

Fostering Community Relationships (CR)

A close link between a clinic and its larger community can significantly enhance community responsiveness to Clinic needs. The Fostering Community Relationships Standards describe means to strengthen a clinic's connections within the community, and to promote a Clinic's unique role and responsibility in building a healthier community.

CR1. Effective Collaboration with Health System and Community Partners

Standard	Required Evidence	Optimal Evidence
59. A Clinic maintains an ongoing active relationship with local health system(s).	<p>Process for at least one local Healthcare system to communicate relevant information affecting target population to Clinic.</p> <p>Documentation of Clinic staff and/or volunteers attendance and communication with local healthcare organizations regarding needs of target population.</p>	<p>List of Clinic board member and employee membership on local health systems committees, councils and/or Governing Body.</p> <p>Demonstrates awareness of the value of volunteer membership on local health systems, committees, councils or governing bodies.</p> <p>Roster of Clinic Governing Body includes members of the local Healthcare organizations.</p>
60. A Clinic seeks out and nurtures partnerships to ensure access to essential resources to maintain health.	Documentation of relationships with local organizations with aligning missions to serve persons with limited resources.	

CR2. Building Trust Relationships with the Community

A supportive engaged community is Ideal for building trusting relationships, which improve health outcomes for Clinic patients. Clinics encourage community engagement by continually maintaining two-way, open lines of communication.

Standards	Required Evidence	Optimal Evidence
61. A Clinic clearly and consistently communicates its unique role and responsibilities as a safety net provider to the community.	<p>Brochures, websites, and other public information describing scope and limitations of care as well as patient eligibility with review dates.</p> <p>Information about the clinic, its operation, services, and funding are transparent, accurate, complete and shared with the public.</p> <p>Total number of patients, total number of services, total number of visits, donors, revenue, and expenses are disclosed to the public.</p>	<p>Up-to-date user friendly website that lists services, hours of operations, and eligibility requirements.</p> <p>Website reflects current policy on what healthcare services the clinic provides and clinic hours.</p>

CR2. Building Trust Relationships with the Community - CONTINUED

Standards	Required Evidence	Optimal Evidence
62. A Clinic communicates a clear understanding of the ongoing healthcare needs of uninsured and underserved to the community.	<p>Meeting minutes of Governing Body review of community health needs assessment (CHNA) from at least one local healthcare system every 3 years. If original minutes cannot be located, Governing Body re-reviews and meeting minutes illustrate the CHNA review process.</p> <p>Documentation of Clinic staff and/or volunteers attendance and communication with community organizations regarding Clinic’s role in meeting needs of the target population.</p>	<p>At least one local healthcare system presents the CHNA to the Governing Body of the clinic, and meeting minutes illustrate that the presentation was conducted.</p> <p>Clinic data is compared to community needs assessment and presented to Governing Body.</p>

CR3. Reducing the Cost of Healthcare

By providing healthcare services to the uninsured, underserved, economically and socially disadvantaged, marginalized, or vulnerable populations the clinic reduces the financial burden on local healthcare organizations and the government.

The purpose of the Reducing the Cost of Healthcare standards is to identify best practices of the Clinic that demonstrate cost effective care and to track the impact a Clinic has on reducing healthcare spending in a community.

CR3a. Partner Health System Collaboration for Cost Effective Care

Standard	Required Evidence	Optimal Evidence
63. A Clinic creates an outreach process to local health system(s).	<p>Clinic brochures and cards found in local health system ED.</p> <p>Process for at least one local health system to initiate communication and referrals to Clinic when uninsured patients have inpatient stay or visit the ED.</p>	<p>Process for Clinic to communicate regularly with healthcare system(s) to share aggregate data on unreimbursed care.</p> <p>Plan to communicate capacity of clinic to help manage care for the complex needs of the uninsured, underserved, economically and socially disadvantaged, marginalized, or vulnerable population. See OPC2.</p>
64. A Clinic tracks and communicates their cost of care.	<p>Report of costs using current Uniform Data System (UDS) definitions figure:</p> <ul style="list-style-type: none"> ☐ Total cost before donations ☐ Total patients (See Glossary for definition) ☐ Medical cost ☐ Medical visits 	

The clinic quantifies patient understanding of where to go for the right care, in the right place, at the right time, thereby reducing the overall cost of healthcare in the community.

Standard	Required Evidence	Optimal Evidence
65. A Clinic educates patients/families/caregivers to identify the clinic as his/her primary care provider, if applicable.	Consent to Treat Forms identifying clinic as the patient's primary care provider, if applicable.	Documentation in the medical record of research-informed education technique (such as Teach-Back) with patients to ensure understanding of what a healthcare home is and how to identify clinic as their primary care provider.
66. A Clinic is aware of high-utilizers of ED or inpatient hospital care.	<p>Process to identify patients who are high-utilizers via patient assessment at intake and/or other routine patient survey. See OPC2.</p> <p>Documentation in patient's medical record at each clinic visit regarding interval ED or inpatient use.</p>	Up-to-date database/registry of high-utilizers of ED and inpatient care.
67. A Clinic educates patients regarding appropriate use of ED.	Process to counsel patients regarding services following each ED visit.	