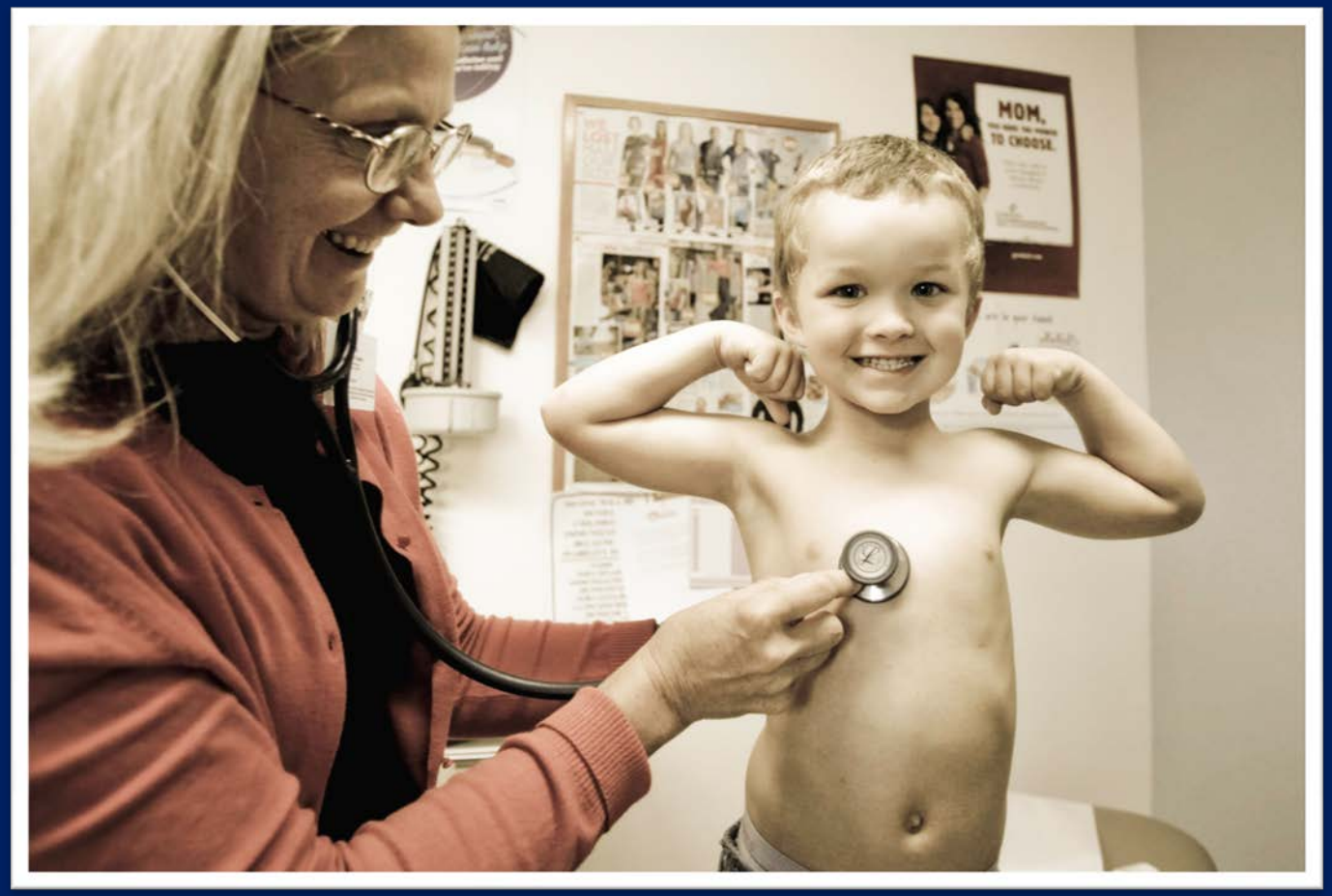

Yvonne Ketchum-Ward , CEO
Idaho Primary Care Association

Heidi Traylor, CEO
Terry Reilly Health Services

IDAHO'S COMMUNITY HEALTH CENTERS

HEALTHCARE ALTERNATIVES FOR CITIZENS WORKGROUP

August 11, 2016

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IDAHO PRIMARY CARE ASSOCIATION

WHAT ARE IDAHO'S COMMUNITY HEALTH CENTERS?

Community Health Centers are a Tremendous Value to Idaho

- In 2015 served 164,591 patients (nearly 1 in 10 Idahoans)
- 72 clinic sites in 50 communities
- Health services available on a sliding fee or nominal fee
- Recognized patient centered medical homes
- High quality primary medical, dental & behavioral health services
- Pharmaceuticals are accessible at a discounted rate
- Have an ongoing Quality Improvement/Quality Assurance (QI/QA) program

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HOW DOES A CLINIC BECOME A COMMUNITY HEALTH CENTER?

- Medical clinics can become part of the Health Center Program through an application and successful competition for funding.
- Organizations must be compliant with all Health Center Program requirements and related Federal and State requirements.
- The federal government funds these opportunities when budget dollars are allocated through a competitive process based on need.
- Eligible applicants must be a nonprofit or public agency.

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WHAT ARE THE COMMUNITY HEALTH CENTER PROGRAM REQUIREMENTS?

There are 19 (audited) Federal Requirements that include:

1. A demonstrated and on-going need (designated medically underserved populations) in the service area.
2. The majority of the governing board (51% or greater) have to be health center patients and this majority as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex.
3. Complex reporting required to the federal government including patient demographics, characteristics, staffing, diagnosis and services rendered, in a specific required format referred to as Uniform Data Set (UDS) as outlined and specified by the government.

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WHAT ARE THE COMMUNITY HEALTH CENTER PROGRAM REQUIREMENTS? (CONTINUED)

4. Providing services at a sliding fee discount and a system to determine edibility for such discounts.
   - *Full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.*
   - *No patient will be denied health care services due to an individual's inability to pay for such services by the health* center, assuring that any fees or payments required by the center for such services will be reduced or waived.

5. Having an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes:
   - A clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care.
   - Periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center.

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HOW DO COMMUNITY HEALTH CENTERS GET PAID?

- Medicaid and Medicare pay on a prospective payment system (PPS). PPS is one flat rate based on average cost that includes *all* services rendered that day including office visits, lab, radiology, procedures and immunizations. PPS is supposed to cover *the cost* of the visit for a Medicare or Medicaid patient. It does not cover a margin for self-pay or uninsured patients.
- Private insurance such as Blue Cross, Blue Shield and PacificSource pay health centers fee for service like they would any other medical center.
- Uninsured patients pay a sliding fee rate or a nominal charge depending on their income level.
- The federal government issues a grant to help establish the health center. Health centers do not receive more federal funding if they have more uninsured patients.

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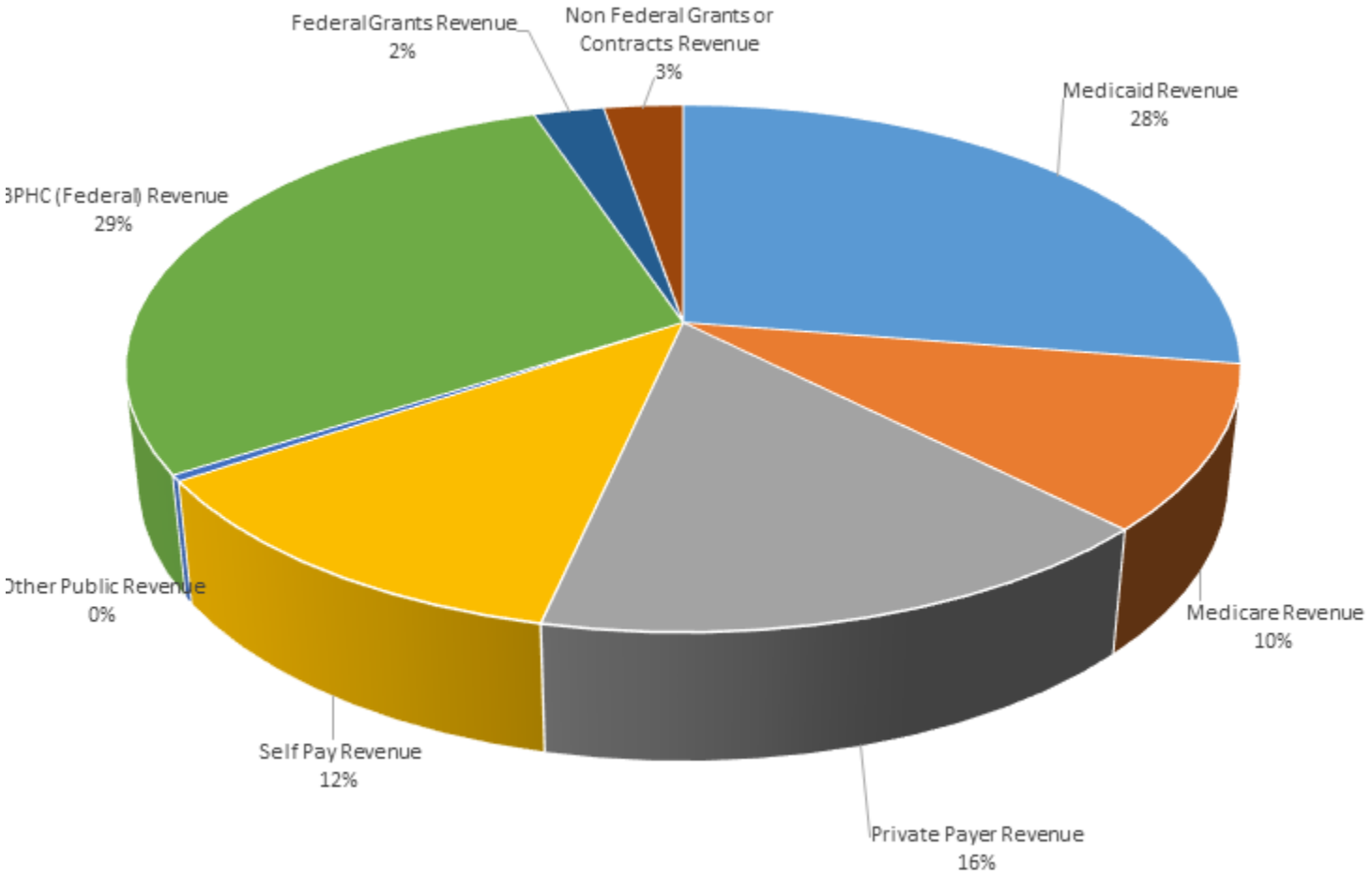
COMMUNITY HEALTH CENTER REVENUE



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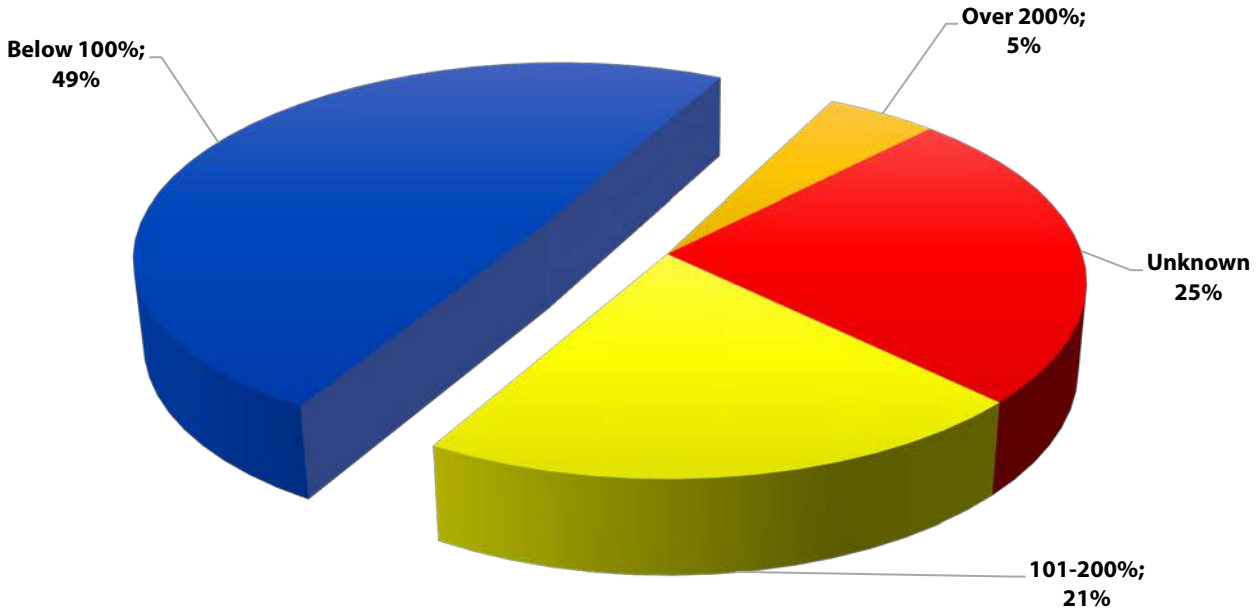
HEALTH CENTER PATIENT INCOME (%OF FPL)



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COMMUNITY FOCUSED SERVICES

- Health Centers are all community-based nonprofit organizations.
- They deliver essential medical, dental and behavioral health services to everyone, including those without insurance, residents of rural and underserved areas, and Medicare, Medicaid and private insurance patients.
- Each Health Center is governed by a community board, a majority of whom are patients, assuring a strong community voice in determining how healthcare services are designed and delivered.

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HIGH QUALITY PRIMARY CARE

Idaho's Community Health Centers deliver coordinated primary care that:

- Is the foundation of Idaho's healthcare system.
- Is focused on wellness, prevention and chronic disease management. Health Centers serve their local communities by providing a wide range of basic healthcare needs.
- Reduces disease through treatment and prevention, reduces the economic costs of poor health, and reduces the use of emergency and hospital visits.
- Helps manage the control of routine illnesses and increases patient compliance of medical treatments.

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LEADING PATIENT CENTERED MEDICAL HOME TRANSFORMATION

- Health Centers are rapidly preparing for the future Idaho healthcare environment by transforming their practices into patient centered medical homes (PCMH).
- PCMH is team-based care focused on prevention, managing chronic illness and better coordination across the delivery system to improve quality and reduce costs.
- This model promotes a close relationship with the primary care provider and their care team, while maximizing the use of health information technology.

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THE VALUE OF PROVIDING CARE TO THE UNINSURED IN IDAHO

- The cost arising from lack of health insurance coverage – increased morbidity and mortality, reduced financial security, lost productivity – is borne by families, employers and society generally.
- This cost burden is shifted to others – including county and state indigent care programs, charity care, and more. Health Centers reduce cost-shift by providing the uninsured with high quality care that is coordinated, prevention focused, and supports consistent management of chronic illness.

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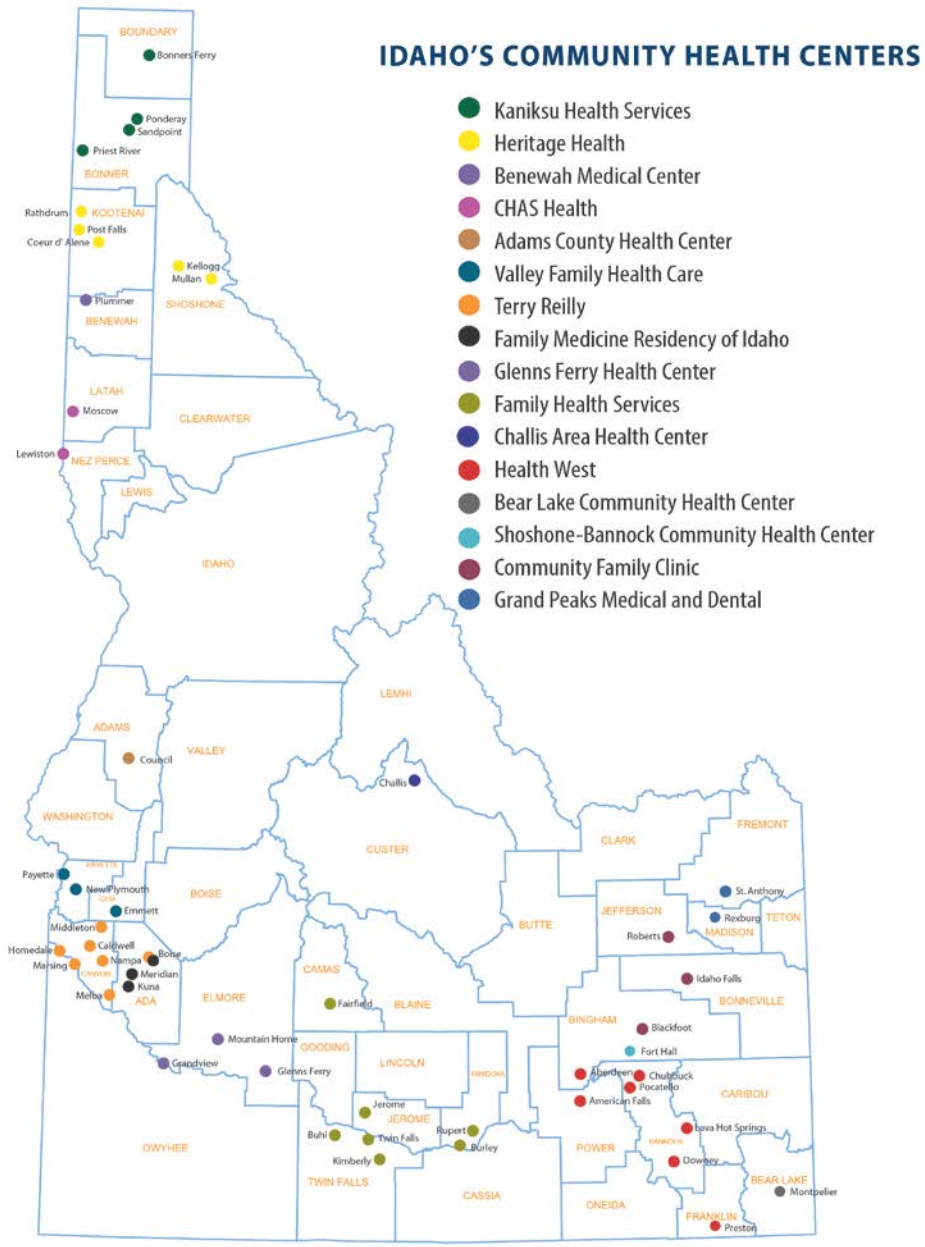

IDAHO'S COMMUNITY HEALTH CENTERS
Kaniksu Health Services
Heritage Health
Benewah Medical Center
CHAS Health
Adams County Health Center
Valley Family Health Care
Terry Reilly
Family Medicine Residency of Idaho
Glenns Ferry Health Center
Family Health Services
Challis Area Health Center
Health West
Bear Lake Community Health Center
Shoshone-Bannock Community Health Center
Community Family Clinic
Grand Peaks Medical and Dental
BOUNDARY
Bonners Ferry
Ponderay
Sandpoint
Priest River
BONNER
Rathdrum
KOOTENAI
Post Falls
Coeur d' Alene
Kellogg
Mullan
Plummer
SHOSHONE
BENEWAH
LATAH
Moscow
CLEARWATER
Lewiston
NEZ PERCE
LEWIS
IDAHO
LEMHI
ADAMS
Council
VALLEY
Challis
WASHINGTON
CUSTER
CLARK
FREMONT
Payette
New Plymouth
BOISE
Emmett
JEFFERSON
St. Anthony
Rexburg
TETON
MADISON
Roberts
BUTTE
Middleton
Homedale
Caldwell
Nampa
Boise
Marsing
Meridian
Kuna
Melba
ADA
CANYON
ELMORE
CAMAS
Fairfield
BLAINE
Idaho Falls
BONNEVILLE
BINGHAM
Blackfoot
Fort Hall
Mountain Home
GOODING
Grandview
Glenns Ferry
LINCOLN
JEROME
Jerome
Buhl
Twin Falls
Kimberly
Rupert
Burley
TWIN FALLS
OWYHEE
CASSIA
Aberdeen
Chubbuck
Pocatello
American Falls
CARIBOU
Lava Hot Springs
POWER
Downey
BEAR LAKE
Montpelier
ONEIDA
FRANKLIN
Preston

TERRY REILLY

Your Health. Our Mission.

Inside a Community Health Center

Heidi Traylor, CEO

Evolving Face of Health Care

The Health Care Delivery System is Changing

- Unsustainable model, cost and poor health outcomes.
  - US Ranked 38th Health Outcomes
  - We spend the most of any other country - 19% GDP
- Healthcare is shifting from fee for service (volume) to payment for value.
- Health care providers and systems are being held accountable for Outcomes, Quality and Cost of Care.
- This is changing the way we think about and deliver health care.

CHC v PCMH

What's the Difference?

The new environment and conversation is also creating confusion:

- **What**: A CHC is a business funded to deliver health care targeting those who face barriers to care and/or experience health disparities to improve the overall health of our communities.
- **How**: PCMH is a health care delivery model which achieves the Triple Aim in the new environment.

CHC – Business Model

What's a CHC?

- Open to everyone, with funding to support care targeting individuals facing barriers or health disparities.
- Funding supports patient care based on sliding fee scale.
- Strategic decisions made based upon patient or community needs and health disparities.
- Our patients are our Board of Directors.
- Non-profit organization.
- Required array of services outlined in federal statute.
- Reporting/accountability for the funds expended, with audits.

PCMH – The “New” Care Delivery Model

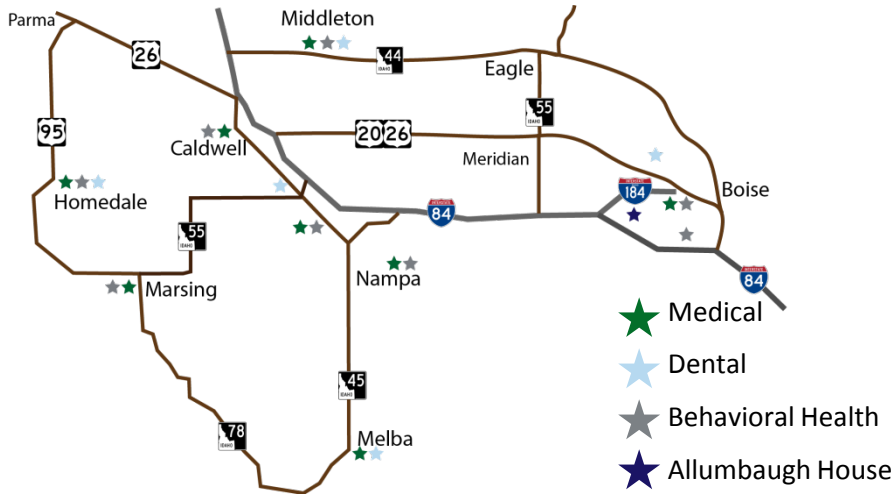
Patient Centered Medical Home

- Access for both routine and urgent health care needs.
- Culturally and linguistically appropriate team based care.
- Individualized health assessment and evidence based care to manage the health of a patient population.
- Planned, managed and coordinated patient care.
- Closed loop tracking and follow up on other care.
- Data is used to improve operations, care and the patient experience.

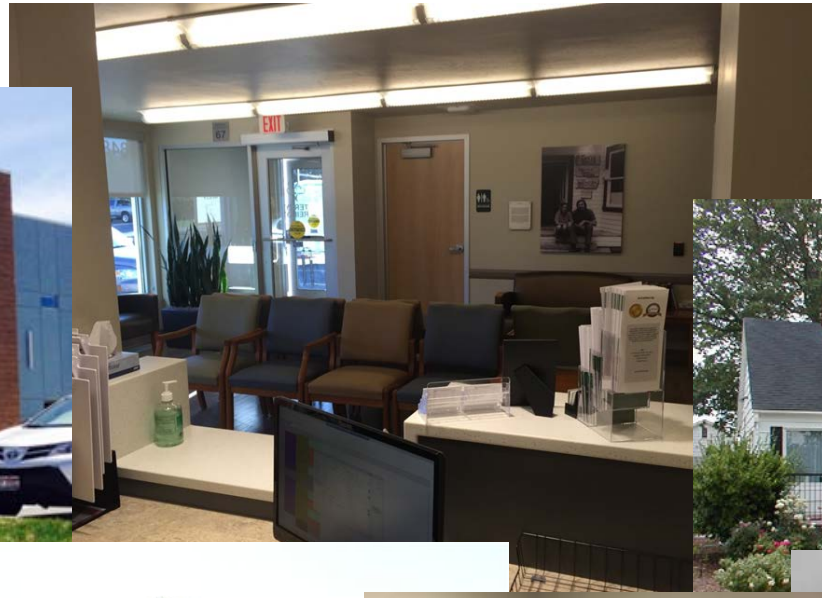
Terry Reilly – One CHC in Idaho

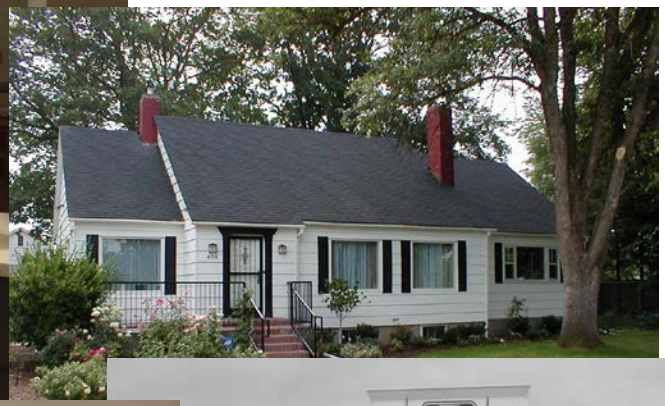
Community Health Center since 1971

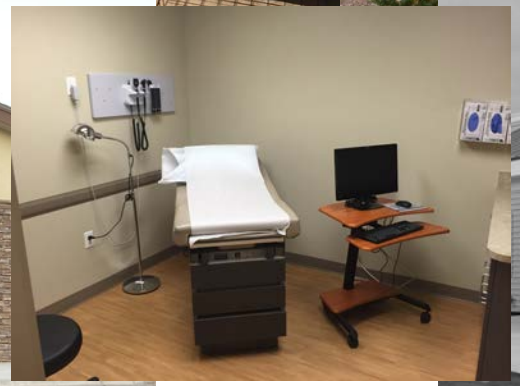
- A Community Health Center located in Southwest Idaho in operation for 45 years
- Federally funded as a:
  - **Community** Health Clinic
  - **Migrant** Health Center
  - Health Center for the **Homeless**
- Service area includes:
  - Ada, Canyon and Owyhee Counties
- Joint Commission Accredited
- NCQA Level III Recognized
- Over 300 employees and $24 million in annual operations



What Does a CHC Look Like?







Our Patients – At a Glance

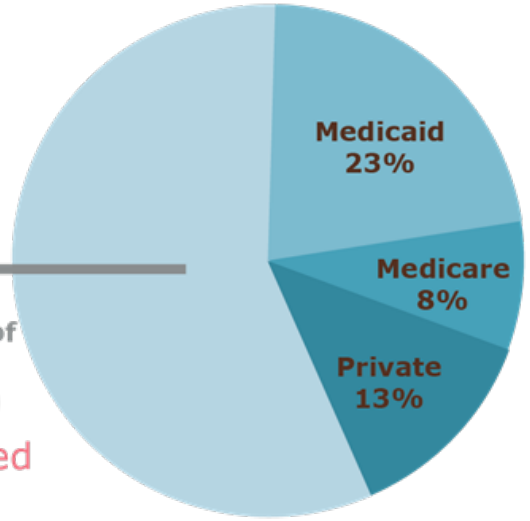
>30,000 Patients

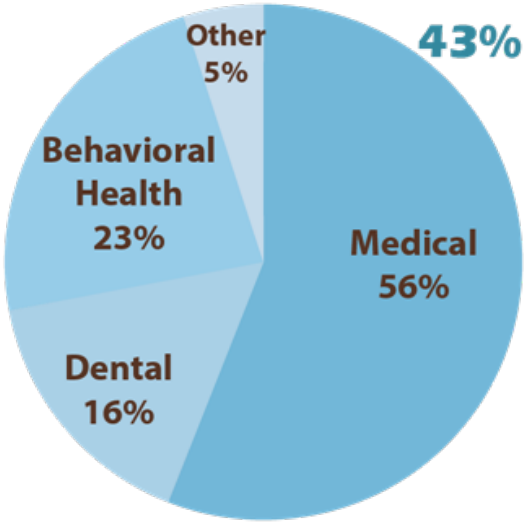
>130,000 Visits/Year

Terry Reilly Patients are **56%** UNINSURED

Compared to

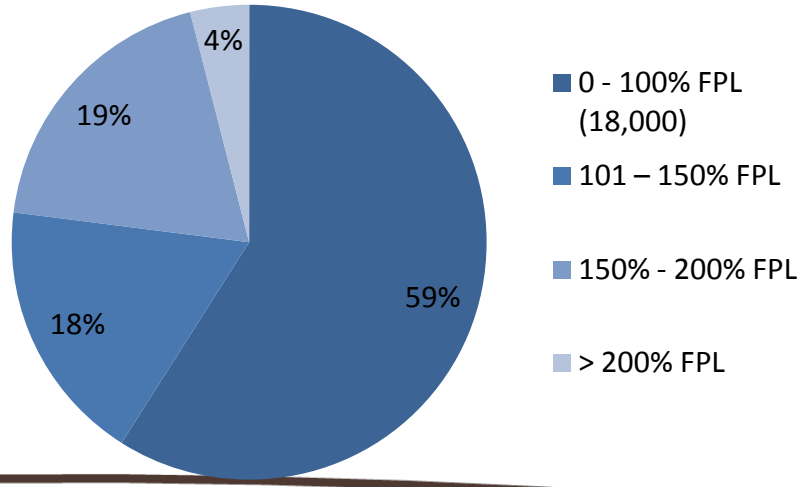
The National Average of **34.9%** at Federally Qualified Health Centers





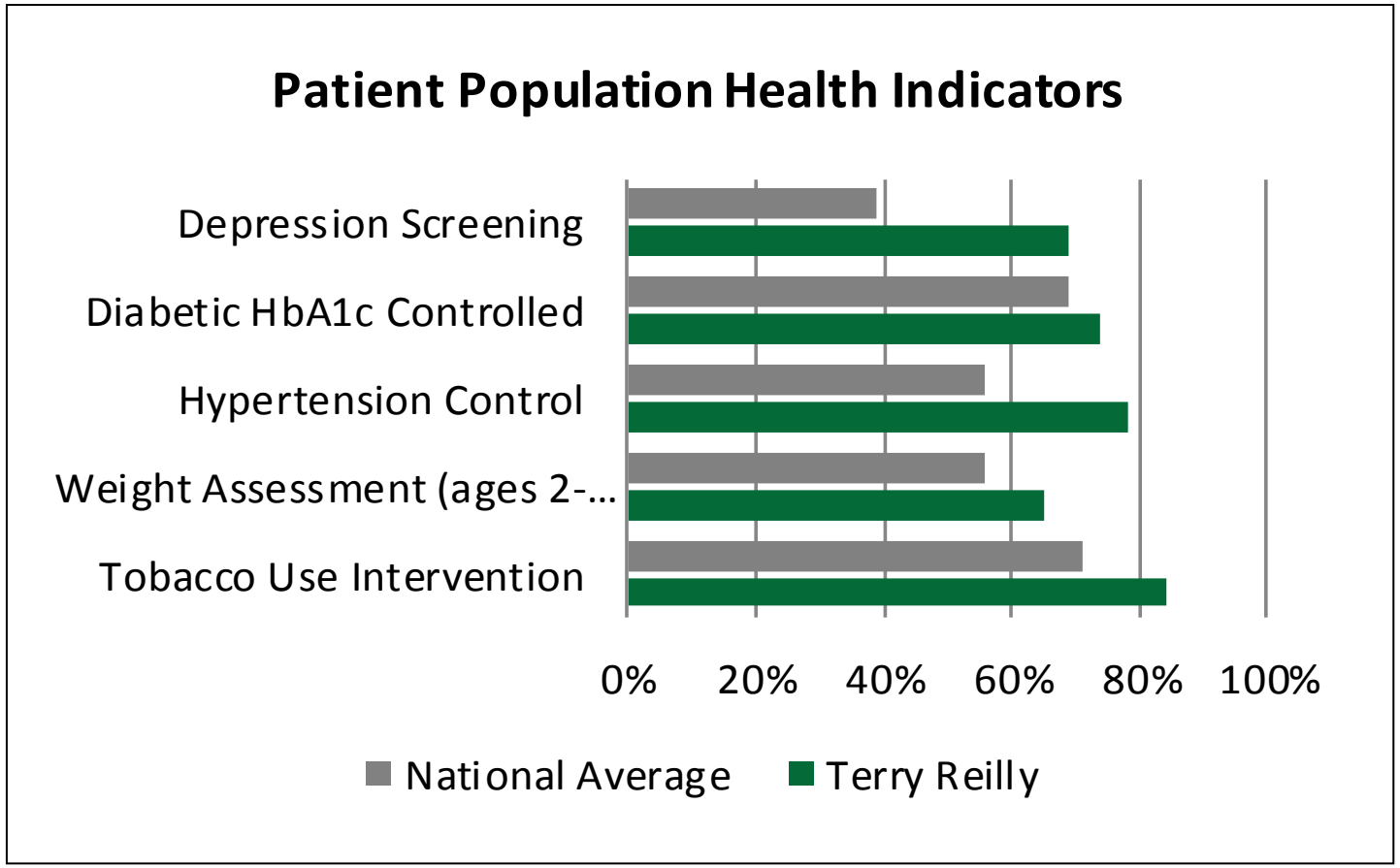
43% of our medical patients also have a behavioral health condition.

*Duplicate visits included



Health Status of our Patients

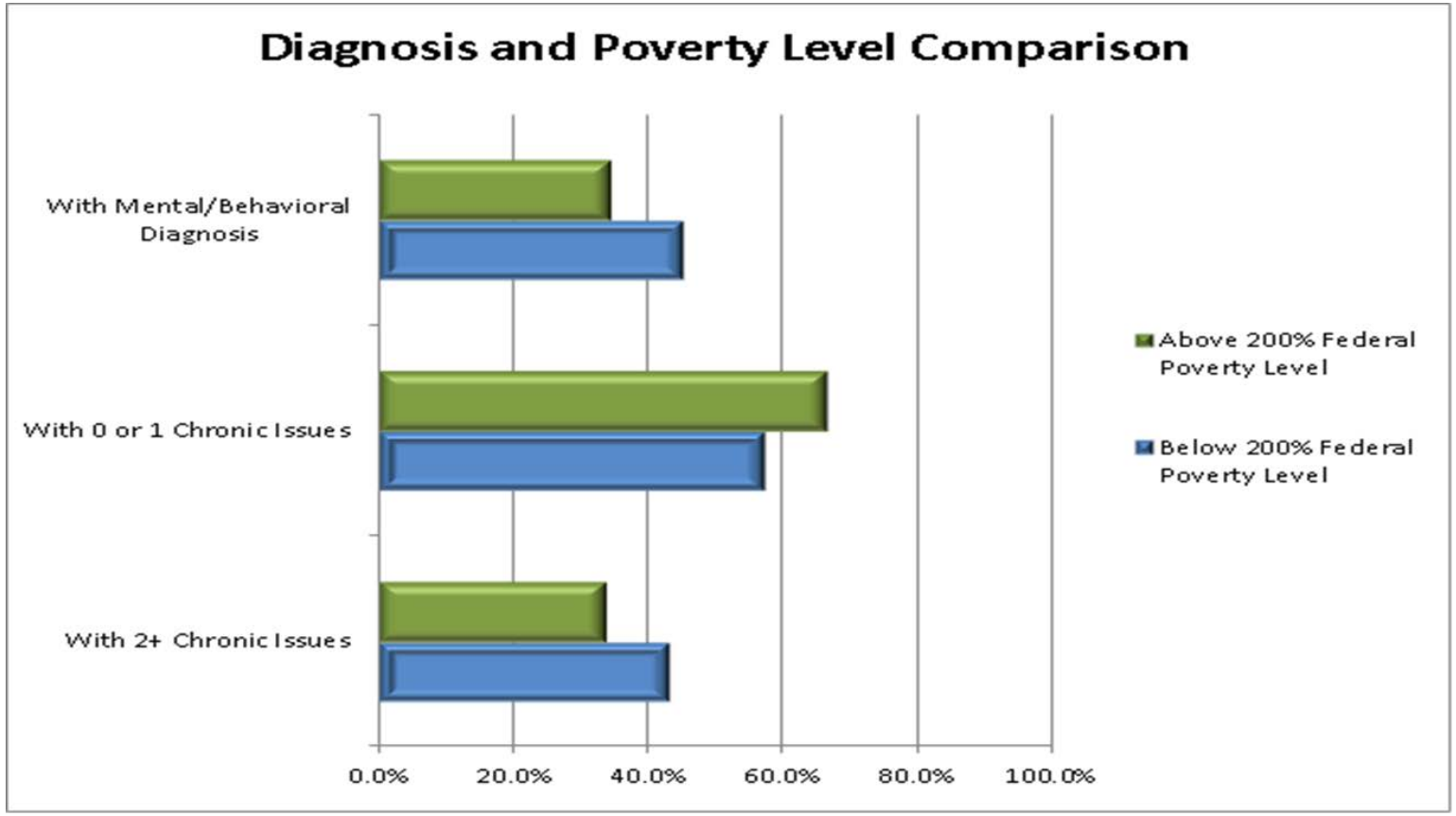
Screenings & Chronic Conditions



Health Status of our Patients

4% of our Patients over 200% of FPL

96% below 200% FPL



Disparity Work in Action

Primary Care as the Community Mental Health Clinic

- Primary Care Providers provide > 60% of behavioral health related diagnosis and medication management.
- 50% of psychiatric medications are prescribed by primary care providers.
- The leading cause of disability for those with Serious Persistent Mental Illness (SPMI) is their mental illness.
- The leading cause of death for those with SPMI is Chronic Diseases – dying an average of 25 years earlier than peer group without a behavioral health disorder.
  - Coronary Artery Disease, Diabetes, COPD, Stroke

- **Business Decisions**: Expansion of behavioral health team members.
  - Covert PCP to PNP, BH Consultants, Psychiatric RN Care Manager, Peer Support Specialist

Disparity Work in Action

Colorectal Cancer Screening

- Excluding skin cancer, colorectal cancer is the third most common cancer diagnosed.
- Colorectal cancer is the third leading cause of cancer related deaths.
- Colorectal cancer is generally treatable with early detection (polyps detected and removed).
- Screening rate for uninsured in Idaho (including TR) = about 35% of the population. Screening rate for people with insurance = 60% - 65%.
- Cost of Screening: FOBT = $40/year x 10 years = $400. Colonoscopy = $5000 every 10 years.

- **Business Decisions**: Targeted health disparity initiative for 2016-2017.
  - Invest in FOBT testing, patient education, Community Health Worker, Registry Manager to drive this initiative.

What's Missing as an CHC

Managing Our Patients in a PCMH model of care.

- Unstainable Payment Structure for the Uninsured.
  - Many of the changes in health care delivery are not reimbursable "encounters".
  - Medicare, Medicaid and private insurance payment models are shifting.
  - Initiatives for uninsured are funded through grants or one time funds making the transformation unsustainable in the long run.

- Access to the broader continuum of health care.
  - Preventative Health – mammograms, PAP, CRC, dental sealants
  - Specialty behavioral health - SUD treatment, intensive behavioral health
  - Access to specialists – pulmonology, cardiology, dermatology
  - Restorative care – physical therapy, occupational therapy
  - Home Based Support – home health, respite care, hospice
  - Hospital or ER care when medically indicated

Questions?

- Yvonne Ketchum-Ward, CEO – Idaho Primary Care Association
- Heidi Traylor, CEO – Terry Reilly Health Services

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