of facilities	95% rated good and above
Waiting time	81% rated good and above
Would recommend CBWCHC to family and friends	98%

### Financial Performance

<i>Indicators:</i>	<i>CBWCHC</i>	<i>Industry Average</i>
Current ratio	2.98	2.55
Days in receivable	38.59	59.84
Days in accounts payable	36.05	56.18
Days in reserve	102.81	52.01
Administration expenses	16%	21%

\* Benchmark data is from the 2008 Quality Assurance Reporting Requirements for commercial and Medicaid health insurance plans, reported to the New York State Department of Health.

# DONATIONS 2009

## DIAMOND \$25,000-\$49,999

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Charles B. Wang International  
Foundation  
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Mass Contracting Corp.

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Metropharm, Inc./Yiu Ming Sunny  
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New York Hospital Medical Center of  
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David Pi/ P.I. Mechanical, Corporation  
Charles Piccinnini/Canal Radiology  
Marlon Quan  
St. Vincent's Hospital and Medical  
Center  
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Wonton Food, Inc./Donald Lau  
Dr. Raymond Yung

## SUPPORTERS \$500-\$2,499

Aetna  
Asian American Federation of New York  
Boyi Buddhist Association Church  
Bristol-Myers Squibb Company  
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Robert Chang  
Victoria Chang  
Chinatown General Surgery/Dr. Steven  
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Chinese American Insurance Association/  
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The Ernest & Joan Liu Foundation  
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## GRANTS AND CONTRACTS

Affinity Health Plan  
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Chinese American Medical Society/Chinese American  
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U.S. Department of Health and Human Services  
Visiting Nurse Service of New York  
Wachovia Wells Fargo Foundation



## FINANCIAL STATEMENT

*Year Ended December 31, 2009*

### REVENUE

Patient services	\$ 27,544,356
Federal grants	\$ 4,197,514
Contract services	\$ 4,200,976
Other	\$ 1,808,017
<b>TOTAL REVENUE</b>	<b>\$ 37,750,863</b>

### FUNCTIONAL EXPENSES

Program services	\$ 31,742,682
General and administrative	\$ 5,921,584
<b>TOTAL FUNCTIONAL EXPENSES</b>	<b>\$ 37,664,266</b>

<b>OPERATING INCOME</b>	<b>\$ 86,597</b>
<b>TOTAL NONOPERATING REVENUE</b>	<b>\$ 71,908</b>
<b>INCREASE IN NET ASSETS</b>	<b>\$ 158,505</b>

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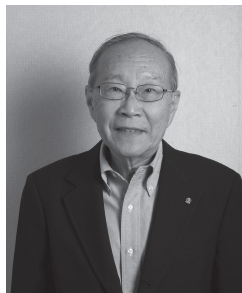
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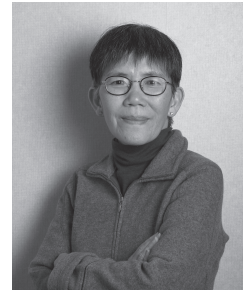
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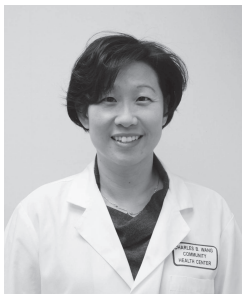
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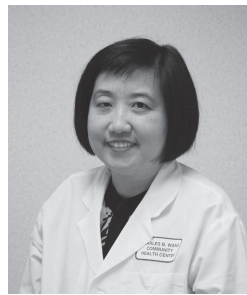
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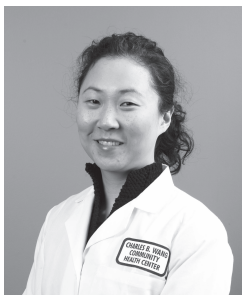
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