



Annual Report 2016



A Note from the Founder, President, & CEO

2016 was another banner year for PanCare with exceptional growth in service sites, the PanCare family, and patient care. Please join with me in celebrating our 2016 successes as we continue to expand health care access for all in our eight-county service area. Key achievements for 2016:



- Increased our staff to more than 100 employees providing health care and dental services in a network of eight medical clinics and five dental clinics.
- Assumed operation of St. Joseph Care, Inc. from the Gulf County Health Department with the award of a competitive grant by HRSA to operate medical and dental facilities in Port St. Joe and Wewahitchka.
- Expanded dental services to the citizens of Franklin County through the award of a HRSA Service Expansion Grant to open a dental clinic in the city of Carrabelle.
- In partnership with the Emerald Coast (Bay) Medical Society assumed oversight and management of “Bay Cares”, the specialty referral program for indigent care in PanCare’s service area.
- Earned a HRSA clinical quality and efficiency award based upon staff performance, chronic disease management and cost per patient encounter.
- Expanded the Mobile Clinic program to four units with a dedicated full-time bilingual staff to manage and serve rural Northwest Florida.
- Broke ground to construct a new 4,300 sq. ft. medical and dental facility to serve northeast Bay County in Youngstown.
- Expanded Women’s Health programs including a PAP program in partnership with St. Andrew Community Medical Center of Hope that provides free medical services to indigent patients.
- Received COLA Accreditation for PanCare’s two moderately complex medical laboratories.
- Added a full-time Board Certified Pediatrician and a full-time Diabetic Educator to our medical staff.
- Expanded the 340-B prescription drug program to include several local pharmacy partners.
- Served more than 19,800 individual patients during more than 62,000 encounters at our medical and dental facilities.
- Hosted 12 *Stand Up for Veterans* events and participated in 4 veteran *Stand Down* events providing services to 294 veterans.
- Conducted migrant population health fairs in Quincy and Tallahassee in partnership with the Panhandle Area Education Consortium and the Florida-based Mexican Consulate.
- Along with the American Cancer Society-Bay County and in support of the Sarah Cannon Cancer Institute, sponsored the production of *Minnie Beneath the Hat*, a tribute to the life of Minnie Pearl.

PanCare’s Board and I remain deeply committed to supporting and benefitting our communities by providing high quality healthcare services to our patients through research, education, outreach and strategic investment. We are most grateful for your continued interest and work in helping PanCare achieve its goals and look forward to new opportunities in 2017.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Hill", with a stylized flourish at the end.

R. Michael Hill
President & CEO

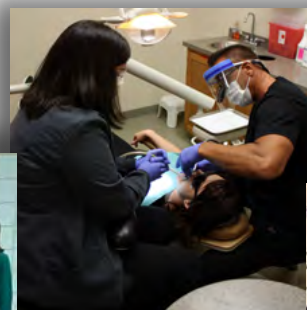
About Us

PanCare of Florida, Inc. (a.k.a. PanCare Health or PanCare) is a 501(c)(3) nonprofit organization based in Panama City, Florida. PanCare is committed to providing affordable primary and specialty medical, dental, and behavioral health care services to rural communities throughout NW Florida. We operate Federally Qualified Health Centers (FQHCs) in Bay, Calhoun, Franklin, Gulf, Holmes, Liberty, Walton, and Washington counties primarily to serve people on Medicaid, Medicare, and those who are uninsured. Our clinics are located in Blountstown, Bonifay, Bristol, Bruce, Carrabelle, Chipley, Freeport, Panama City, Port St. Joe, and Wewahitchka. PanCare also operates mobile units allowing many families and assisted living/nursing home residents, especially those with Medicaid to receive medical and dental services that are unable to travel to our facilities for needed care. We anticipate opening new clinics in Youngstown and Marianna in 2017. In addition to Medicaid, Medicare, and many private health insurance plans for adults and children, PanCare provides services on a sliding fee scale for those who are uninsured. There are never any travel or setup fees to any host organization or patient served.



Mission

PanCare is committed to providing a comprehensive system of quality health care services which is easily accessed by all persons and families within our service areas through an efficient, community-based network of caring professionals who assure the dignity and respect of each individual they serve.



Clinics

Blountstown (Calhoun County)

- PanCare Health (Medical & Behavioral Health)
16875 North Cayson Street • (850) 674-2244

Bonifay (Holmes County)

- PanCare Health (Medical & Behavioral Health)
495 St. Johns Road • (850) 547-5547

Bristol (Liberty County)

- PanCare Health (Medical & Behavioral Health)
11033 NW State Road 20 • (850) 643-1155

Bruce (Walton County)

- Muscogee Creek Tribal Health Center
(Medical & Behavioral Health)
278 A Church Road • (850) 835-1015

Carrabelle (Franklin County)

- PanCare Health (Dental)
106 NE 5th Street • (850) 697-5000

Chipley (Washington County)

- PanCare Health (Medical & Behavioral Health)
1414 Main Street, Suite 4 • (850) 676-4926

Marianna (Jackson County)

- PanCare Health (Medical & Behavioral Health)
4126 Independent Drive • (850) 394.4907

Freeport (Walton County)

- PanCare Health (Medical, Dental & Behavioral Health)
479 East Highway 20 • (850) 880-6568

Panama City (Bay County)

- PanCare Health (Medical & Behavioral Health)
2309 East 15th Street • (850) 747-5272
- PanCare Health (Dental)
403 East 11th Street • (850) 767-3350

Port St. Joe (Gulf County)

- PanCare Health (Medical & Behavioral Health)
2475 Garrison Avenue • (850) 229-1043
- PanCare Health (Dental)
2475 Garrison Avenue • (850) 229-1043

Wewahitchka (Gulf County)

- PanCare Health (Dental)
807 West Highway 22 • (850) 639-2028

Youngstown (Bay County)

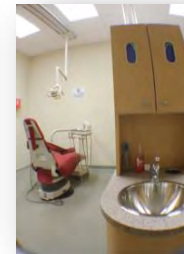
- PanCare Health (Medical, Dental & Behavioral Health)
12427 Highway 231 • (850) 753-3246

Opening in 2017!



2016 Patient Encounters and Profiles

- Medical Encounters: 36,191
- Dental Encounters: 24,501
- Behavioral Health Encounters: 2,065
- Total Encounters: 62,757
- Total Unique Patients: 19,803



PATIENTS BY RACE AND ETHNICITY				
Race	Hispanic or Latino Ethnicity			Total
	Hispanic/Latino	Non-Hispanic/Latino	Unreported/Refused to Report	
Asian	13	221	-	234
Native Hawaiian	1	10	-	11
Other Pacific Islander	8	63	-	71
Black/African American	43	2,987	-	3,030
American Indian/Alaska Native	13	284	-	297
White	256	12,489	-	12,745
More than one race	46	138	-	184
Unreported/Refused to report race	3,110	40	81	3,231
Total Patients by Race	3,490	16,232	81	19,803

PATIENTS BY INCOME AS A PERCENT OF POVERTY LEVEL	
Percent of Poverty Level	Total
100% and below	12,734
101-150%	1,768
151-200%	1,854
Over 200%	2,088
Unknown	1,359
Total Patients by Poverty Level	19,803

PATIENTS BY PRINCIPAL THIRD PARTY PAYER SOURCE AND AGE RANGE			
Third Party Payer Source	Age Range in Years		Total
	0-17	18 and Older	
Total None/Uninsured	1,626	5,809	7,435
Regular Medicaid (Title XIX)	3,712	5,279	8,991
CHIP Medicaid	76	0	76
Total Medicaid	3,788	5,279	9,067
Dually eligible (Medicare and Medicaid)*	0	206	206
Medicare (Inclusive or dually eligible and other Title XVIII beneficiaries)	0	1,048	1,048
Other Public Insurance Non-CHIP (County jail inmates and patients paid for by local third party Ryan White provider)	0	165	165
Other Public Insurance CHIP	0	0	0
Total Medicare/Other Public Insurance	0	1,213	1,213
Total Private Insurance	165	1,923	2,088
TOTAL	5,579	14,224	19,803

* "Dually Eligible" counted only as "Medicaid" in this table's "TOTAL".

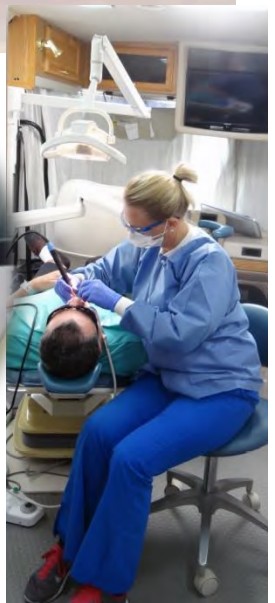
Financial Highlights

Health & Human Services Grant (medical, dental & behavioral health).....	\$3,574,964.00
Gifts / In-Kind Goods (direct relief supplies).....	\$852,170.00
Allowances / discounts to patients.....	-\$6,363,829.00

Mobile Clinics Now on Rural Roads

PanCare of Florida, Inc. added a mobile medical clinic and dental clinics manager to oversee marketing and scheduling of the fleet in rural communities throughout NW Florida.

PanCare also added a full-time mobile medical unit team to provide affordable health care in communities without a PanCare “brick-and-mortar” clinic.



Groundbreaking and Grand Openings Highlight PanCare's Growth in 2016



PanCare of Florida, Inc. experienced a rapid expansion of medical, dental, and behavioral health services in Gulf, Franklin, and Jackson counties in 2016. As well as breaking ground on a new medical and dental facility in Youngstown (Bay County) located at 12427 Hwy. 231. The new 4,370 square-foot facility will provide primary medical, dental, and behavioral health services to residents of Youngstown and the surrounding areas.



Construction funding is being provided in part by a \$1,000,000 Capital Construction Grant, which PanCare received from the U.S. Department of Health and Human Services (HHS), Health Resources Services Administration (HRSA), Bureau of Primary Healthcare. Construction is expected to be completed and the facility in use within the summer of 2017.

According to PanCare's President and CEO Mike Hill, "The new healthcare facility will provide high quality healthcare to people in northeast Bay County and surrounding areas. Although our clinics are centrally located within the counties we serve, many Panhandle residents have limited transportation or have to travel many miles to get to our clinics. We expect the opening of this new medical and dental facility will answer the call many have for access to affordable health care in this region of Bay County and neighboring areas."

Plans for a new clinic in Marianna developed in late December 2016, with the announcement of PanCare receiving a \$1.8 million dollar federal grant to open a new facility. This facility allows residents in and around Jackson County to receive much needed, affordable health care. The clinic is scheduled to open by May 2017 in an existing building on Independent Drive, and will include medical, dental, and behavioral health services.

PanCare Reaches Out

Throughout 2016, PanCare reached out to U.S. veterans, the homeless, and migrant workers by providing complimentary medical and dental services. These services were available free of charge, to veterans during *Stand Down* events throughout North Florida and during PanCare's annual Veterans Day *Stand Up for Veterans* celebrations at PanCare Clinics throughout the Florida Panhandle. Migrant workers also received medical and dental services free of charge on our mobile medical clinics at health fairs for migrant workers in North Florida.



Veterans Receiving Complimentary Medical and Dental Services 2016

Date	Event	Veterans who Received Complimentary Medical Services	Veterans who Received Complimentary Dental Services
April 22-23	Stand Down – Tallahassee	n/a	41
July 22	Stand Down – Jacksonville	24	33
Sept. 22	Stand Down – Panama City	n/a	12
Nov. 4	Stand Down – Fort Walton Beach	13	16
Nov. 4	Stand Up for Veterans – Panama City	4	121
Nov. 14	Stand Up for Veterans – Port St. Joe, Blountstown, Bristol, Chipley, Bonifay	7	26
Nov. 18	Stand Up for Veterans – Freeport	8	44
Total Served		56	293

Migrant Workers Receiving Complimentary Medical and Dental Services 2016

Date	Event	Migrant Workers who Received Complimentary Medical Services	Migrant Workers who Received Complimentary Dental Services
June 25	Migrant Health Fair – Greensboro	26	33
October 15	Migrant Health Fair – Quincy	60	51
Total Served		86	84

Total Veterans and Migrant Workers Receiving Complimentary Medical and Dental Services 2016

Population	Received Medical Services	Received Dental Services
Veterans	32	293
Migrant Workers	86	84
Total Served	118	377



Community Health Worker Saving Lives

PanCare of Florida's Community Health Worker Huong Nguyen spent 38 days in 2016 providing 606 people with 559 complimentary blood pressures and 503 complimentary glucose screenings. Of the 50 people who had high or extremely high blood pressure readings, three required assistance from paramedics at the scene due to their dangerously high blood pressure readings. Twenty-nine people had high or extremely high glucose readings and were urged to seek immediate medical attention. PanCare's Community Health Worker program is funded through a grant from Tulane University.



In addition to providing complimentary blood pressure and glucose screenings at PanCare's event booths, our Community Health Worker also provided free information about diabetes as well as health and wellness color pages for kids!

Behavioral Health and Primary Care Integration

In 2016, hundreds of PanCare's patients benefited from direct access to Licensed Clinical Social Workers (LCSW) at many of our primary care facilities. The behavioral health team at PanCare includes:

- A team of three Licensed Clinical Social Workers serving patients at clinics in Bristol, Blountstown, Bonifay, Chipley, Freeport, Panama City, and Port St. Joe.
- A Psychiatric Nurse Practitioner (ARNP) located at the Panama City clinic, is currently available one day per week.
- A Clinical Case Manager (MSW) is available to follow up with patients at any of the PanCare clinics. Future plans include expanding LCSW and psychiatric ARNP services in all PanCare clinics.

Over the past few years, PanCare has been developing, refining and implementing integrated behavioral health care services in its primary care settings. The project began in 2013 as a partnership with the University of West Florida (UWF), funded as part of the BP Deepwater Horizon Settlement to increase access to behavioral health treatment in primary care settings. That pilot project led PanCare to secure HRSA grant funding in 2014 to expand the Behavioral Health Department to serve more patients. As funding increased over the past three years, we have been able to increase the number of staff and thus, the number of patients we have been able to serve.

Our behavioral health team and our primary care providers collaborate to develop and implement an integrated approach to care which includes screening, assessment, and treatment for behavioral health issues appropriate for each patient's needs.

Our integrated approach empowers patients to pro-actively manage their own health and well-being by making healthy lifestyle choices and actively addressing their health challenges. Additionally, behavioral health providers work directly with patients to effectively manage emotional stress and to support patients in making positive changes.

An example of how behavioral health services are integrated into medical care is through the use of the Patient Health Questionnaire 9 (PHQ-9), a brief nine-question survey which is effective in screening for symptoms of depression. At the request of the medical provider, the behavioral health provider is invited into the examination room to briefly screen a patient and encourage them to use behavioral health services. If necessary, the patient is scheduled for a follow-up appointment with a behavioral health provider as soon as possible. If the patient happens to miss their appointment, the clinical case manager will contact the patient to re-establish care, address any barriers the patient may be having, and reschedule another appointment as soon as possible.

The psychiatric nurse practitioner is available by referral from the primary care provider for medication management of patients with complicated medical and behavioral health issues. Behavioral health and medical providers continue to work together, coordinating services for patients to ensure they are getting the assistance they need.



PanCare Joins Colorectal Cancer Screening Campaign

In 2016, PanCare patients between the ages of 50 to 75 were encouraged to complete colorectal cancer screenings. Of the 477 patients who agreed to use the Hemosure Test Kits, 248 completed the screening, and 37 tested positive for follow-up exams.

The American Cancer Society made it possible for PanCare to implement the Colorectal Cancer Screening campaign through a grant to promote the need for early screening, detection and treatment. PanCare distributed the simple, inexpensive kits to patients to administer the tests in the privacy of their own homes. The non-invasive screenings were fully covered by most health insurances or otherwise cost the patient as little as \$5.



“The results of this simple test provided our health care professionals with any warning signs to merit a patient’s need for a colonoscopy,” said PanCare Health’s President & CEO Mike Hill. “Our health care providers encouraged our patients over age 50 to take home a kit and to bring back a tiny stool specimen to see if there are any signs of a problem. This was much easier and inexpensive to administer as a first step to determine if cancer was present in the colon. Another advantage was, that patients used the kits in the privacy of their own homes.”



Mr. Hill understood how beneficial this project was for PanCare’s patients and explained, “The inexpensive and easy-to-use kits were a ‘big win’ for the public since they alerted health experts of any potential cancer problems in the colon which many times go undetected in patients until it is too late to treat or cure. Colon cancer can be deadly if not diagnosed early. PanCare Health’s goal was to deliver coordinated, quality colorectal cancer screening and follow up care that engaged patients and empowered them to complete needed care from screening

through treatment and long-term follow up. We are grateful to the American Cancer Society for their concern for patients and our community and for enabling us to provide these critical tests at little or no out-of-pocket expense to our patients.”

PanCare became involved in this project when The American Cancer Society announced 21 community health centers across Florida would receive up to \$10,000 each to increase colorectal cancer screening through interventions and systems change initiatives in their clinics. ACS also provided training, resources, materials, and quality improvement coaching to partner systems through local staff partners.

PanCare was a recipient of funding to advance Florida's efforts to reach *80% by 2018*, a nationwide campaign to increase colorectal cancer screenings to 80% amongst adults age 50 and older, co-led by ACS and the National Colorectal Cancer Roundtable (NCCRT).

Community health centers were evaluated as potential award recipients on the evidence-based interventions and systems change initiatives they proposed, along with their current colorectal screening rates, their number of age-eligible patients, the colorectal cancer incidence and mortality counts in counties served and geographic distribution. PanCare was grateful to be selected as a one of the recipients.



Diabetes Self-Management Education Accreditation



PanCare achieved full accreditation in 2016 for its Diabetes Self-Management Education (DSME) program for patients with diabetes.

PanCare's Diabetes Self-Management Education (DSME) program is a ten (10) hour program which is delivered through individual visits with one of our Diabetes Educators. PanCare Health began offering this program in February of 2016. By April, PanCare hired a full time Diabetes Educator, Donna Smith, RN. In June, the PanCare Diabetes Self-Management Education Program received accreditation status from the American Association of Diabetes Educators(AADE). Kim Goebert, RN, MSN, LHRM, Diabetes Program Coordinator said, "We are very excited about obtaining this accreditation. It shows our dedication to the DSME program and to providing our patients with quality education."

All education sessions are held in person with a Diabetes Educator one-on-one. Each session is individualized as necessary based on assessed need, age, type of diabetes, cultural factors, health literacy and numeracy, co-morbidities, and learning style preferences. Our patients are provided hands-on practice with giving insulin and/or checking blood glucose levels. The education sessions include videos, demonstrations, and free materials to take home and review.

PanCare Health has adopted the American Association of Diabetes Educators (AADE) Diabetes Education Curriculum. The following topics are covered during the program: Healthy Eating, Being Active, Monitoring, Taking Medications, Problem Solving, Healthy Coping and Reducing Risks. To ensure that each patient's needs are being met, this program and the topics covered are customized and updated on a regular basis.

Statistics of Patients Enrolled in PanCare's DSME in 2016

- Average change in BMI: decrease of 0.45 points
- Average change in Systolic BP: decrease of 7.13 points
- Average change in Diastolic BP: decrease of 2.59 points
- Average change in weight: decrease of 2.7 pounds
- Average change in A1C: decrease of 0.7 points

Several of PanCare's patients completed the entire DSME program in 2016. Patients say they are pleased with their progress and scored the program and the instructor very highly on patient satisfaction surveys.



PanCare of Florida's Economic Impact

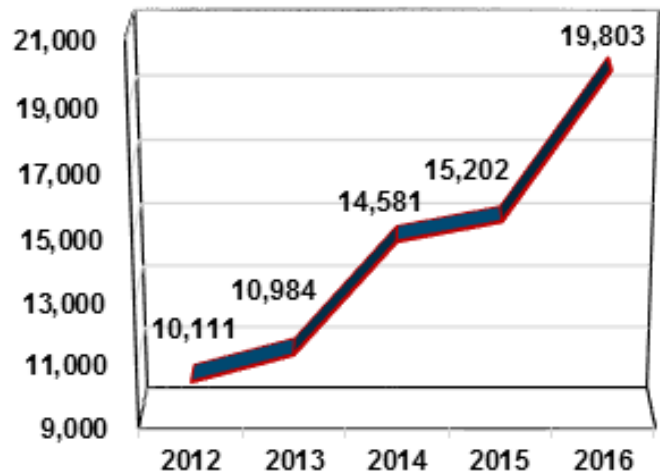
Florida's Federally Qualified Health Centers (FQHCs) have provided comprehensive, culturally competent, quality primary health care services to medically underserved communities for more than 45 years. In 2015, Florida's 49 FQHCs treated more than 1.3 million patients at over 450 locations statewide. Sites include, brick-and-mortar clinics as well as mobile medical, dental, and vision units.

PanCare operates FQHC clinics at ten locations across Bay, Calhoun, Franklin, Gulf, Holmes, Liberty, Walton, and Washington Counties – while also acting as a source of primary care for residents of the immediately surrounding counties. These sites provided 62,757 visits to 19,803 individual patients in 2016. 88.7% reported their income at or below 200% of the federal poverty level, and 83.3% were either covered by Medicaid or had no insurance at all. Since 2012, PanCare has steadily increased the number of patients served, from 10,111 in 2012 to 19,803 in 2016.

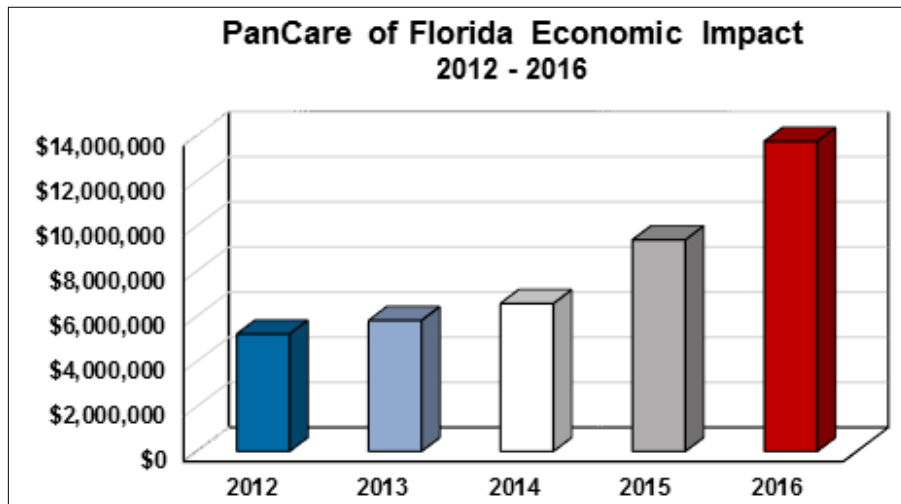
Along with growth in the number of patients served, PanCare's economic impact and return on investment (ROI) have also increased since 2012. Using IMPLAN modeling software, Florida's primary care association, the Florida Association of Community Health Centers

(FACHC), calculated that **PanCare's economic impact tripled since 2012, to \$13.7 million in 2016 with an additional return on investment of \$0.70 for each \$1.00 invested** in PanCare of Florida, Inc.

**PanCare Patient Growth
2012 - 2016**

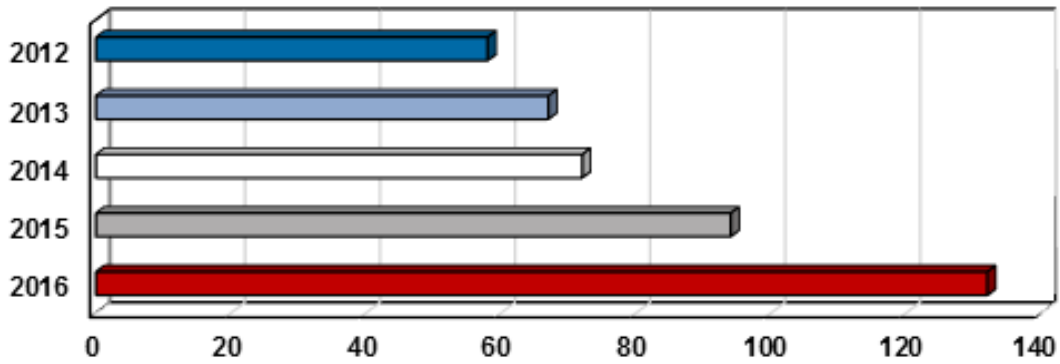


**PanCare of Florida Economic Impact
2012 - 2016**



As well as providing high quality care to 19,803 patients in 2016, PanCare of Florida is a valued employer, accounting for 132 jobs in 2016 across the Panhandle of Florida. Employment rates accounted for 86 positions at health clinics (direct patient care), as well as 46 (indirect patient care) positions throughout ten clinical sites and mobile units.

PanCare of Florida Job Creation 2012 - 2016



Summary of PanCare's Economic Impact, Job Creation, and Return on Investment 2016

County	Jobs	Eco Impact	ROI
Bay	77	\$9,405,207	\$0.84
Calhoun	6	\$469,022	\$0.39
Franklin	5	\$295,446	\$0.53
Gulf	15	\$809,393	\$0.50
Holmes	4	\$420,171	\$0.30
Liberty	7	\$587,490	\$0.33
Walton	13	\$1,209,127	\$0.60
Washington	5	\$542,860	\$0.41
TOTAL	132	\$13,738,715	\$0.70



PanCare of Florida is a Member of the Florida Association of Community Health Centers



The Florida Association of Community Health Centers (FACHC) is designated as Florida's Primary Care Association (PCA). The mission of FACHC is to improve access to quality health services by bringing together agencies, legislators and key persons able to affect health care services. Learn more about FACHC and the FQHCs detailed in this report at <http://www.fachc.org>. To learn more about FQHCs at the U.S. Bureau of Primary Care (BPHC) visit <http://bphc.hrsa.gov/index.html>.

FACHC understands that the leading goal of Florida's Federally Qualified Health Centers (FQHCs) is to provide quality primary healthcare services to the various underserved, uninsured and/or special populations that they serve. This goal would be unattainable if not for dedicated clinical staff ensuring that all Floridians, regardless of insurance or income status, have a permanent medical home.

A key component of FACHC's role in assisting Florida's FQHCs in their efforts to ensure the highest quality of primary medical health care is providing training and technical assistance to the centers, while also coordinating with partners around the state, across the region, and throughout the nation.

There has always been a need to provide safe, affordable, and quality oral health services to Florida's population -- insured or not. Education and awareness of the importance of proper oral health care has been increasing; likewise the need and demand for services has also increased. While Florida's FQHCs have been responding through expansion of facilities and staff, FACHC has increased its efforts in help centers and partnerships to enhance the capacity needed to strengthen the Oral Health Safety Net.

History of Community Health Centers in America

Source: *National Association of Community Health Centers*

America's health centers owe their existence to a remarkable turn of events in U.S. history and to a number of determined community health and civil rights activists who fought more than 50 years ago to improve the lives of Americans living in deep poverty and in desperate need of health care.



Among those determined to change these conditions was H. Jack Geiger, then a young doctor and civil rights activist who, while studying in South Africa, witnessed how a unique community-based health care model had brought about astonishing health improvements for the poorest citizens of that country.

Moving on the opportunity presented by President Lyndon B. Johnson's major War on Poverty initiatives in the early 1960s, Dr. Geiger and other health care pioneers submitted proposals to the federal Office of Economic Opportunity to establish health centers in medically underserved inner city and rural areas of the country based on the same health care model Geiger had studied in South Africa. Funding for the first two "Neighborhood Health Centers" (as they were then called) – one in Boston, Massachusetts, and the other in Mound Bayou, Mississippi – was approved in 1965, and the Community Health Centers Program was launched.

The health center model that emerged targeted the roots of poverty by combining the resources of local communities with federal funds to establish neighborhood clinics in both rural and urban areas around America. It was a formula that not only empowered communities to establish and direct health services at the local level via consumer-majority governing boards, but also generated compelling proof that affordable and accessible health care produced compounding benefits.

Community health centers serve as the primary medical home for 25 million people in 9,200 rural and urban communities across America. These community-based "family doctors" enjoy longstanding bipartisan support by administrations and policymakers at all levels, as well as in both the private and public sectors.

PanCare of Florida's clinics are accredited by the Accreditation Association for Ambulatory Health Care (AAAHC)

The Accreditation Association for Ambulatory Health Care, founded in 1979, is the leader in ambulatory health care accreditation with more than 6,000 organizations accredited nationwide. AAAHC accredits a variety of organizations including ambulatory surgery centers, office-based surgery centers, endoscopy centers, student health centers, military health care clinics, and large medical and dental practices. AAAHC serves as an advocate for the provision of high-quality health care through the development of nationally recognized standards and through its survey and accreditation programs. AAAHC accreditation is recognized as a symbol of quality by third-party payers, medical organizations, liability insurance companies, state and federal agencies, and the public.



BOARD OF DIRECTORS

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PanCare of Florida, Inc. is a 501(c)(3) nonprofit organization which operates Federally Qualified Health Centers (FQHCs) throughout Northwest Florida