Villisca
Family Health Center

CRH-Villisca Rural Health Clinic Biennial Evaluation July 2024 - June 2026

1. Goals, Objectives and Evaluation Framework

The purpose of this evaluation is to assess the effectiveness, utilization, quality, and overall performance of CRH-Villisca, also known as Villisca Family Health Center, a provider-based Rural Health Clinic owned and operated by Clarinda Regional Health Center (CRHC). The evaluation is conducted to fulfill applicable Rural Health Clinic requirements, support continuous improvement, and identify priorities for the next evaluation period.

- Conduct a comprehensive review of the services and effectiveness of the Rural Health Clinic program operated by CRH-Villisca.
- Evaluate utilization, patient access, quality, safety, staffing, policies, administrative support, community needs, and opportunities for improvement.
- Fulfill the biennial program evaluation requirements of 42 CFR §491.11 and applicable CMS Rural Health Clinic interpretive guidance.
- Connect clinic performance and improvement priorities to CRHC's organizational Strategic Path.

Alignment with CRHC Strategic Path

Strategic Path	CRH-Villisca Evaluation Lens
Safety & Quality	Provide safe, reliable, evidence-based care and continuously improve clinical outcomes, patient experience, and regulatory readiness.
Trust	Strengthen relationships with patients, families, community partners, and the Villisca community through accessible, responsive, and transparent care.
People	Recruit, retain, develop, and support the providers and staff necessary to sustain exceptional rural healthcare.
Stewardship	Responsibly manage staffing, facilities, technology, financial resources, and services to support long-term sustainability.
Growth	Strengthen appropriate utilization, expand access and services when supported by need, and respond to the evolving healthcare needs of Villisca and the surrounding region.

2. Clinic Overview

CRH-Villisca, located at 309 S. 5th Avenue in Villisca, Iowa, is a provider-based Rural Health Clinic owned and operated by Clarinda Regional Health Center. The clinic provides primary care and mental health services to residents of Villisca and surrounding communities. Services include preventive care, diagnosis and treatment of acute and chronic illnesses, mental health services, immunizations, point-of-care laboratory testing, care coordination, and referrals to specialty services when indicated.

Hours of Operation

Day	Hours
Sunday	Closed
Monday	8:00 AM - 4:00 PM
Tuesday	8:00 AM - 4:00 PM
Wednesday	8:00 AM - 4:00 PM
Thursday	8:00 AM - 4:00 PM
Friday	8:00 AM - 3:00 PM
Saturday	Closed

The clinic maintains posted hours of operation and provides access to emergency services through established emergency response procedures and referral processes.

3. Staffing Model and Organizational Structure

CRH-Villisca uses a collaborative, team-based staffing model designed to provide comprehensive primary care and mental health services to the Villisca community.

- Medical Director: Bryon Schaeffer, MD, provides Rural Health Clinic medical oversight, including supervision of clinic operations, quality of care, and compliance with RHC requirements.
- Primary Care: Christina Solt, ARNP, serves as the clinic's primary healthcare provider and provides assessment, diagnosis, treatment, preventive care, chronic disease management, and specialty referral coordination.
- Mental Health: Trista Grossnickle, ARNP, PMHNP-BC, provides psychiatric evaluation, medication management, and mental health treatment services.
- Clinical Support: One LPN and one CMA support patient intake, vital signs, medication reconciliation, care coordination, immunizations, education, provider support, and clinic workflow.

Administrative functions including human resources, finance, compliance, credentialing, quality improvement, information technology, medical records, billing, and other support functions are provided through CRHC centralized departments. CRH-Villisca operates within CRHC governance and Medical Staff structures.

Strategic Path Connection - People
The clinic's staffing model supports local access through an interdisciplinary team backed by CRHC system resources. During the next evaluation period, leadership should continue monitoring recruitment, retention, competency, provider coverage, succession needs, and workload sustainability.

4. Scope of Services

CRH-Villisca provides outpatient Rural Health Clinic services across the lifespan, from newborn through geriatric care. Patients may present for scheduled or same-day evaluation within clinic capabilities. The clinic's scope is supported by CRHC policies, Medical Staff Bylaws, approved privileges, and referral/transfer processes.

Patient Population and Clinical Services

- Comprehensive history and examination, assessment, diagnosis, and treatment of acute and chronic medical conditions.
- Preventive care, wellness services, health education, immunizations, and age-appropriate screening.
- Point-of-care testing and specimen collection consistent with the clinic's approved laboratory capabilities.
- Mental health evaluation and treatment, including psychiatric medication management.
- Care coordination and referrals to CRHC and external specialty services based on patient need and patient choice.
- Access to CRHC support services, including laboratory, diagnostic imaging, rehabilitation, cardiopulmonary services, diabetes education, nutrition, social services, and pharmacy-related consultation as clinically appropriate.
- Transfer or referral to emergency services when the patient requires care beyond the clinic's capabilities.

RHC Staffing and Professional Standards

CRH-Villisca maintains staffing and provider availability consistent with applicable Rural Health Clinic requirements during operating hours. Providers and clinical staff maintain required credentials and competencies consistent with CRHC policy and assigned responsibilities. Services are provided under CRHC Medical Staff governance and applicable Medical Staff Bylaws.

Policies, Procedures and Quality Oversight

Patient care policies are developed, reviewed, and approved through CRHC governance processes. Evidence-based resources and applicable regulatory standards are used in policy development. Quality of care is monitored through CRHC quality structures, provider review processes, chart review, patient safety monitoring, complaints and grievances, and other performance-improvement activities.

5. Utilization and Service Activity

Patient Visits by Provider Type

Provider Type	FY2024	FY2025	FY2026
Physician	4	16	21
Nurse Practitioner	1,316	1,027	923
Mental Health Provider	600	354	310
Podiatry	5	0	0
Total Visits	1,925	1,397	1,254

Historical Visit Trends

Fiscal Year	Total Visits
2020	5,363
2021	4,974
2022	4,677
2023	2,721
2024	1,925
2025	1,397
2026	1,254

Utilization Finding
Total visits declined from 5,363 in FY2020 to 1,254 in FY2026, a reduction of approximately 76.6%. Within the current biennial period, visits declined from 1,925 in FY2024 to 1,254 in FY2026. The committee recognizes this as a significant performance trend requiring continued evaluation even though no regulatory deficiency was identified.

Strategic Path Connection - Growth & Stewardship
CRH-Villisca should evaluate provider availability, appointment access, community awareness, service mix, referral patterns, patient preferences, competing access points, and staffing/productivity alignment. Leadership should establish measurable utilization goals and monitor progress at least quarterly.

6. Diagnostic, Preventive and Referral Activity

Point-of-Care Testing Volumes

Test	FY2024	FY2025	FY2026
Urine Pregnancy	26	13	18
INR	58	17	10
Influenza	85	76	74
Rapid Strep	120	79	56
RSV	1	76	74
Urinalysis	97	51	42
COVID-19	48	76	74

Immunization Activity

Category	FY2024	FY2025	FY2026
Pediatric Vaccines	56	49	31
Adult Vaccines	6	5	9
Influenza Vaccines	10	16	7
Total Immunizations	72	70	47

Referral Summary

Specialty	FY2024	FY2025	FY2026
Cardiology	1	2	3
General Surgery	4	1	16
Neurology	1	1	1
OB/GYN	2	2	3
Orthopedics	3	3	7
Mental Health	0	6	8
Other Specialties	18	6	47
Total Referrals	29	21	85

Specialty referrals increased substantially to 85 in FY2026, compared with 29 in FY2024 and 21 in FY2025. This trend demonstrates the clinic's role as a local entry point for coordination with specialty services and should be monitored for referral completion, timeliness, patient access, and opportunities to strengthen care integration.

Strategic Path Connection - Trust & Growth
Effective referral coordination helps patients remain connected to local primary care while accessing specialty services when needed. CRH-Villisca should monitor referral completion and identify opportunities to expand convenient specialty access through CRHC or regional partnerships.

7. Community Profile and Service Area

According to the 2020-2024 American Community Survey information used for this evaluation, the City of Villisca has an estimated population of approximately 1,048 residents with a median age of 44.9 years. The community is rural and includes older adults, families with children, and individuals requiring ongoing access to primary care and mental health services.

Residents of Villisca and surrounding communities experience healthcare access challenges common to rural Iowa, including transportation barriers, provider shortages, and limited local access to specialty care. CRH-Villisca serves as an important local access point for primary care, mental health, preventive care, chronic disease management, testing, immunizations, and specialty referral coordination.

Geographic Service Area

Community	FY2024	FY2025	FY2026
Villisca	46%	50%	60%
Clarinda	21%	13%	5%
Red Oak	7%	11%	12%
Stanton	5%	6%	4%
New Market	2%	3%	1%
Bedford	2%	1%	1%
Corning	4%	4%	4%
Atlantic	2%	1%	2%
Other Communities	11%	11%	11%

Community Access Finding
Although overall visit volume declined, the share of patients from Villisca increased from 46% in FY2024 to 60% in FY2026. This suggests the clinic is increasingly concentrated on its immediate community and reinforces the importance of maintaining a trusted local access point.

8. Patient Demographics and Payer Mix

Patient Demographics

Age	FY2024	FY2025	FY2026
18 and Under	20%	25%	24%
19-44	30%	26%	32%
45-64	29%	28%	25%
65 and Older	21%	21%	19%

Payer Mix

Payer Source	FY2024	FY2025	FY2026
Medicare	17%	15%	12%
Medicaid (Title XIX)	39%	37%	34%
Blue Cross Blue Shield	27%	29%	26%
Commercial Insurance	13%	14%	20%
Private Pay	3%	4%	7%
Other	1%	1%	1%

9. Community Healthcare Needs Assessment

Based on demographic information, utilization trends, provider observations, patient encounters, and community feedback reviewed for this evaluation, the following ongoing healthcare needs were identified:

- Access to primary care services
- Chronic disease management
- Preventive health screenings
- Mental health services
- Immunization services
- Care coordination and referral management
- Management of acute illnesses and injuries
- Food insecurity and access to basic nutritional resources

During the review period, clinic staff identified food insecurity as a barrier for some patients and families. In response, the clinic established a patient food pantry stocked through employee donations to assist patients and families with immediate nutritional needs. The committee determined that this initiative supports efforts to address social determinants of health and demonstrates responsiveness to evolving community needs.

Strategic Path Connection - Trust
The food pantry, mental health services, and local primary care access demonstrate responsiveness to needs identified in the community. Continued outreach and closed-loop connections to community resources should be incorporated into clinic performance monitoring.

10. Medical Record, Policy and Administrative Review

Medical Record Review

A representative sample of 10% of patient charts, including active and closed medical records, was reviewed. The review considered clinical knowledge, medical decision making, proficiency, timely and accurate documentation, communication, responsiveness, professionalism, and compliance with established patient care policies. Practitioner care was reviewed by a physician.

Patient Care Policy Review

Patient care policies are reviewed on an established cycle to ensure they remain current and consistent with regulatory requirements and clinic practice. Reviews and revisions are tracked through CRHC policy governance processes, and approved policies are maintained in PowerDMS for staff access.

Administrative Review

Staffing, provider credentialing, staff training, billing and coding processes, facility conditions, and emergency preparedness were reviewed. Administrative processes and centralized CRHC resources were found to support clinic operations and the safe delivery of patient care. No significant administrative concerns requiring formal corrective action were identified.

11. Quality and Performance Improvement

Patient feedback, no-show trends, complaints and grievances, patient safety concerns, and ongoing quality initiatives were reviewed. Patient feedback was positive, and no concerning complaint or patient safety trend was identified in the information reviewed. Continued improvement efforts should focus on appointment attendance, access to primary care and mental health services, medication safety, preventive care, care coordination, utilization, and food insecurity.

Recommended CRH-Villisca Performance Dashboard

Strategic Path	Recommended Measures
Safety & Quality	Patient safety events; medication safety; chart review findings; preventive screening measures; chronic disease measures; immunization activity
Trust	Patient experience; complaints/grievances; referral completion; community outreach; access feedback
People	Vacancy/turnover; competency completion; provider coverage; engagement and development needs
Stewardship	Visits per provider session; no-show rate; staffing alignment; resource utilization; operating performance as appropriate
Growth	Total visits; new patients; Villisca market penetration; appointment availability; mental health utilization; referral volume and completion

Clinic leadership should review a focused dashboard at least quarterly and use findings to establish targeted improvement actions. Measures should be trended over time and incorporated into the next biennial evaluation.

12. Program Changes During the Evaluation Period

- Paige Jones, ARNP, began seeing patients in May 2024.
- Christina Solt, ARNP, began seeing patients in December 2024.
- Hallena Phillips, LMHC, stopped seeing patients in May 2025.

13. Findings and Recommendations

Strategic Path	Evaluation Finding	2026-2028 Priority
Safety & Quality	No significant patient-safety concern was identified in the evaluation information; chart, policy, and quality review processes are established.	Maintain oversight and implement a clinic-level dashboard with measurable clinical and safety indicators.
Trust	Patient comments are strongly positive, and Villisca residents increased from 46% to 60% of the clinic's geographic mix.	Strengthen community outreach, patient communication, referral follow-up, and awareness of CRH-Villisca services.
People	Team-based staffing supports primary care and mental health access with centralized CRHC resources.	Monitor recruitment, retention, competencies, coverage, succession needs, and workload sustainability.
Stewardship	Administrative infrastructure supports operations; declining utilization warrants review of productivity and resource alignment.	Evaluate staffing and operating efficiency against demand while protecting access and quality.
Growth	Overall visits declined substantially, while specialty referrals increased to 85 in FY2026.	Develop a CRH-Villisca growth/access plan with measurable visit, access, new-patient, referral, and community-engagement goals.

Committee Determination

No significant regulatory or patient-safety deficiency requiring formal corrective action was identified. The committee did identify meaningful performance opportunities, particularly related to utilization, community awareness, preventive health activity, care coordination, workforce sustainability, and measurable clinic-level performance indicators. These priorities should be incorporated into ongoing quality improvement and leadership oversight.

14. Committee Certification

The Biennial Evaluation Committee concludes that CRH-Villisca continues to operate in a manner consistent with Rural Health Clinic Conditions for Certification and remains responsive to the healthcare needs of the population served. Based upon the information reviewed, the committee determined that:

- Services remain available and responsive to community healthcare needs; however, declining utilization requires focused monitoring and improvement planning.
- Patient care policies are reviewed and remain appropriate for current clinic operations.
- Medical record review supports the quality, safety, and continuity of patient care.
- Administrative operations, staffing, and facility resources support the delivery of healthcare services.
- Quality improvement activities support patient safety, patient experience, and operational performance and should be strengthened through a clinic-level performance dashboard.
- The clinic continues to identify and respond to community healthcare needs, including mental health access and social determinants of health such as food insecurity.
- Improvement priorities are aligned with CRHC's Strategic Path: Safety & Quality, Trust, People, Stewardship, and Growth.

The committee affirms that this evaluation fulfills the requirements of 42 CFR §491.11 for the biennial evaluation of the Rural Health Clinic program. Recommendations will be addressed through ongoing quality improvement, routine policy review, administrative oversight, Strategic Path monitoring, and future program evaluations.

Committee Members

Committee Member	Role	Signature	Date
Kathy Boysen	Board Representative	Kathy Boysen	
Jake Jobe	Community Representative		9-3-2026
Chuck Nordyke	President/CEO		9 3 2026
Bryon Schaeffer, MD	CMO / Medical Director		9-3-26
Christina Solt	ARNP	CSolt	9.3.26
Amy Roop	COO	Amy Roop	9-3-26
Lara Nothwehr	VP of Clinics	Lara Nothwehr RN	9-3-26
Krystal Clark	Lead Clinic LPN	Krystal Clark	09-03-26

Appendix A - Patient Feedback Themes

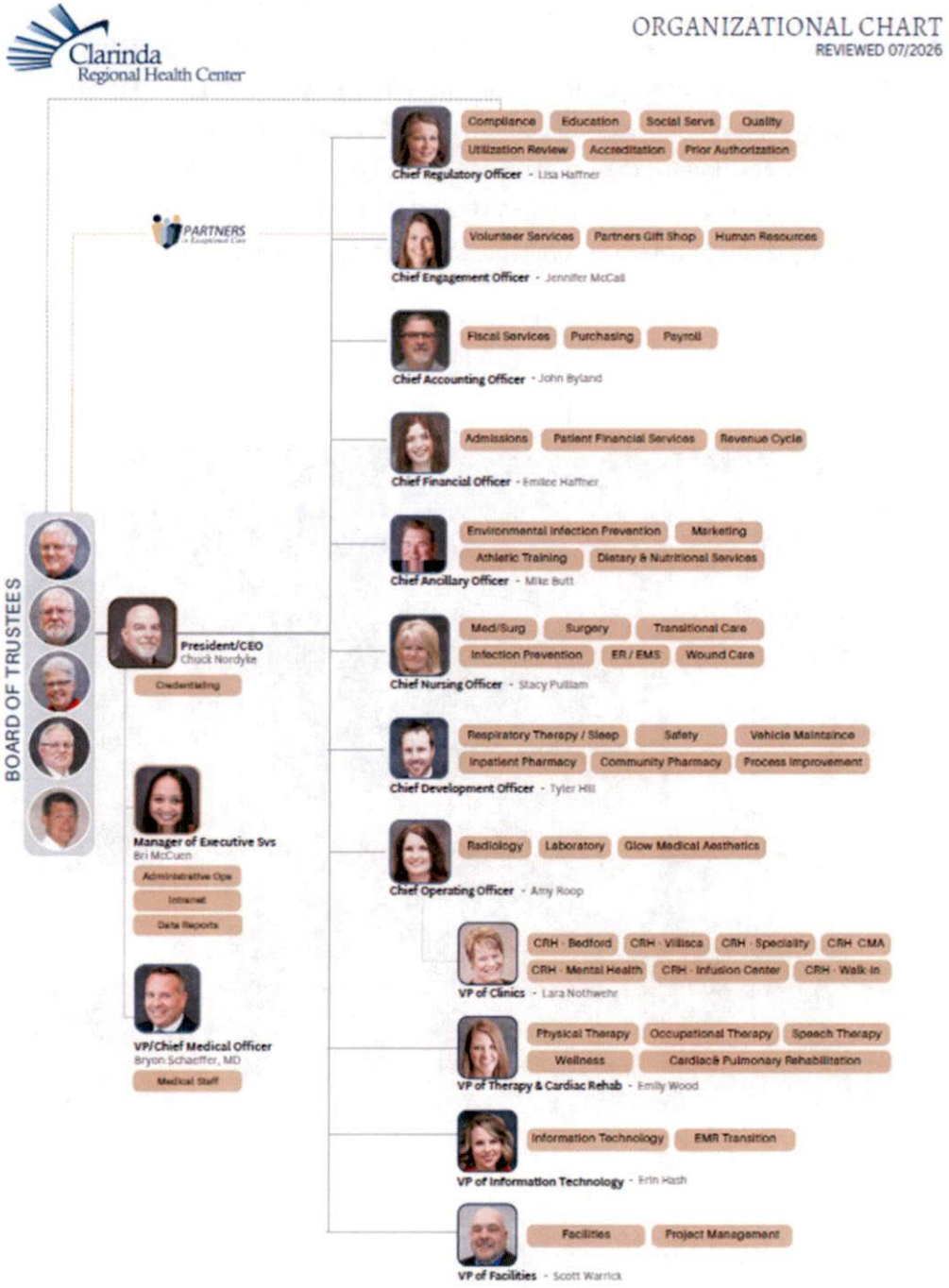
Patient comments reviewed during the evaluation were consistently favorable. Common themes included caring and professional staff, strong bedside manner, helpful communication, positive experiences with children and families, and appreciation for local access to care. Selected comments are summarized below to preserve the evaluation value of patient feedback while maintaining a professional presentation.

- Patients described the clinic team as knowledgeable, helpful, caring, and professional.
- Patients specifically recognized positive interactions with front-desk, nursing, and provider staff.
- Families reported positive experiences with pediatric care and staff communication.
- Patients expressed appreciation for the convenience and quality of care available in Villisca.
- Feedback reflected strong relationships between clinic staff and the community.

The original patient survey comments remain available as supporting documentation for the biennial evaluation.

Appendix B - Organizational Structure

CRH-Villisca operates within the CRHC organizational structure and receives centralized clinical, administrative, quality, financial, technology, compliance, and support services. The organizational chart below was included in the source evaluation and was reviewed in July 2026.



Note: Organizational assignments may change between biennial evaluations. CRHC should maintain the current approved organizational chart as the controlling reference.