

SENATE HEALTH & WELFARE COMMITTEE  
Thursday, February 11, 2016

ATTACHMENT 1





**Yvonne Ketchum-Ward , CEO**  
**Idaho Primary Care Association**

**Heidi Traylor, CEO**  
**Terry Reilly Health Services**

**Mike Baker, CEO**  
**Heritage Health**

**IDAHO'S COMMUNITY HEALTH CENTERS**  
**SENATE HEALTH AND WELFARE COMMITTEE**

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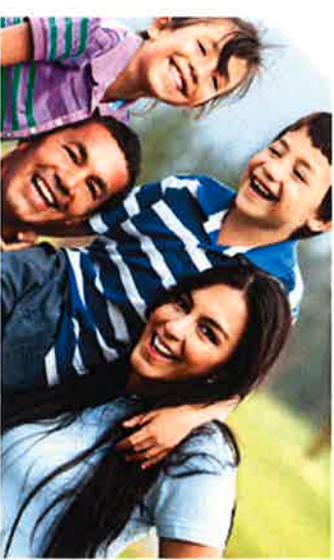


# WHO ARE IDAHO'S COMMUNITY HEALTH CENTERS?

**Community Health Centers (CHCs) are a Tremendous Value to Idaho**

- In 2014 served 156,651 patients (nearly 1 in 10 Idahoans)
- 72 clinic sites in 47 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

# COMMUNITY FOCUSED SERVICES



- CHCs 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 CHC is governed by a community board, a majority of whom are patients of the CHC, 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. CHCs 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

# LEADING PATIENT CENTERED MEDICAL HOME TRANSFORMATION

- CHCs 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



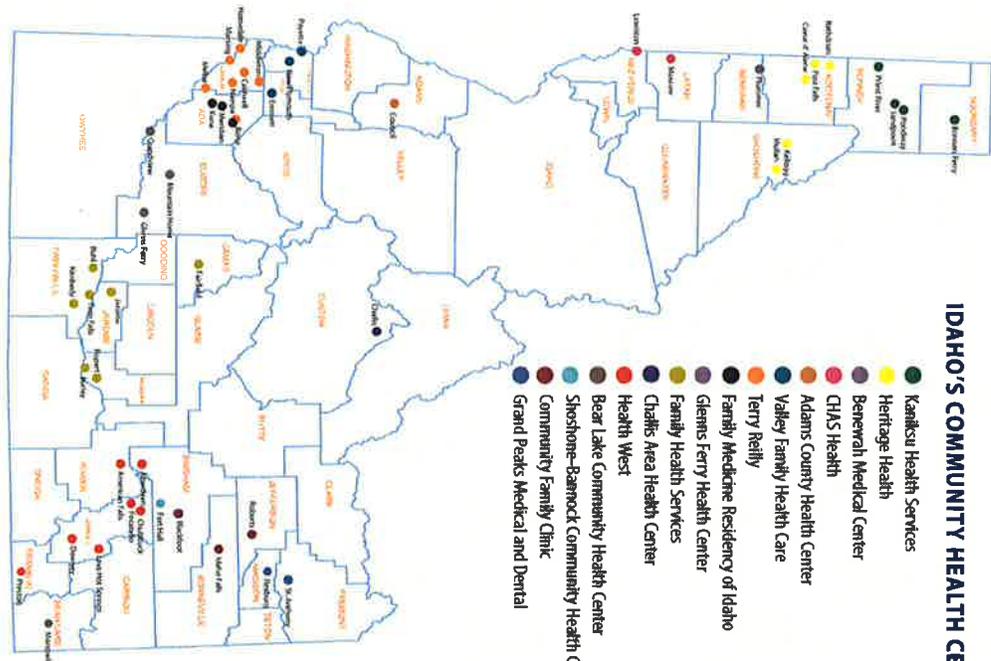
# THE VALUE OF PROVIDING CARE TO THE UNINSURED IN IDAHO

- 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. CHCs reduce cost-shift by providing the uninsured with high quality care that is coordinated, prevention focused, and supports consistent management of chronic illness



# IDAHO'S COMMUNITY HEALTH CENTERS

- Keatscu Health Services
- Heritage Health
- Benewah Medical Center
- CHS Health
- Adams County Health Center
- Valley Family Health Care
- Terry Reilly
- Family Medicine Residency of Idaho
- Glens Ferry Health Center
- Family Health Services
- Chalks Area Health Center
- Health West
- Bear Lake Community Health Center
- Shoshone-Bannock Community Health Center
- Community Family Clinic
- Grand Peaks Medical and Dental





**TERRY  
REILLY**

*Your Health. Our Mission.*

## **Integrated Care**

Heidi Traylor, CEO

# Who is Terry Reilly

Community Health Clinic since 1971



- A Community Health Center located in Southwest Idaho in operation for 45 years
- 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
- NCOA Level III Recognized
- Over 300 employees and \$24 million in annual operations



# Strategic Goals

Building for today, designing for tomorrow

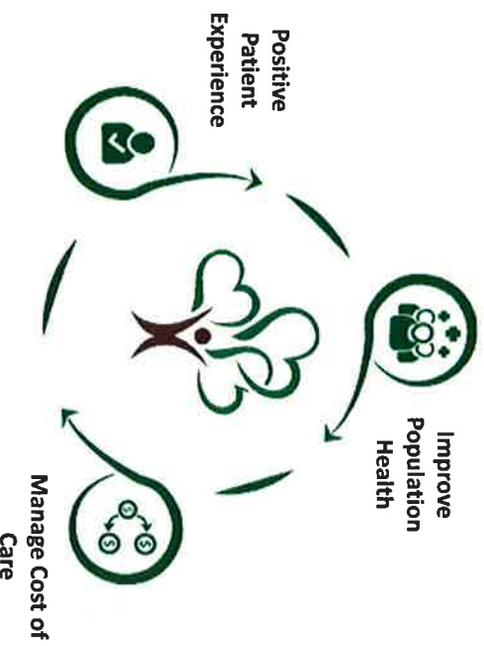


**Today**

- Cross-disciplinary team based care
- Seamless referral and care coordination
- Proactive outreach and disease management

**Future**

- Transition of care teams
- Patient engagement, education and wellness
- Enhanced use of technology



**Today**

- Data driven, high quality health care
- Multi-disciplinary, integrated services
- Chronic, Acute and Preventative Care across Life Cycle
- Targeted special population activities

**Future**

- Clinical Pharmacy
- Enhanced patient management
- Expanded integration of care

**Today**

- Active Outreach and Enrollment efforts
- Sliding Fee Discount
- 340 B Pharmacy

**Future**

- Expanded partnership with hospitals and health departments
- Alternative delivery models including telehealth

# Who We Serve

Primary Care, Oral Health, Behavioral Health

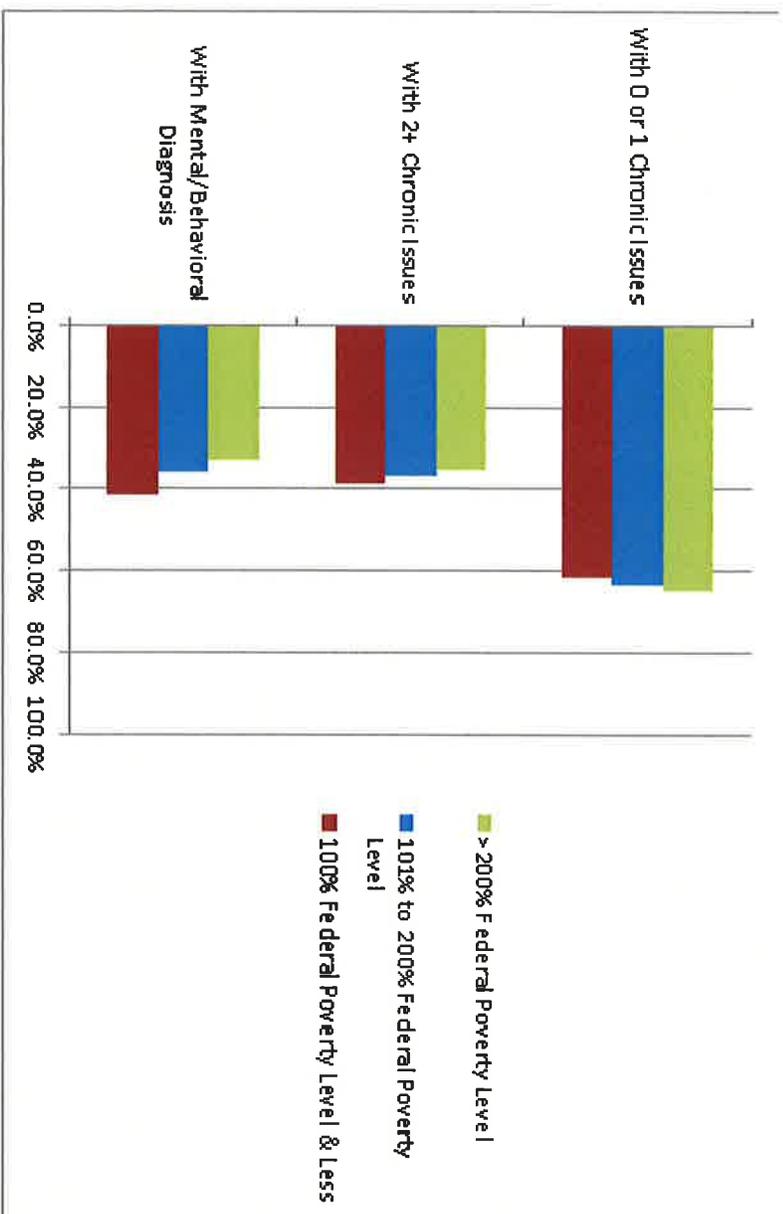


- Over 30,000 unique patients seen in CY 2015
- Income status:
  - 59% 0 - 100% FPL (18,000)
  - 18% 101 – 150% FPL
  - 19% 150% - 200% FPL
  - 4% +200% FPL
- 56% (17,000) are uninsured
- 30 % Public Insurance
  - 22% Medicaid (56% 0-17)
  - 8% Medicare
- 9% Agriculture Workers
- 10% Homeless
- 3% Veterans



# Health Status of our Patients

## Mental Health and Chronic Disease



# Focusing on a Solution

Integrated Care

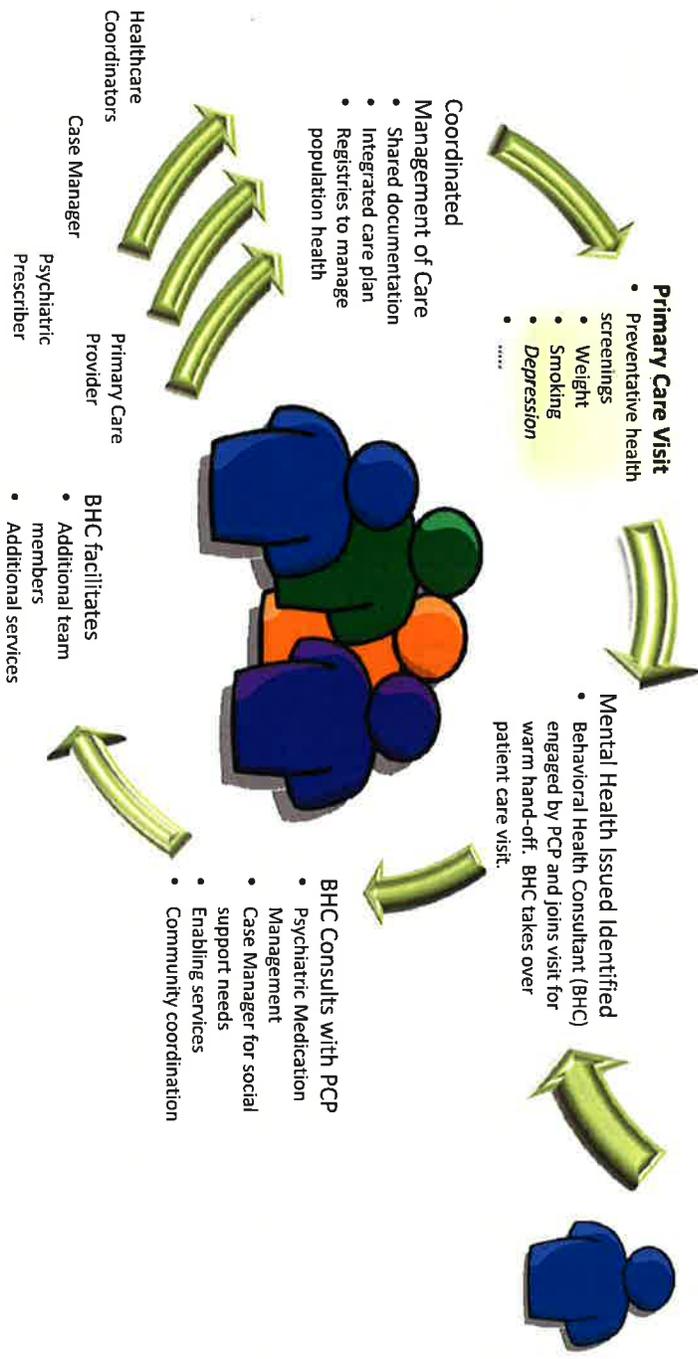


- Team Based Care
- Primary Care, Behavioral Health, Oral Health integrated EMR
- Behavioral Health Screenings
- Expanded capacity to manage psychotropic medications
- Behavioral Health Consultants
- Allumbaugh House
- SANE SOLUTIONS
- PAP and 340B for medications



# Behavioral Health Integration

A model of excellence



# Mental Health Infrastructure

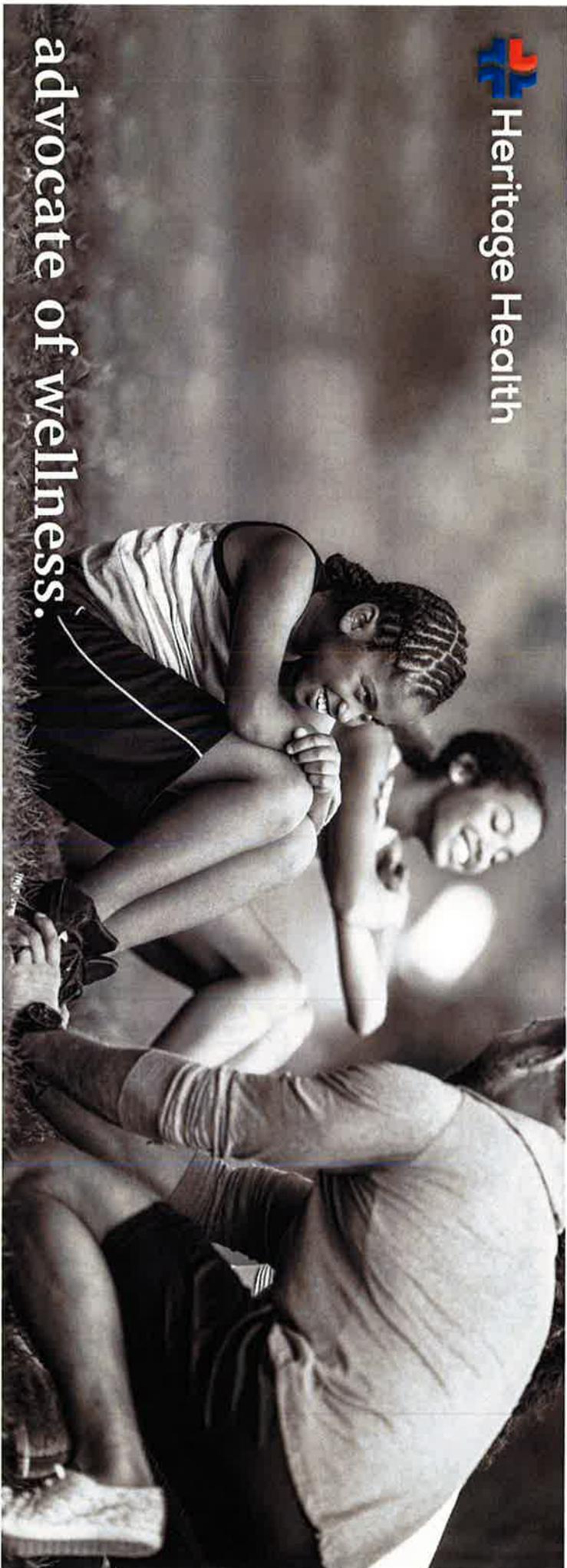
Opportunities to build on

- **Expand capacity of Behavioral Health Consultants**
  - address all patient visits, not just mental health visits.
- **Transition of Care Team**
  - a team who closely manage patients who are at risk or rising risk of hospitalization or who are transitioning from a hospital setting.
- **Patient Education and Activation**
  - medication adherence, symptom management, wellness and safety planning, chronic disease management.
- **Clinical Pharmacy**
  - Ensuring patients are taking medications and understanding their medications.





Heritage Health



advocate of wellness.



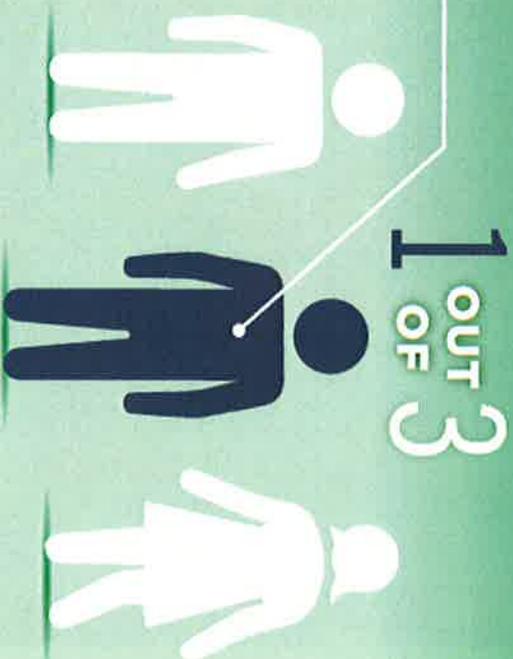
# PREDIABETES

COULD IT  
BE YOU?



**86**  
**MILLION**

86 million American  
adults—more than  
1 out of 3—have  
prediabetes

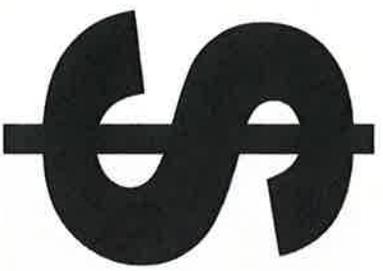


# CHECK



The cost of diagnosed diabetes in  
**2012 was \$245 billion**

Source: American Diabetes Association



People with diagnosed  
diabetes have health care  
costs **2.3 times higher**  
than if they didn't have the  
disease



December 2015

# Live Well CDA

*celebrating healthy lifestyles*

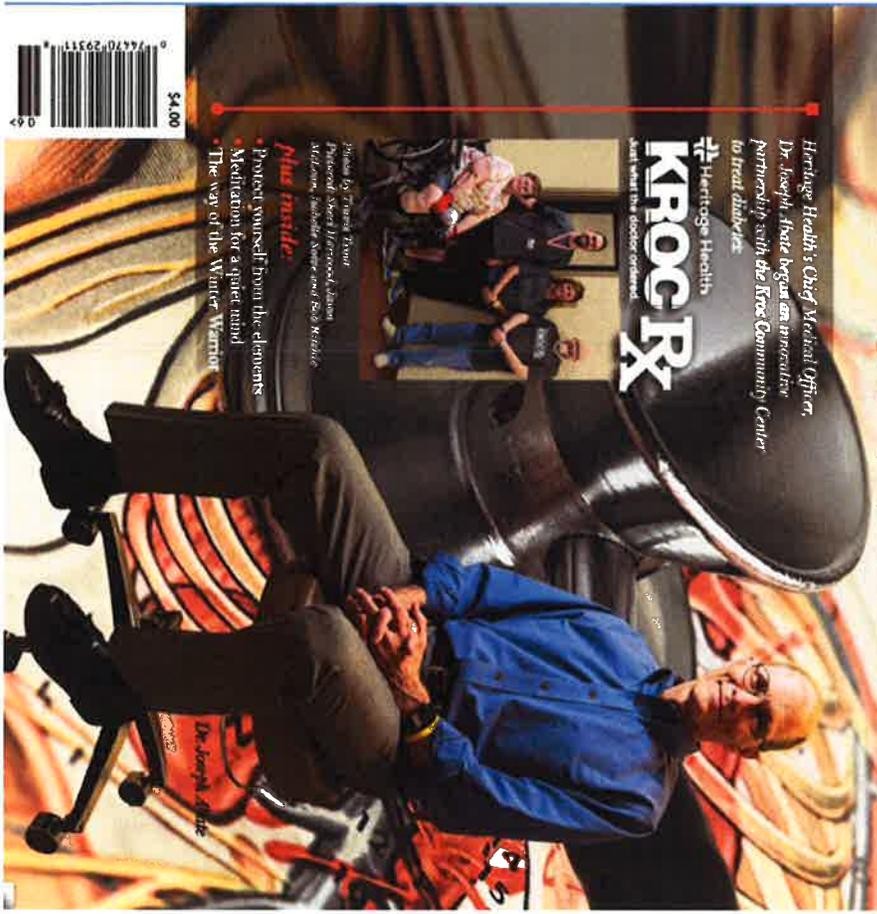
Heritage Health's Chief Medical Officer,  
Dr. Joseph, shares an innovative  
partnership with the Knox Community Center  
to treat diabetes.

Heritage Health  
**KROCC-R**  
Just what the doctor ordered.



Photo by: Traci Trout  
Physicist: Scott Harwood, Jason  
McLennan, Ingrid Sorensen and Bob Kettle

**Plus inside:**  
• Protect yourself from the elements  
• Meditation for a quiet mind  
• The Way of the Warrior



\$4.00

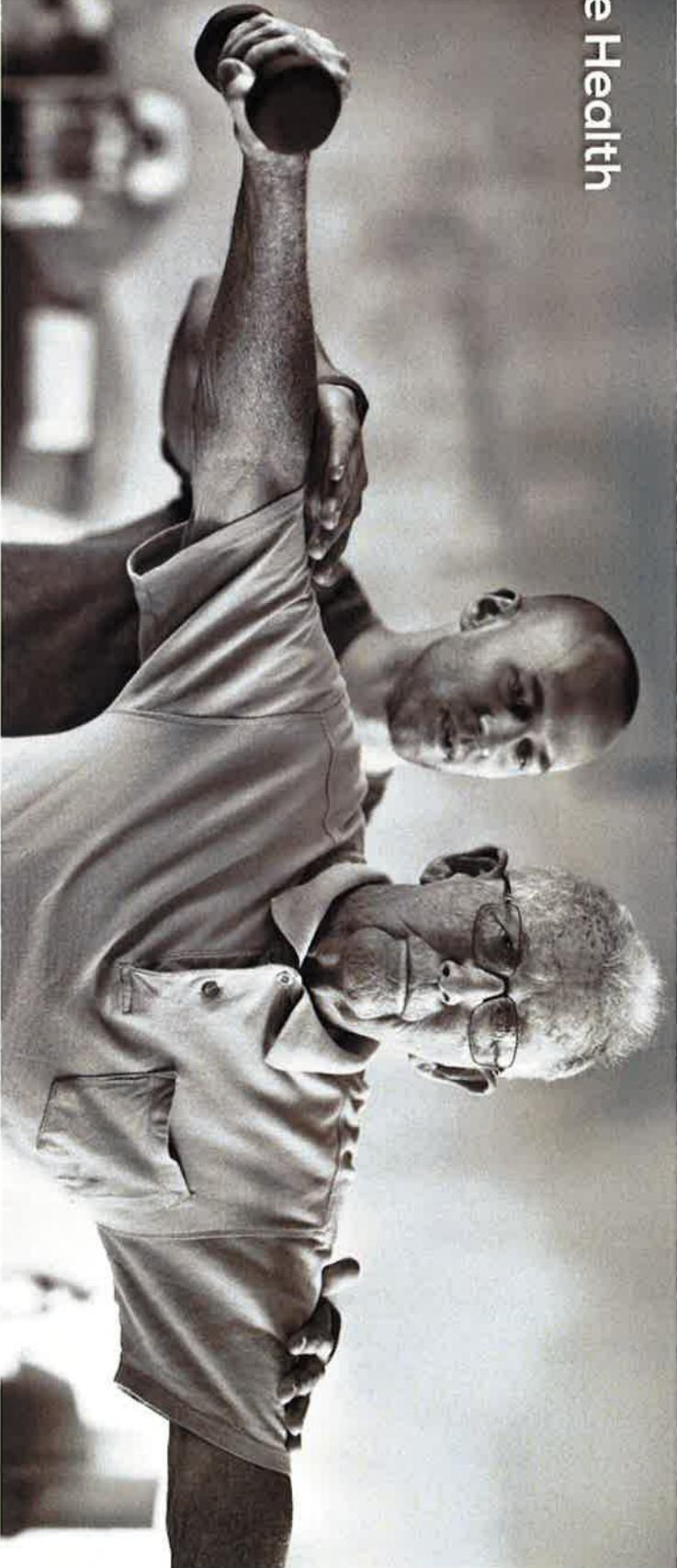




 Heritage Health

be inspired.

 Heritage Health



heal.

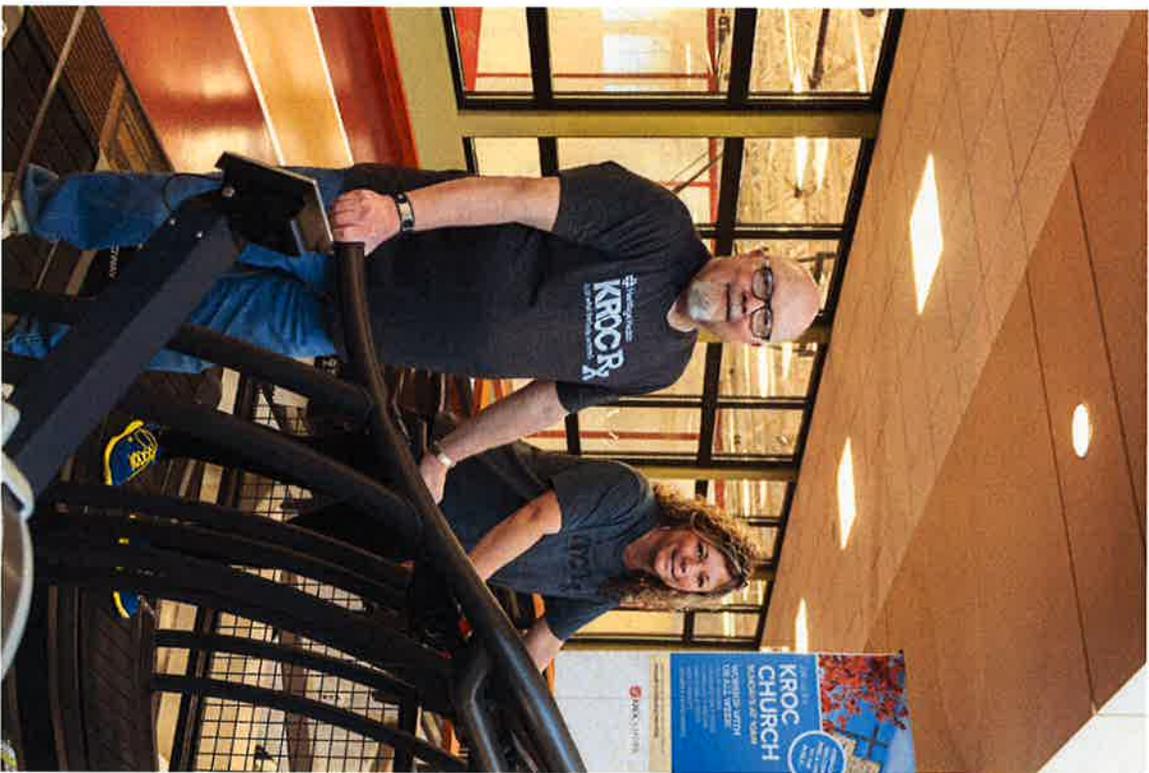


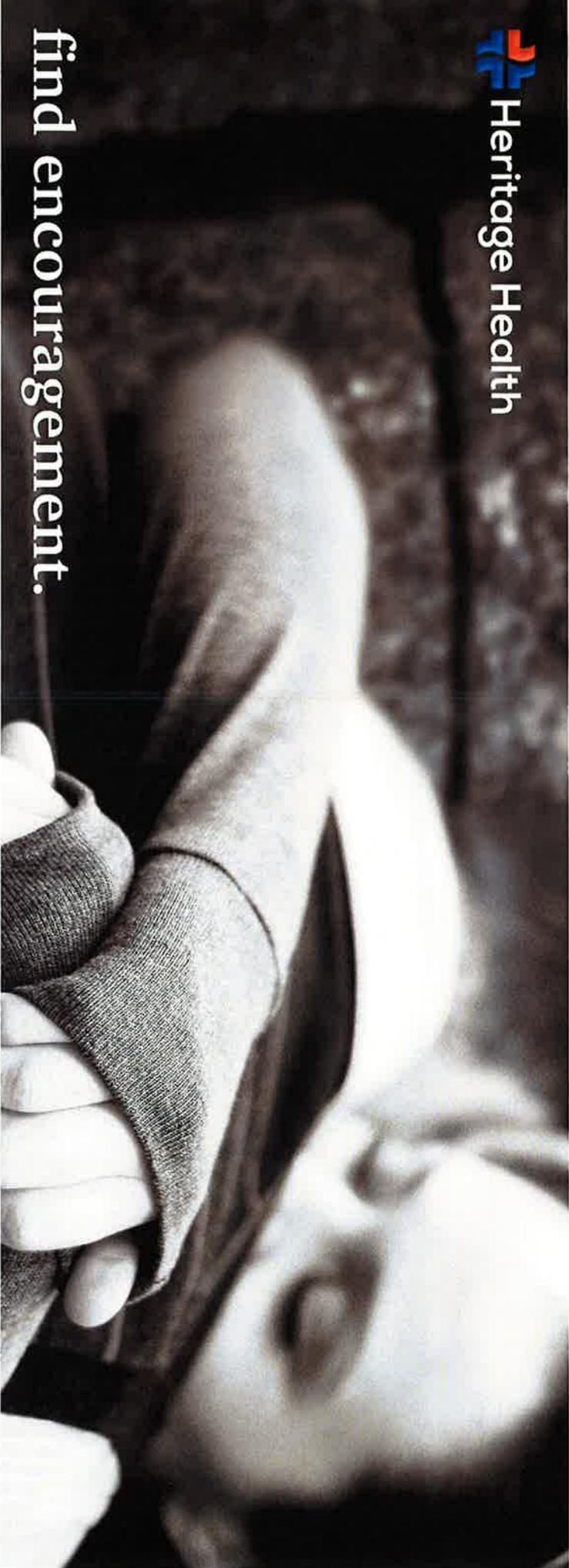
Heritage Health



**we are Heritage.**







**find encouragement.**



# Questions?

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



# COMMUNITY HEALTH CENTER REVENUE (2014)

