



NATIONAL ASSOCIATION OF

Community Health Centers



America's Voice for Community Health Care



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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.



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*Disparities Foresight and Minority Health Briefing in
Conjunction with the Congressional Hispanic Caucus &
The Disparity Reducing Advances (DRA) Project*

The Health Disparities Collaboratives: Enhancing Quality and Reducing Disparities

David M. Stevens, MD

November 24, 2008

Rayburn Building, Washington, D.C.

Today's Discussion....



- **Health Centers:
Program, Population, &
Cost effectiveness**
- Reduction of health
Disparities
- Community health: socio-
economic impact
- Health Disparities
Collaboratives: a primer

Background on Health Centers: A Model of care for our nation

- **Started as a demonstration program in 1965**
 - Known as neighborhood health centers
- **Celebrating 43rd year**
 - Evolved into the community/migrant health center program
 - Currently a Federal grant program authorized under Section 330 of the Public Health Service Act
 - Administered by the Bureau of Primary Health Care within the Health Resources and Services Administration
 - FY 2008 Appropriation is \$2.1 Billion
 - Approx. 1,100 grants + 125 “look-alikes” with over 6000 sites
 - Unique public-private partnership

Overview of Health Centers

- **Five Essential Elements**
 1. Located in *high-need areas*
 2. Provide *comprehensive* health and related services (especially “enabling services”)
 3. *Open to all* residents, regardless of ability to pay, with sliding scale fee charges based on income
 4. Governed by *community boards*, to assure responsiveness to local needs
 5. *Follow performance and accountability requirements* regarding their administrative, clinical, and financial operations



Services Offered

- Primary Medical Care
- Preventive Health Care
- Prenatal, Perinatal, & Newborn Care
- Gynecological Care
- HIV Care
- Hearing/Vision Screening
- Oral Health
- Mental Health
- Substance Abuse
- Pharmacy
- X-Rays and Lab
- Specialty Medical Care
- Enabling Services



Enabling Services

- Case Management
- Environmental Health Risk Reduction
- Health Education
- Interpretation/Translation Services
- Outreach
- Child Care (during visits)
- Housing Assistance
- Transportation
- Home Visiting
- Parenting Education
- Employment referral & counseling
- Testing for Blood Lead Levels
- Food bank/meal delivery

Health Centers: Beyond the “Medical” Home

Domains (FQHC Program Expectations)	Health Center (FQHC)	Medical Home
Governance & Mission	Community Control Focus: Underserved	<i>Left Intentionally Blank</i>
Community	Needs Assessment, Planning & Collaboration	<i>Left Intentionally Blank</i>
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

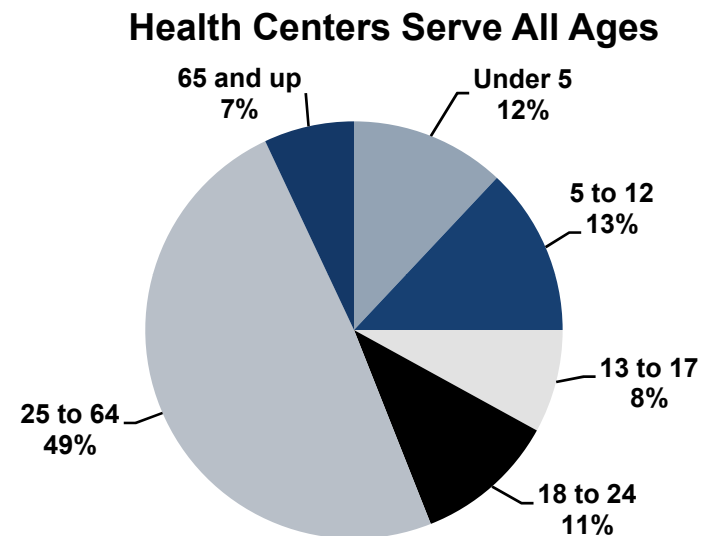
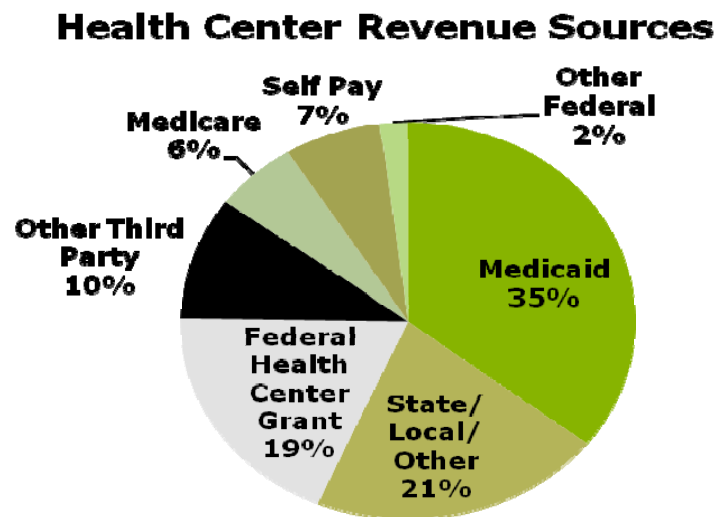


Health Centers Today

- Health Care Home for 17 Million Americans
 - 1 of 5 Low-income Uninsured Persons (6.8 million)
 - 1 of 8 Medicaid/CHIP Recipients (6.3 Million)
 - 1 of 4 Low-Income Children (6.1 million)
 - 1 of 5 Low-Income Births (400,000)
 - 1 of 9 Rural Americans (8.2 Million)
 - 1 of 4 Low-income People of Color (10.7 Million)
 - 900,000 Farmworkers, 900,000 Homeless Persons

Health Center Program Overview

Calendar Year 2007



63 Million Patient Visits

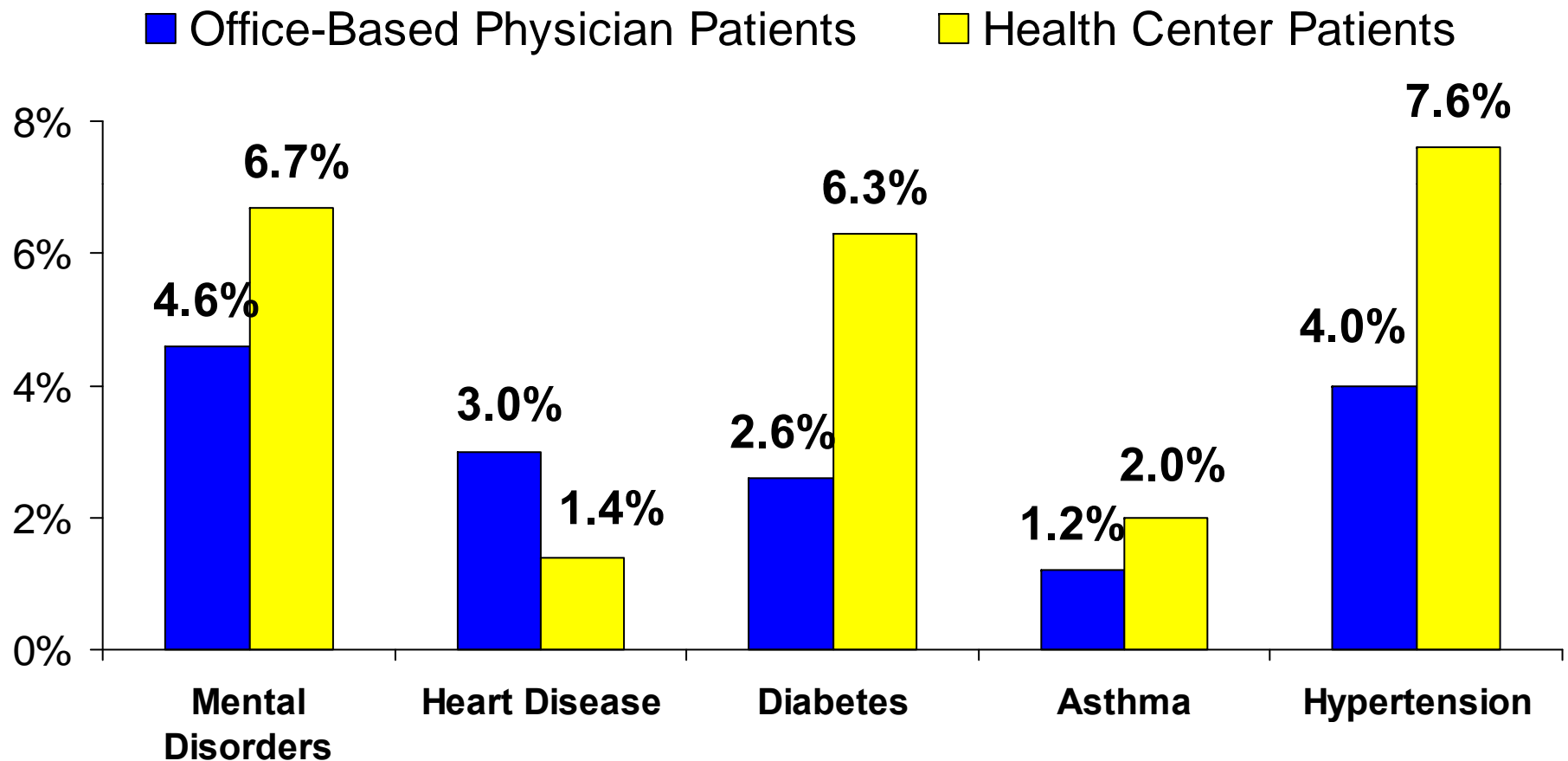
- 1,076 Grantees - 53% rural
- 7,000+ Service Sites

Over 100,000 Staff

- 8,000 Physicians
- 4,700 NPs, PA, & CNMs

Source: Uniform Data System, 2007

Health Center Patients are More Likely to Have a Chronic Illness than Patients of Office-Based Physicians



Source: Rosenbaum et al. "Health Centers as Safety Net Providers: An Overview and Assessment of Medicaid's Role." 2003. *Kaiser Commission on Medicaid and the Uninsured*. Center for Health Services Research and Policy analysis of 2004 UDS. Office-based physician data based on 2002 National Ambulatory Medical Care Survey.



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

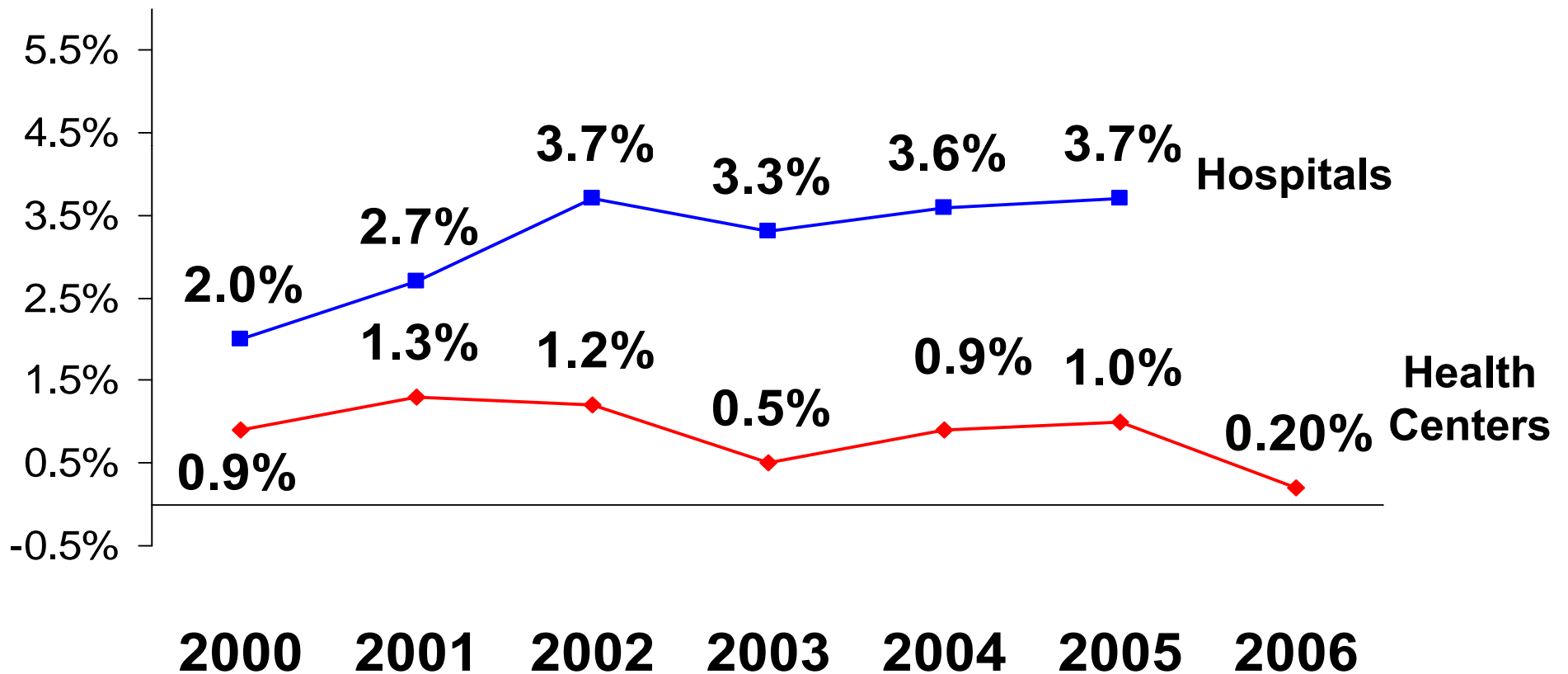
Saving 30-33% in total costs per Medicaid beneficiary



Health Center Expansion: Presidential Initiative, Bipartisan Support

1996	2006	% change
# Grantees 686	# Grantees 1002	+46%
Total Patients 8,095,047	Total Patients 15,034,123	+85%
Total Visits 32,921,908	Total Visits 59,216,205	+80%

Health Center Operating Margins are Negligible and Less than Hospital Operating Margins



Note: 2006 hospital data unavailable.

Source: Avalere, Health analysis of American Hospital Association Annual Survey Data, 2005.

[http://www.aha.org/aha/trendwatch/2007/cb2007chapter4.ppt#258,5,Chart 4.2: Aggregate Total Hospital Margins, \(1\) Operating Margins, \(2\) and Patient Margins,\(3\) 1991 – 2005](http://www.aha.org/aha/trendwatch/2007/cb2007chapter4.ppt#258,5,Chart 4.2: Aggregate Total Hospital Margins, (1) Operating Margins, (2) and Patient Margins,(3) 1991 – 2005).

Today's Discussion....



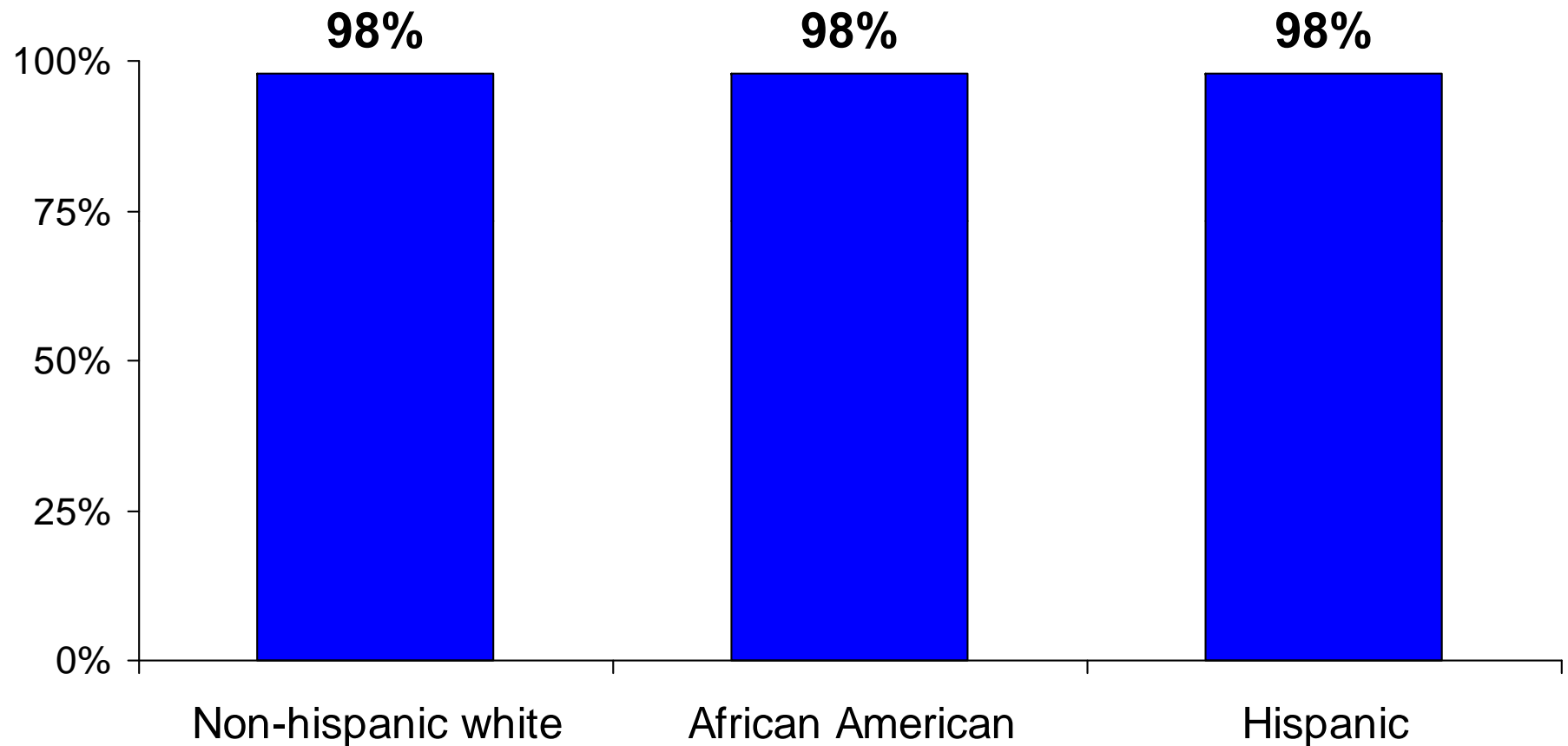
- Health Centers: Program, Population, & Cost effectiveness
- **Reduction of health Disparities**
- Community health: socio-economic impact
- Health Disparities Collaboratives: a primer

IOM *Unequal Treatment* Recommendations: Health Centers Excel

Health Centers Meet or Exceed Recommendations: more support needed for data collection & monitoring

- General Recommendations: Increase awareness among general public, key stakeholders and healthcare providers
- Health System Interventions: Use of evidence based guidelines, payment structures, enhance patient-provider communication and trust, use of interpretation services, community health workers, multidisciplinary care teams
- Patient Education & Empowerment: patient education & Patient self-management programs
- Data Collection & Monitoring: Race , Ethnicity & income data is collected regularly; need to strengthen infrastructure for performance measurement and monitoring at the health center level

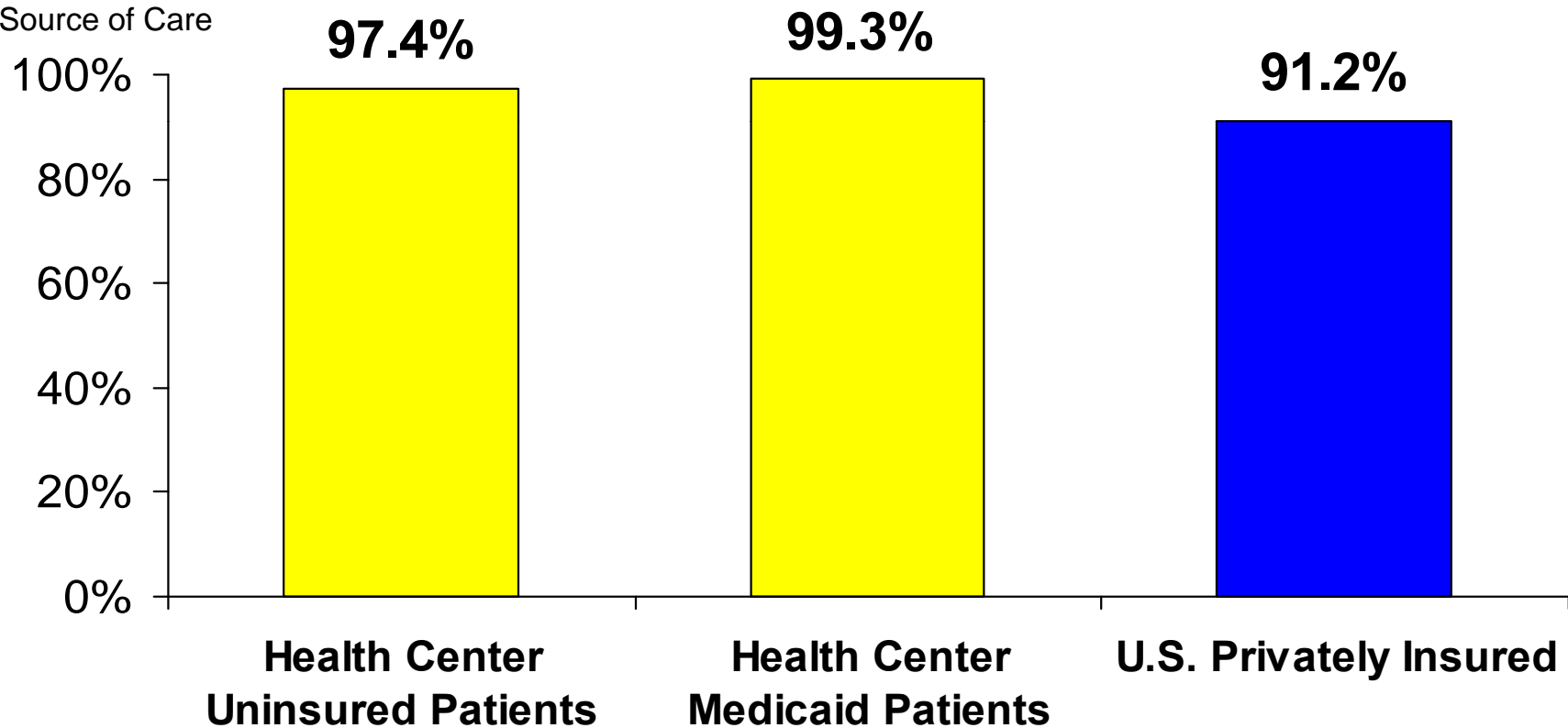
Access: Nearly All Health Center Patients Report that They Have a Usual Source of Care, 2002



Source: AHRQ, "Focus on Federally Supported Health Centers," 2002. *National Healthcare Disparities Report*.
<http://www.qualitytools.ahrq.gov/disparitiesReport/browse/browse.aspx?id=4981>

Access: Health Center Uninsured and Medicaid Patients are More Likely to Have a Usual Source of Care than the U.S. Privately Insured

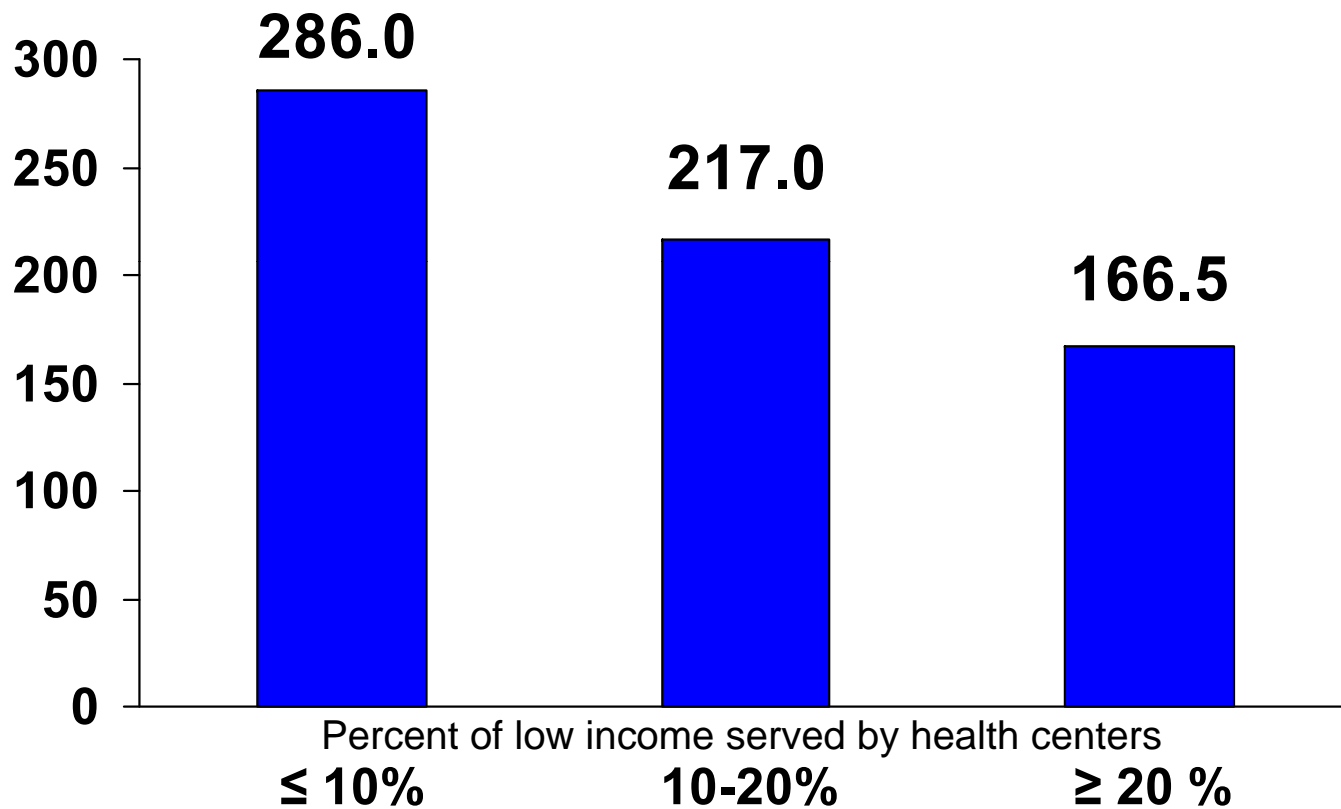
Percent Reporting They Have a Usual Source of Care



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, Preliminary Tables August 2004; and National Health Interview Survey, 2002.

As Health Centers Serve More Low Income State Residents, States' Black/White Health Disparities in Overall Mortality Decline Significantly

Black/White Disparity Per 100,000 (median black minus white rate)



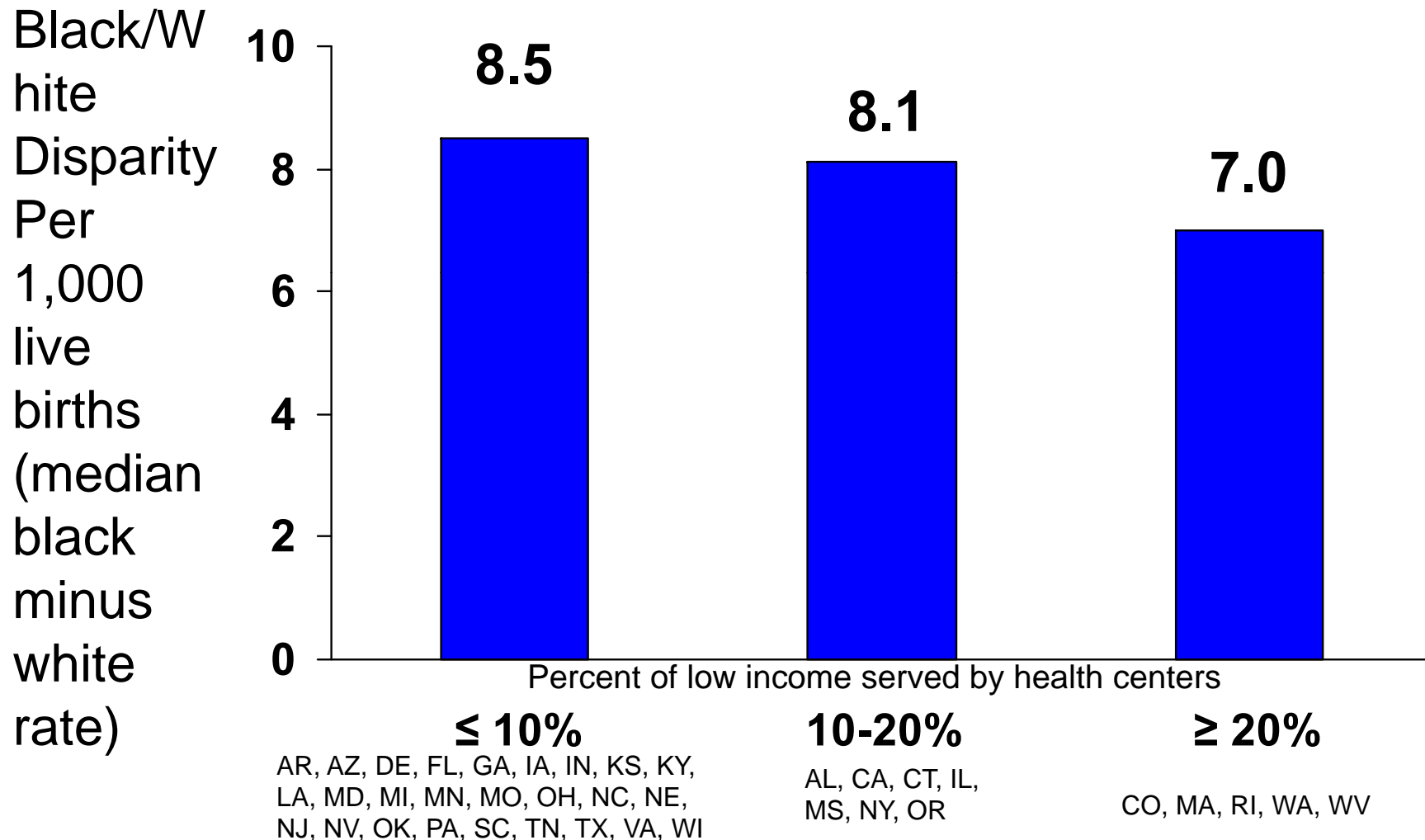
AR, AZ, DE, FL, GA, IA, IN, KS, KY, LA, MI, MD, MN, MO, NC, NE, NJ, NV, OH, OK, PA, SC, TN, TX, VA, UT, WI

AL, CA, CT, IL, MS, NM, NY, OR

AK, CO, DC, HI, MA, RI, WA, WV

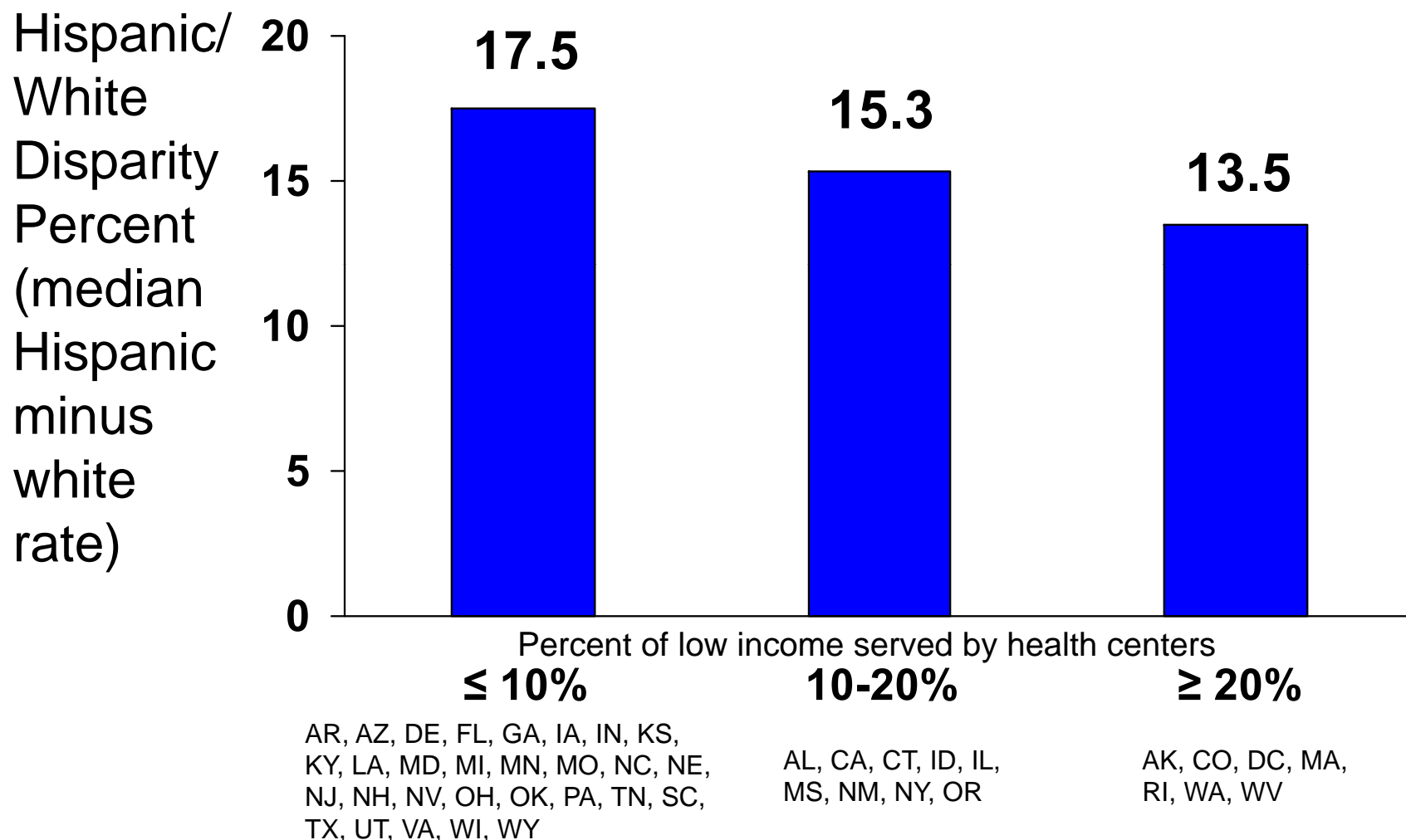
Source: Shin P, Jones K, and Rosenbaum S. *Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low Income Communities*. September 2003. Prepared for the National Association of Community Health Centers, www.gwhealthpolicy.org/downloads/GWU_Disparities_Report.pdf.

As Health Centers Serve More Low Income State Residents, States' Black/White Health Disparities in Infant Mortality Decline Significantly



Source: Shin P, Jones K, and Rosenbaum S. *Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low Income Communities*. September 2003. Prepared for the National Association of Community Health Centers, www.gwhealthpolicy.org/downloads/GWU_Disparities_Report.pdf.

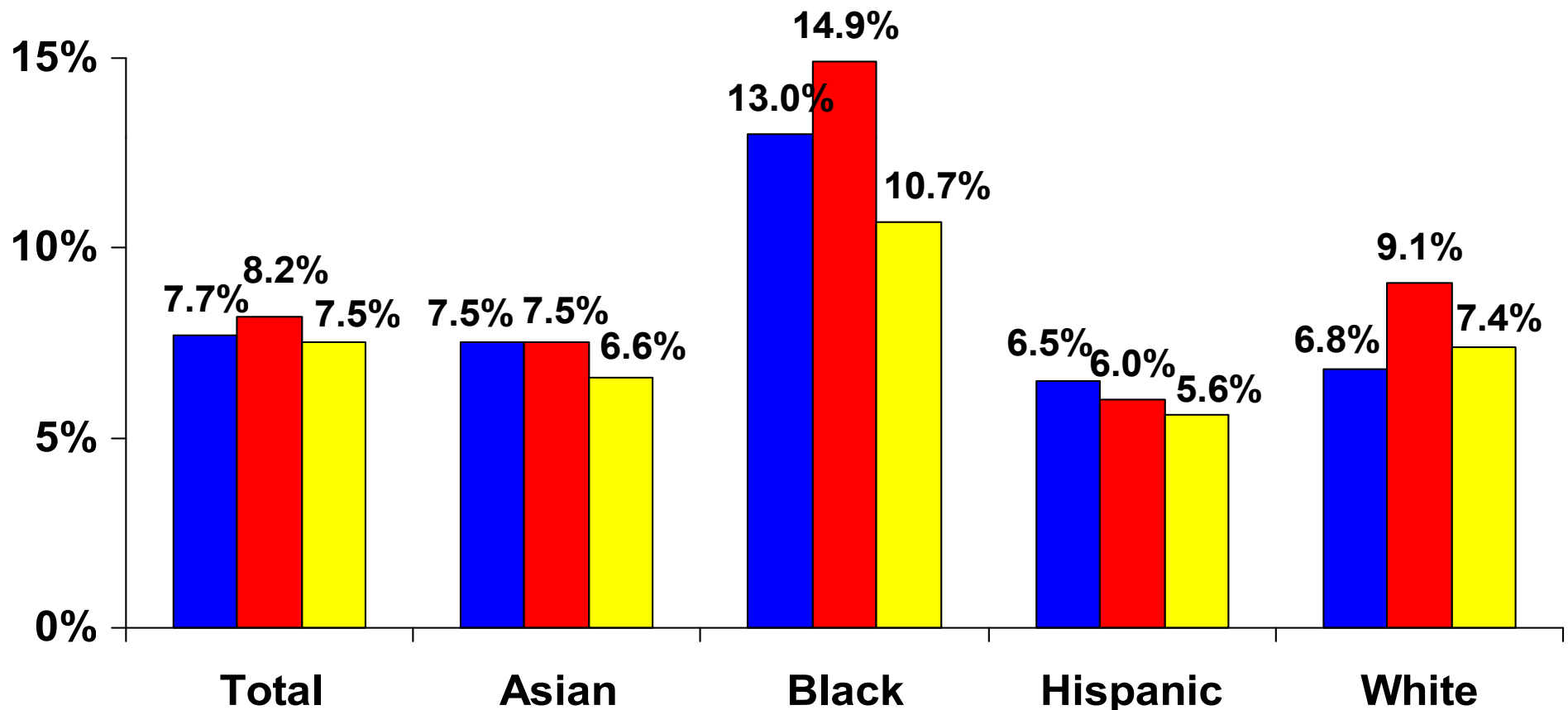
As Health Centers Serve More Low Income State Residents, States' Hispanic/White Health Disparities in Early Prenatal Care Decline Significantly



Source: Shin P, Jones K, and Rosenbaum S. *Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low Income Communities*. September 2003. Prepared for the National Association of Community Health Centers, www.gwhealthpolicy.org/downloads/GWU_Disparities_Report.pdf.

Health Center Patients Have Lower Rates of Low Birth Weight than Their U.S. Counterparts

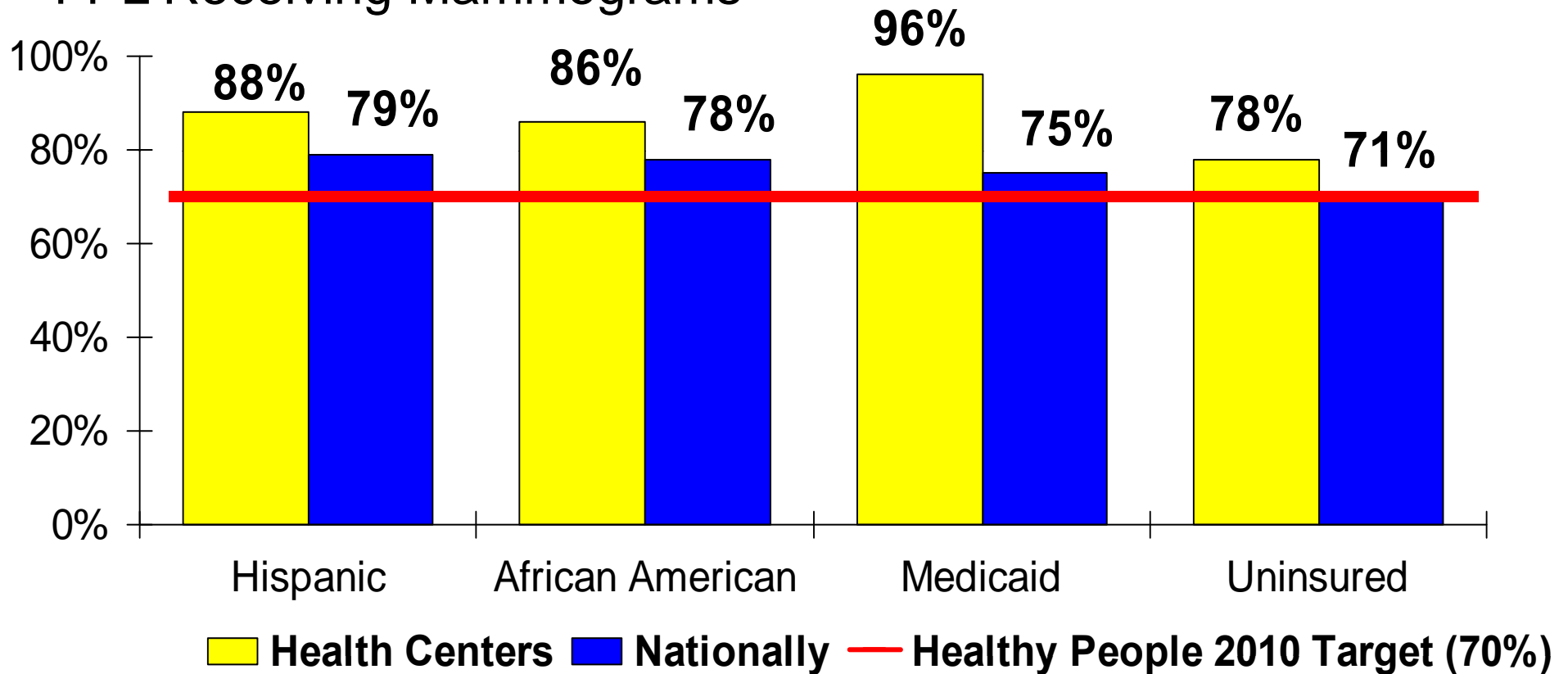
■ U.S. ■ U.S. Low Income ■ Health Center



Source: Shi, L., et al. "America's health centers: Reducing racial and ethnic disparities in prenatal care and birth outcomes." 2004. *Health Services Research*, 39(6), Part I, 1881-1901.

Health Centers Reduce Disparities in Access to Mammograms

% of Women 40+ and <200% FPL Receiving Mammograms



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.

Today's Discussion....



- Health Centers: Program, Population, & Cost effectiveness
- Reduction of health Disparities
- **Community health: socio-economic determinants**
- Health Disparities Collaboratives: a primer



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
- 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

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

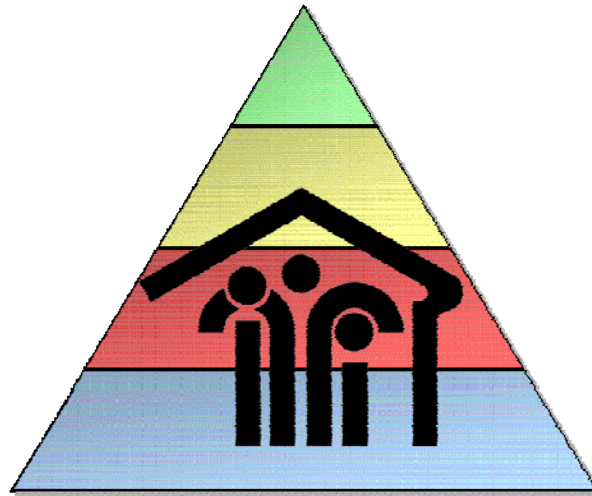
	Large Urban Health Center		Small Rural Health Center	
	Total Economic Impact	Employment (Full Time Equivalents)	Total Economic Impact	Employment (Full Time Equivalents)
Direct	\$ 12,252,801	187	\$ 3,333,321	45
Indirect	\$ 2,273,314	24	\$ 261,600	3
Induced	\$ 7,114,112	70	\$ 287,124	4
Total	\$ 21,640,227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

NACHC's Vision for expanding access to health center model: Providing Care for 20 Million by 2010; 30 Million by 2015



ACCESS FOR ALL AMERICA

*Expanding the Reach of Community Health Centers to
Provide Care To Those Without a Health Care Home*

Today's Discussion....



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- **Health Disparities Collaboratives: a primer**



Health Disparities Collaboratives: 1998-2008

- What:

The Health Disparities Collaboratives are an ongoing quality improvement process focused on community health centers. They employed the “Chronic Care Model” and change processes to enhance care for specific diseases as well as the operation of community health centers.



Health Disparities Collaboratives: 1998-2008

- Key strategies :
 - **Engages** senior leadership
 - **Implements** care, improvement and learning models
 - **Changes practice supported by Quality Improvement infrastructure**
 - Infrastructure to support and sustain improvement
 - Develops supportive **partnerships** at the local and national level
 - Focus on patient and population outcomes

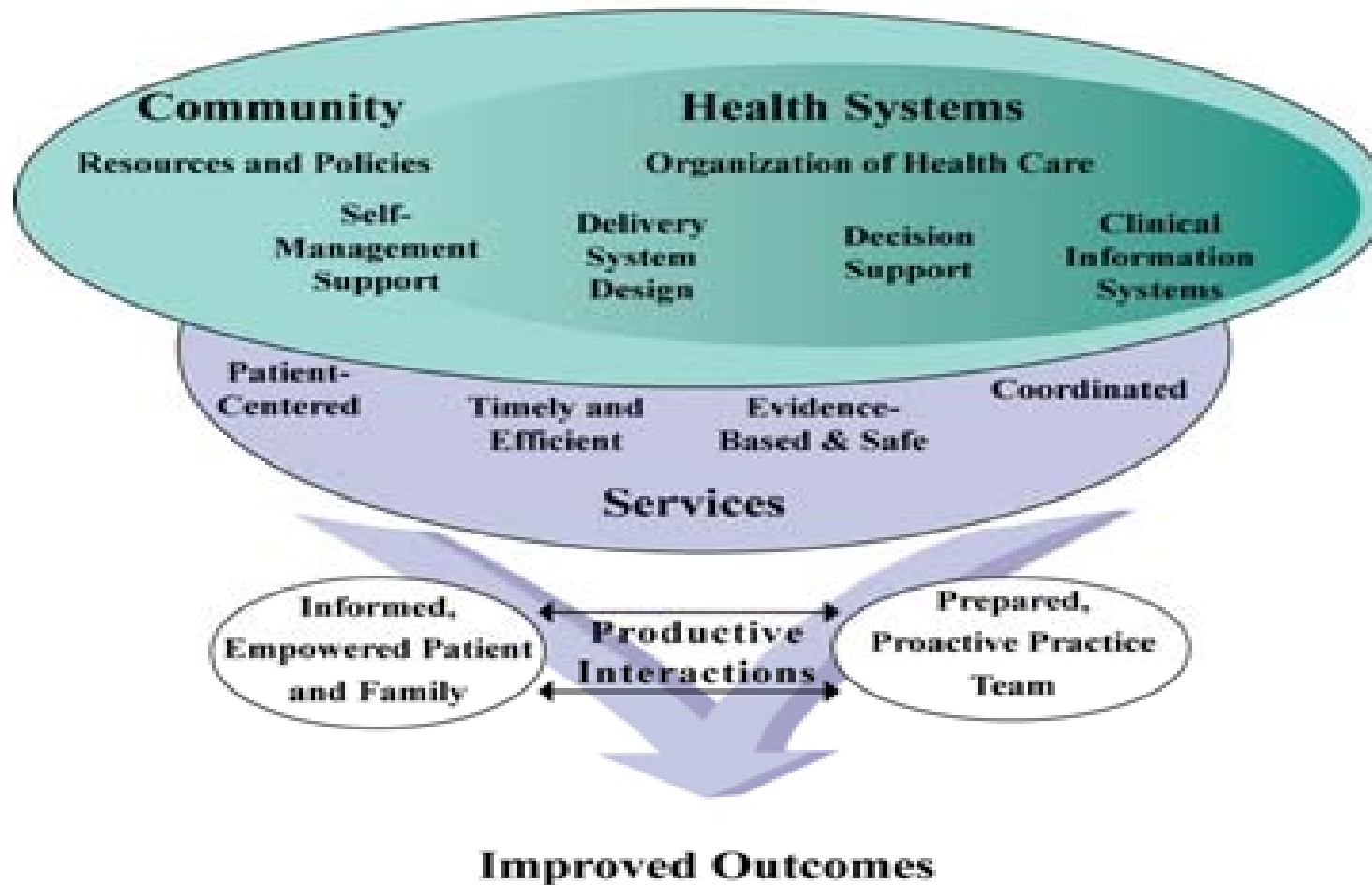


Leadership

- Network of leaders in clinical, finance, administration and governance who have the capacity to lead improvement and generate new ideas for spreading and sustaining positive change at the health center, state and national level

Care Model

The Care Model

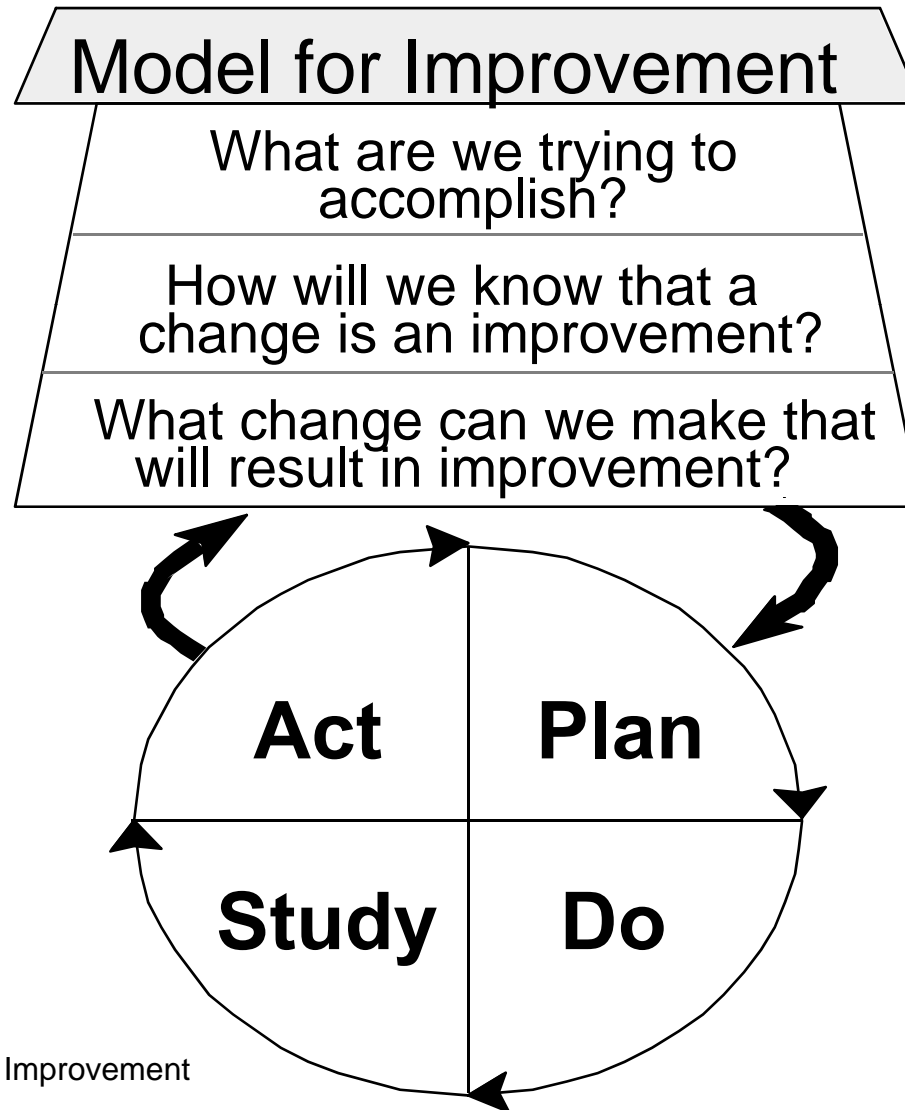


Care Model: Example of changes to health center system of care

Changes Associated with Components of the CM

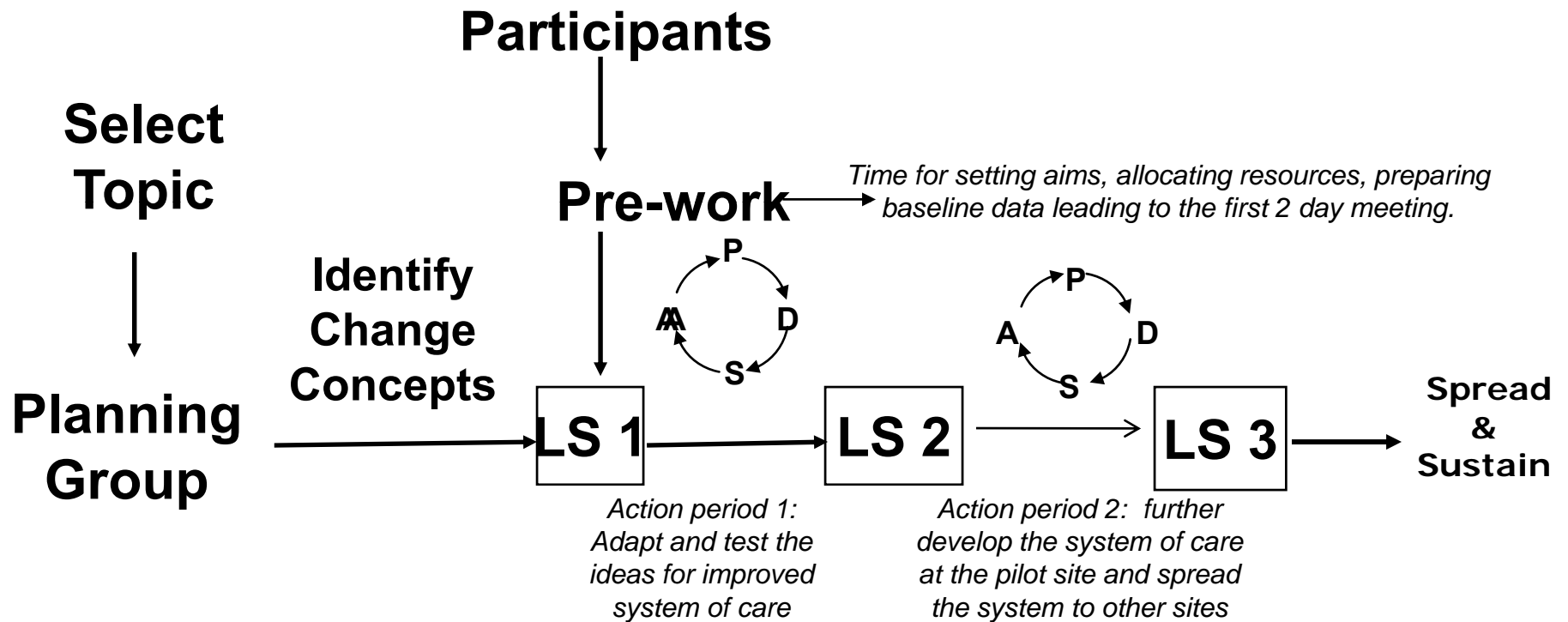
INFORMATION SYSTEM	DECISION SUPPORT	DELIVERY SYSTEM	SELF-MANAGEMENT	COMMUNITY	ORGANIZATION OF HEALTHCARE
Automatically generate flow sheet with patient's past data	ADA Guidelines	Planned visits	Sample goal sheet	Promotora model	Aim part of annual goals
Tracking of results over time	Flow sheet	Group visits	RN, RD, Provider team	Community smoking cessation classes	Executive Director member of team
Population reports	Referral guidelines	Collaboration within health center	Consistent education materials	State DCP support	Outcomes reported to board quarterly
Individual patient report	Reminder system	Diabetic education classes	Support group	CDC support with education materials	Team time for meeting and improvement work
Reminder system	Screening tools	Chart identification	Patient contract and follow-up	Health fair	Center newsletter coverage

Health Disparities Collaborative: Improvement Model



Source: Associates for Process Improvement

Health Disparities Collaboratives: Learning Model



Supports		
E-mail	Teleconference/Web	Listserv
Sharing Assessments	Senior Leader Reports	



Infrastructure

- Health center patient registries to manage individual patients and patient populations
- Capacity at state Primary Care Association (PCA), and national level to support spread and sustaining of health center improvements, and ensuring regular sharing of data, including effective distance based learning tools
- National web based reporting system to collect data, provide feedback and quickly identify successful models/concepts of care




History of Partnerships

- Agency for Healthcare Research & Quality
- American Society of Health-System Pharmacists
- American Pharmacists Association
- American College of Clinical Pharmacy
- Bayer Corporation
- Bureau of Primary Health Care/HRSA
- Centers for Disease Control & Prevention
- Environmental Protection Agency
- Food & Drug Administration
- Improving Chronic Illness Care/McColl Institute for Healthcare Innovation
- Institute for Healthcare Improvement
- Maternal and Child Health Bureau/HRSA
- National Cancer Institute
- National Institute for Diabetes and Digestive and Kidney Diseases
- Substance Abuse and Mental Health Services Administration
- U.S. Pharmacopeia



Health Disparities Collaboratives: Patient and Health Center Staff 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: Patient and Health Center Staff Outcomes (continued)

- 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

Health Disparities Collaboratives: Current & Future Directions

Disease Specific Collaboratives: Diabetes, Cardiovascular, Depression, Asthma, oral health and HIV/AIDS

Business Case and Redesign Collaboratives: Advanced Access and Efficiency

Prevention Collaboratives: Cancer screening, diagnosis and treatment; Diabetes Prevention

Community Systems Collaboratives: health system partners as members of health center improvement teams

- Perinatal and Patient Safety
- Patient Safety
- Workforce Development
- Organ Transplant, Health Education
- Patient Safety and Clinical Pharmacy Services

Comprehensive primary care model for the 21st Century: expanded “health care home” / expanded care model, aligned with a new financial model

Today's Discussion....



And now: perspectives
from The Bronx and the
low country of South
Carolina...