NATIONAL ASSOCIATION OF
Community Health Centers

America's Voice for Community Health Care

NATIONAL ASSOCIATION OF
Community Health Centers

America's Voice for Community Health Care

The NACHC Mission

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved people.

NATIONAL ASSOCIATION OF Community Health Centers

How are Federally Qualified Health Centers Serving as Medical Homes: Evidence and Implications for Health Reform

David M. Stevens, MD

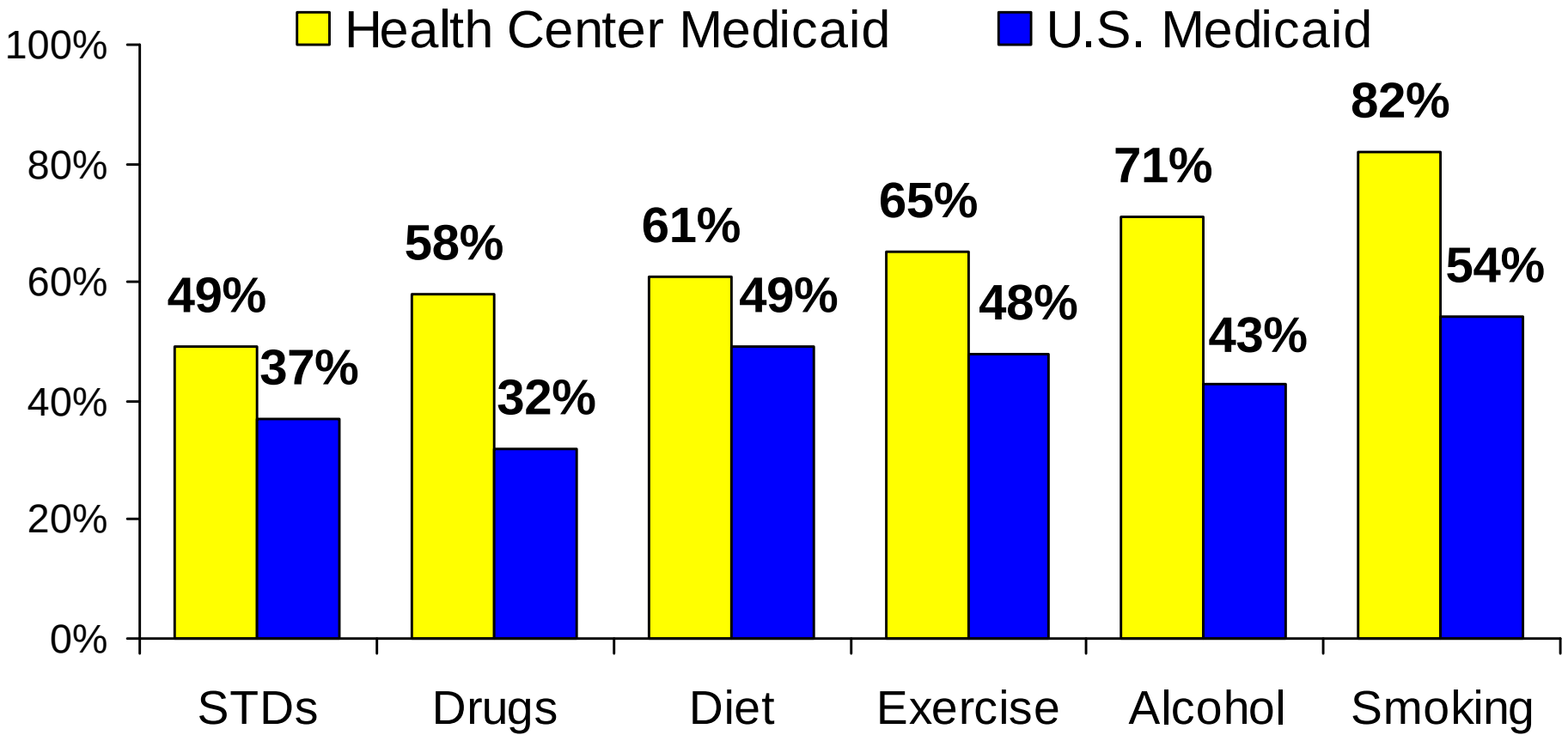
December 4, 2008

The Commonwealth Fund Webex

Health Centers & the "Medical" Home: It Takes A Village…

Domains (FQHC Program Expectations)	Health Center (FQHC)	Medical Home
Governance & Mission	Community Control Focus: Underserved	*Left Intentionally Blank*
Community	Needs Assessment, Planning & Collaboration	*Left Intentionally Blank*
Access	X+ culture/language , location, sliding fee scale	Scheduling, telephone access, after hrs. web site, health literacy
Longitudinal care	X	X
Comprehensive Care	X+ Primary Care Enabling Services, MH/BH; Dental; SA Team Based	Primary Care & other coordinated services
Coordination of Care	X	X
Quality Improvement	X+ HRSA Reporting Requirements Health Disparities Collaborative	X

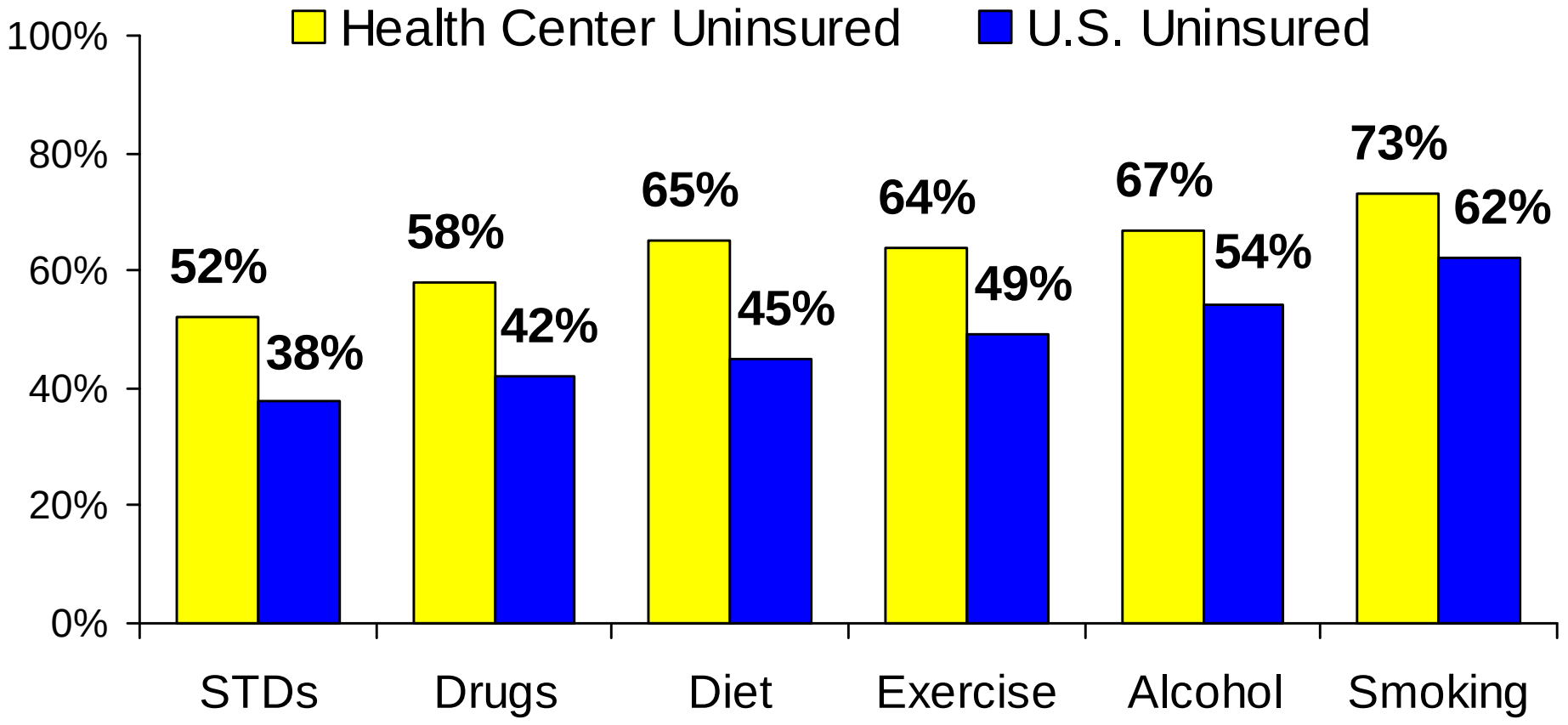
Health Center Medicaid Patients Receive More Health Promotion Counseling than Medicaid Patients Nationally



Source: Leiyu Shi, "The Role Of Health Centers In Improving Health Care Access, Quality, And Outcome For The Nation's Uninsured." Testimony At Energy and Commerce Committee, Subcommittee on Oversight and Investigations Congressional Hearing "A Review Of Community Health Centers: Issues And Opportunities." Washington, DC. May 25, 2005. Based on Community Health Center User Survey, 2002; and National Health Interview Survey, 2002. Created by: BA Bartman, CQSB/DCQ/BPHC/HRSA, July 2004.

Figure 4.4

Health Center Uninsured Patients Receive More Health Promotion Counseling than the Uninsured Nationally



Source: Leiyu Shi, "The Role Of Health Centers In Improving Health Care Access, Quality, And Outcome For The Nation's Uninsured." Testimony At Energy and Commerce Committee, Subcommittee on Oversight and Investigations Congressional Hearing "A Review Of Community Health Centers: Issues And Opportunities." Washington, DC. May 25, 2005. Based on Community Health Center User Survey, 2002; and National Health Interview Survey, 2002. Created by: BA Bartman, CQSB/DCQ/BPHC/HRSA, July 2004.

Health Disparities Collaboratives: Medical Home Quality Improvement Infrastructure and Outcomes

- 9,658 patients with diabetes, asthma or hypertension at 44 sites, 20 matched controls (NEJM, 356;9 March 1, 2007)
  - –Significant increase over one year in foot exams, use of anti-inflammatory medication for asthma, assessment of glycated hemoglobin
- 17 Midwestern health centers, 1998-2002 (HSR 2007 Dec;42(6Pt1): 2174-93)
  - –Significant improvement in glucose control and ACE inhibitor use
  - –Lifetime incidence reduced: blindness, ESRD, CAD
  - –Improvement in quality adjusted life year
  - –Cost effective: $717 per patient first year; $378/patient in yr 4

Health Disparities Collaboratives: Medical Home Quality Improvement Infrastructure and Outcomes

- Over 2200 patients with DM 1998-02 (Med Care 2007 Dec; 45(12):1123-5)
  - Improved 11 process of care indicators for DM
  - Improved HbA1c and LDL levels

- Staff Morale & Burnout: 145 centers participating in HDC HSR 2008 (www.blackwell-synergy.com)
  - Morale related to perceived support of health center leadership and provider resistance
  - Facilitators of morale: fair distribution of work, personal recognition, career promotion & skill development, sufficient personnel and resources, effective training of new hires

Benefits of Primary Care: Health Centers & Health Disparities

- 98% of health center patients report they have a usual source of care: Non-Hispanic white, African American & Hispanic
- As health centers serve more low income state residents, states' Black/White health disparities in overall mortality and infant mortality decline significantly
- As health centers service more low income state residents, states' Hispanic/White health disparities in early prenatal care decline significantly
- Health center patients have lower rates of low birth weight than their US counterparts for Asian, Black and Hispanic children
- Health centers reduce disparities in access to mammograms and Pap tests for Hispanic, African American, Medicaid and the uninsured and surpass the 70% target in Health People 2010

AHRQ, "Focus on Federally Supported Health Centers, 2002. National Healthcare Disparities Report
Shin P, Jones K, Rosenbaum' S. Reducing Racial & Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low Income Communities. Sept. 2003. www.gwhealthpolicy.org/downloads/GWU_Disparities_Report.pdf.

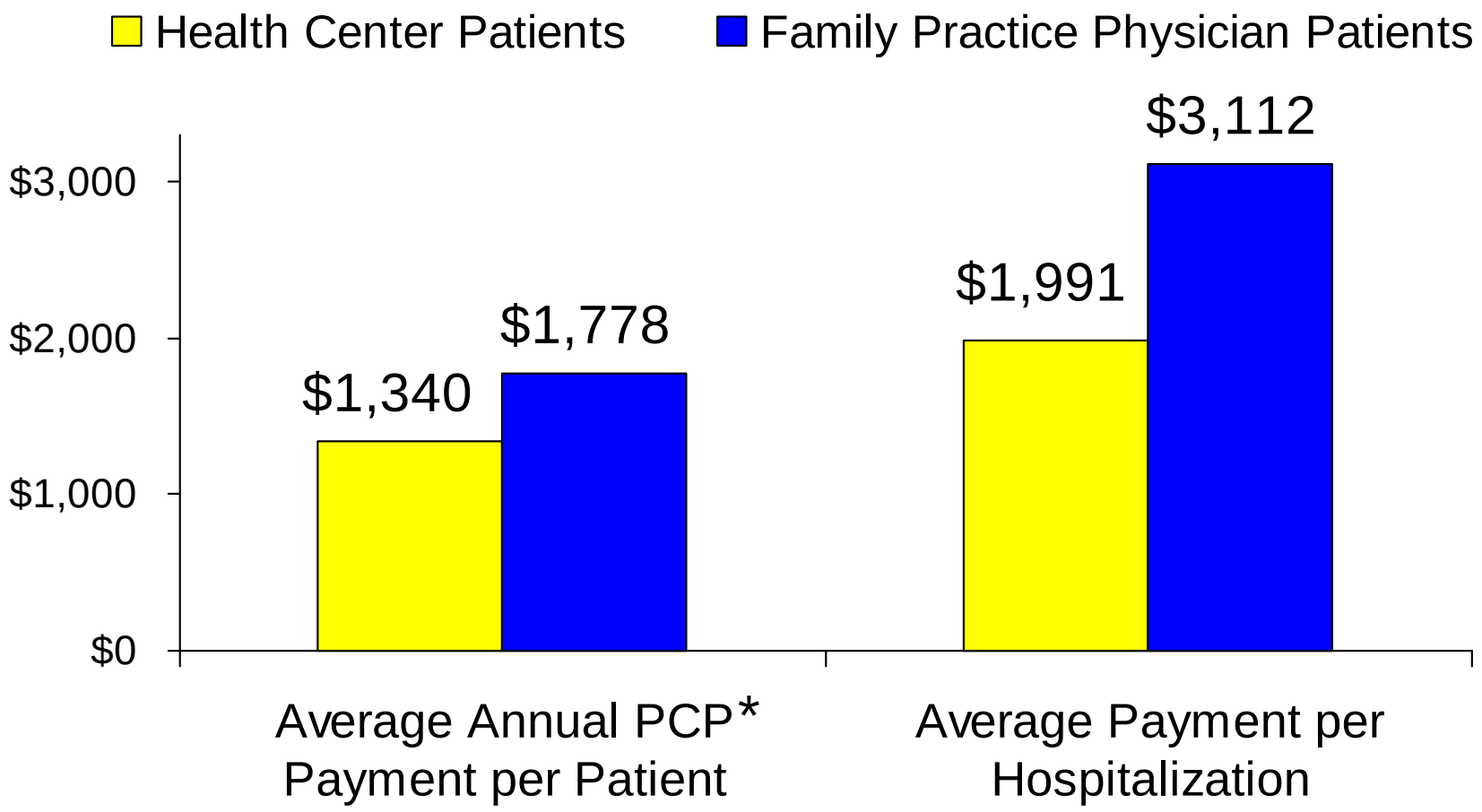
Compared to Medicaid Patients Treated Elsewhere, Health Center Medicaid Patients…

- Are between 11% and 22% less likely to be hospitalized for avoidable conditions
- Are 19% less likely to use the ER for avoidable conditions
- Have lower hospital admission rates, lower lengths of hospital stays, less costly admissions, and lower outpatient and other care costs
- North Carolina Medicaid program, CommunityCare showed a $10.2 million investment in network of comprehensive primary care medical homes that included all of NC FQHCs generated savings of $244 Million in overall health care costs for the state in FY 2004.

Saving 30-33% in total costs per Medicaid beneficiary

Sources: Falik et al. “Comparative Effectiveness of Health Centers as Regular Source of Care.” 2006. *Journal of Ambulatory Care Management* 29(1):24-35. Falik et al. “Ambulatory Care Sensitive Hospitalizations and Emergency Visits: Experiences of Medicaid Patients Using Federally Qualified Health Centers.” 2001. *Medical Care* 39(6):551-56.

South Carolina Case Study: Costs Associated with Treating Medicaid Diabetic Patients, 2000-2003



* Primary Care Physician
Source: South Carolina Budget and Control Board, 2004.

Patients with Diabetes –primary or secondary diagnosis
Beaufort Jasper Hampton CHS, Inc.

Indicators	FQHC	Other Providers
• Average Days Stay In-patient	3	5
• % of patients w/ inpatient hospital	2.08%	7.89%

(S. Carolina State Health Plan Claims System)

Urban Health Plan: Bronx, NY
82% Latino Population

- Asthma (Health Disparities Collaborative)

  Asthma Outcomes:

  - ❑ Registry Size 5900 asthmatic patients from 2100 patients
  - ❑ Reduced Pediatric hospitalizations ages 5 to 12 by 60% in our community
  - ❑ Symptom Free Days 10.8 out of 14 from 4 symptom free days
  - ❑ Persistent Asthmatics on Anti inflammatory Meds 97.2%
  - ❑ USA EPA “National Exemplary Award”

Urban Health Plan, Inc.

Social and Economic Determinants: Health Centers Build Social Capital

Tips for Staying Healthy

- Don’t have poor parents
- Don’t live in a poor neighborhood
- Practice not losing your job and don’t become unemployed
- Don’t be illiterate
- Social isolation is as risky as smoking so find a few meaningful relationships
- Don’t be poor. If you can, stop. If you can’t, try not to be poor for too long—especially if you are a member of a racial or ethnic minority

Adopted from: Frank Vinicor, MD, MPH, CDC

Socio-Economic Determinants of Health & Social Capital:

Total Economic Activity Stimulated by an Average Large Urban and Small Rural Health Center, 2005 & Community Board Members

	Large Urban Health Center		Small Rural Health Center	
	Total Economic Impact	Employment (Full Time Equivalents)	Total Economic Impact	Employment (Full Time Equivalents)
Direct	$ 12,252,801	187	$ 3,333,321	45
Indirect	$ 2,273,314	24	$ 261,600	3
Induced	$ 7,114,112	70	$ 287,124	4
Total	**$ 21,640,227**	**281**	**$ 3,882,045**	**52**

- 20,000 to 25,000 health center community board members
- Over 150,000 people in health center workforce

Note: Total Economic Impact includes Value-Added Impact. Actual health center with an annual budget of $12.3 million (large) and $3.3 million (small), based on Capital Link's financial information database. Each Full Time Equivalent (FTE) denotes one full time employee. Total FTEs denote total workforce generated by health centers. For more information see the full report at www.nachc.com/research.

Source: NACHC, Robert Graham Center, and Capital Link, *Access Granted: The Primary Care Payoff*, August 2007, www.nachc.com/research.

Medical Home: Some Implications for Health Reform

• Health Centers are a necessary foundation for efficiently expanding coverage, improving access to effective quality care, and eliminating waste for a diverse and ageing US population

•Incentives to build and sustain health center participation in coordinated and information sharing networks of specialists, and other health care providers including mental/behavior health, oral health, pharmacy, end of life care, and hospitals

•Consumers should have broad coverage and the information to chose a provider at the best cost and highest quality -- not forced to choose less care or fewer preventive services to achieve savings

•Invest in primary care workforce for 21st century: increase from 1/3 to at least 1/2 or more of our total health care work force, with policies that support team based care and appropriate distribution of the work force

•Invest in regional or state quality improvement infrastructure to support performance measurement, performance improvement, and public reporting coordinated with public health initiatives and public health surveillance