

Idaho Community Health Centers Looking to the Future

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IPCA
IDAHO PRIMARY CARE ASSOCIATION
Improving Access to Primary Healthcare



Introduction

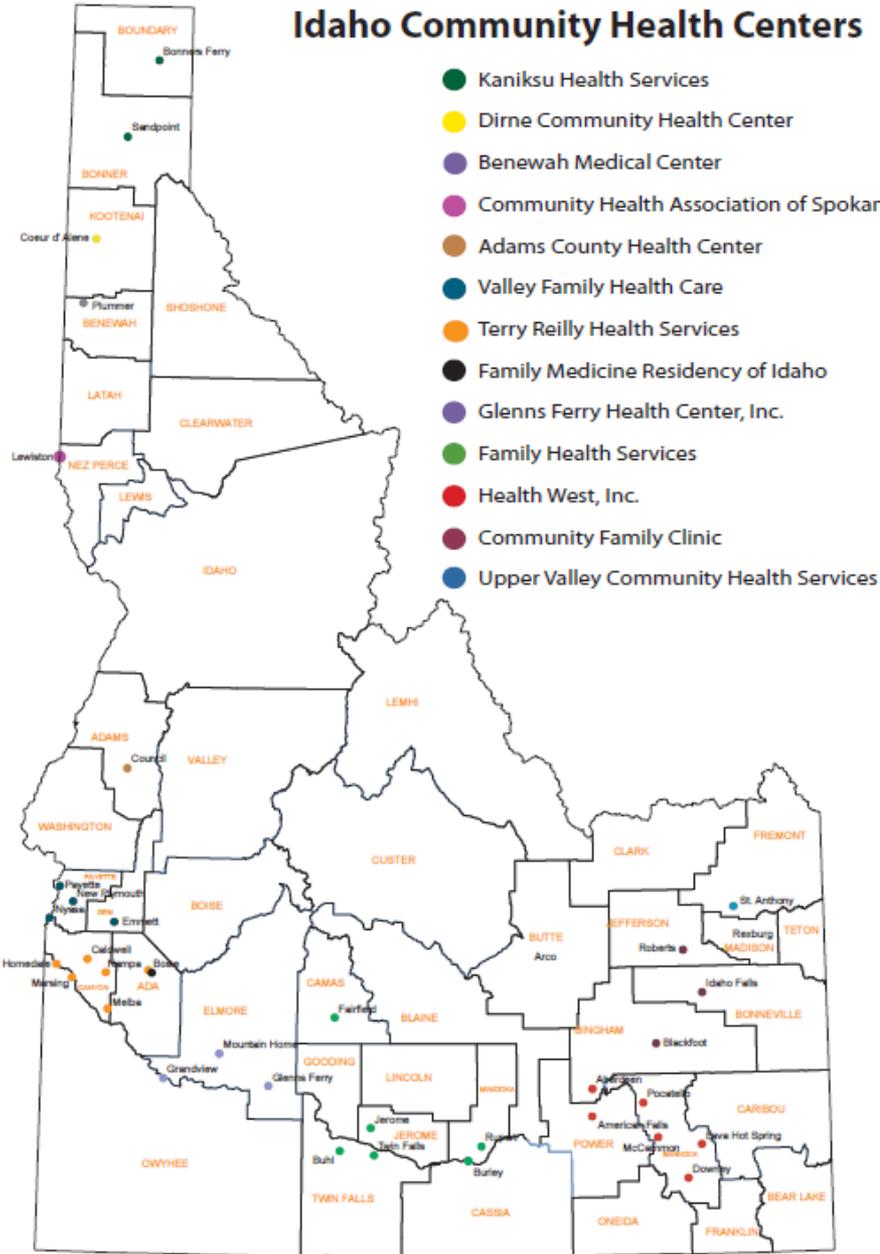
- Overview of Community Health Centers (CHCs)
Denise Chuckovich, Idaho Primary Care Association
- Overview of Managed Care Principles of Importance to CHCs
Tim Brown, Terry Reilly Health Services, Nampa
- Development of Patient Centered Homes in Idaho CHCs
Stephen Weeg, Health West, Inc., Pocatello
- Managed Care Design Interests and Concerns for CHCs
Lynn Hudgens, Family Health Services, Twin Falls



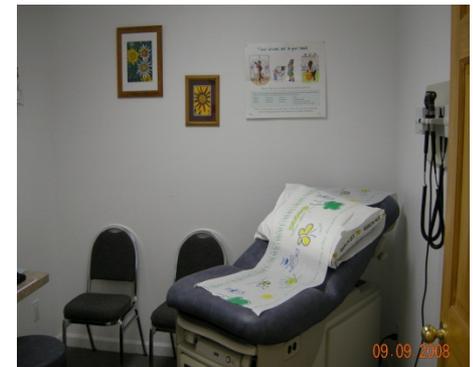
Idaho's Community Health Centers

- Idaho's 13 CHCs operate clinic sites in 35 communities across the state
- CHCs provide primary and preventive care, dental and mental health services
- In 2010 Idaho CHCs served 133,356 patients through 518,246 visits

Idaho Community Health Centers



Idaho CHCs





Current Issues for CHCs

- 10 of 13 CHCs have EHRs, other 3 are in purchasing/install process
- Recruiting provider workforce an ongoing issue of concern for CHCs
- Economic impact of CHCs
 - In 2009 Idaho CHCs injected \$74M of operating expenditures directly into local economies
 - Directly generated 847 full-time jobs
 - Supported an additional 460 jobs in other industries



What Services do CHCs Provide?

- Primary and Preventive Care
- Dental Care
- Mental Health Services
- Pharmacy
- Lab/X-ray



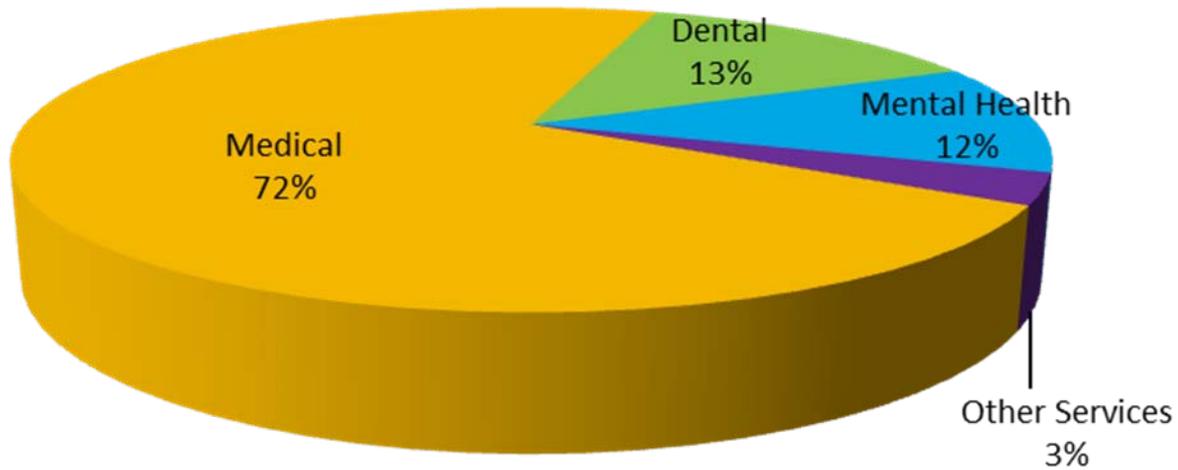
What Services do CHCs Provide?

- Mobile Van
- Enabling Services (interpretation, transportation, etc.)
- All Idaho CHCs are transforming to Patient Centered Medical Homes which focus on team-based care, integrated services, and care coordination to improve access and health outcomes, and reduce overall cost of care



Idaho CHC Primary Care Services Mix

Idaho CHC Primary Care Visits by Type



518,246 Visits - 2010



Who do Health Centers Serve?

- CHCs are open to all regardless of insurance status
- Sliding fee charges based on patient ability to pay
- Patients served at CHCs in 2010:
 - Uninsured – 49%
 - Medicaid – 23%
 - Medicare – 9%



CHC Patient Demographic Comparison

	ID CHC Population	State Population	US Population
Federal Poverty Level			
Below 100%	48%	17%	20%
Under 200%	70%	39%	39%
Insurance Status			
Uninsured	49%	15%	17%
Medicaid	23%	14%	20%
Medicare	9%	15%	15%
Rural based Patients	82%	37%	16%



CHC Services to Medicaid Patients

- CHCs currently serve 30,000 Medicaid patients
- In 2010 CHCs served 12% of the Medicaid population with 1.1% of the Medicaid budget
- CHCs have experience delivering care to a low income population who often have multiple, complex conditions
- In 2014 CHCs will serve approximately 65,000 Medicaid patients, including 35,000 currently uninsured patients at CHCs who will become eligible based on low income.



What will CHC Patient Population look like in 2014?

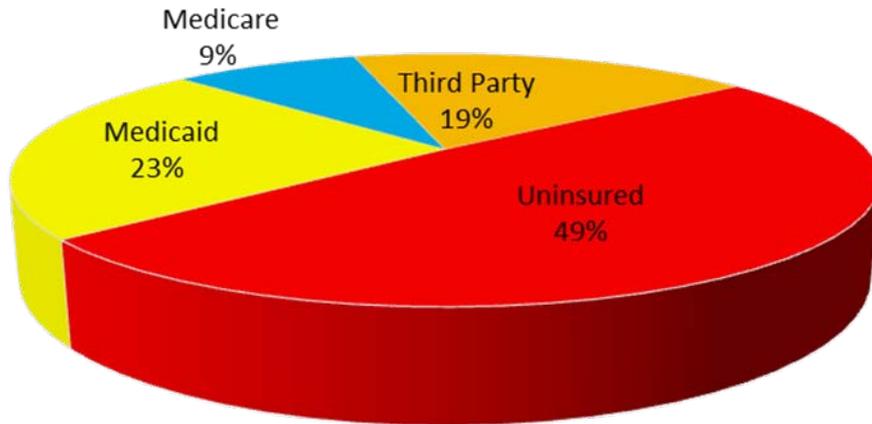
Of current CHC uninsured patients:

- An estimated 35,000 will become Medicaid eligible, based on income.
- An estimated 14,000 will become eligible for subsidized coverage through the Insurance Exchange.
- We anticipate that many of these patients will ‘churn’ back and forth between Medicaid and Exchange coverage, based on shifts in income. It will be important to maintain their medical home as coverage shifts.



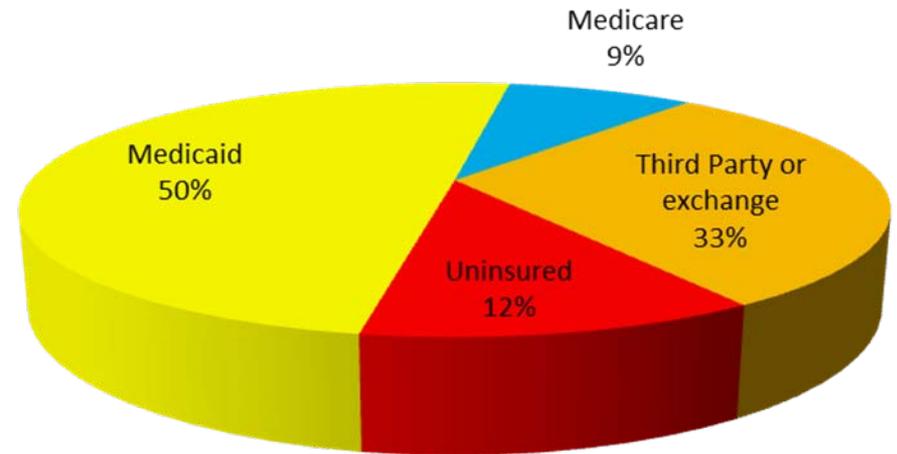
Projected Growth of Medicaid and Exchange Eligible Patients

ID CHC patients by coverage source - Today



133,355 Patients

ID CHC patients by coverage source - In 2014



133,355 Patients

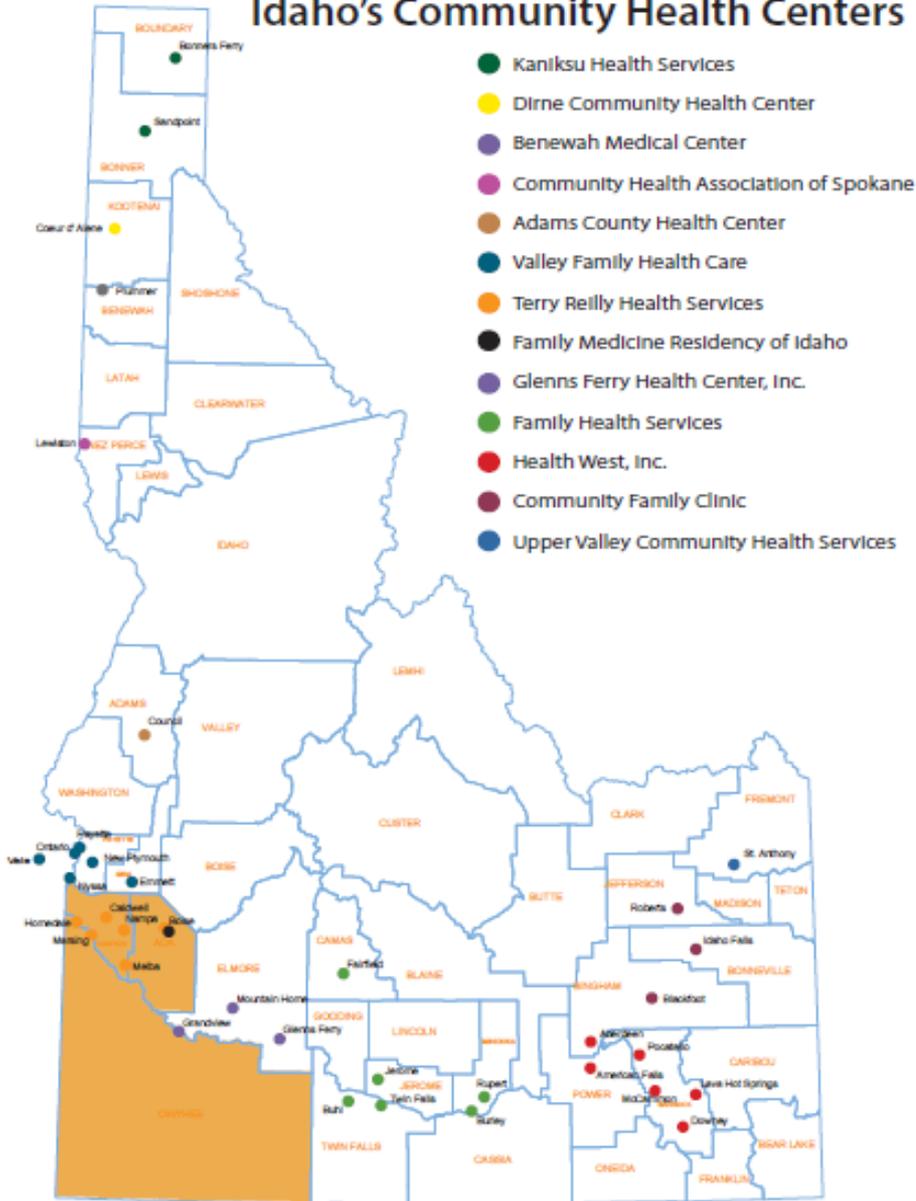


Managed Care Principles of Importance to Community Health Centers

- General
- Patient Centered
- Reimbursement

Tim Brown, Executive Director
Terry Reilly Health Services

Idaho's Community Health Centers



Terry Reilly Health Services





Managed Care Principles of Importance to CHCs—General

- Focus on triple aim:
 - increase access
 - improve quality
 - reduce costs
- Primary care within health centers allows for:
 - best practices
 - outcomes driven
 - high quality



Managed Care Principles of Importance to CHCs—Patient Centered

- Patient centered medical home is foundation of care—focus on primary care and prevention
- Patient assigned to a medical home and a care team who manage their primary care. Primary care coordinates specialty care or hospitalizations to improve effectiveness and efficiency.



Managed Care Principles of Importance to CHCs—Reimbursement

- Payment incentives are linked to value vs. volume
- Payment tied to performance/outcomes not number of encounters
- Integration of services-- system designed to reduce duplication of services



Development of the Patient Centered Home in Idaho CHCs

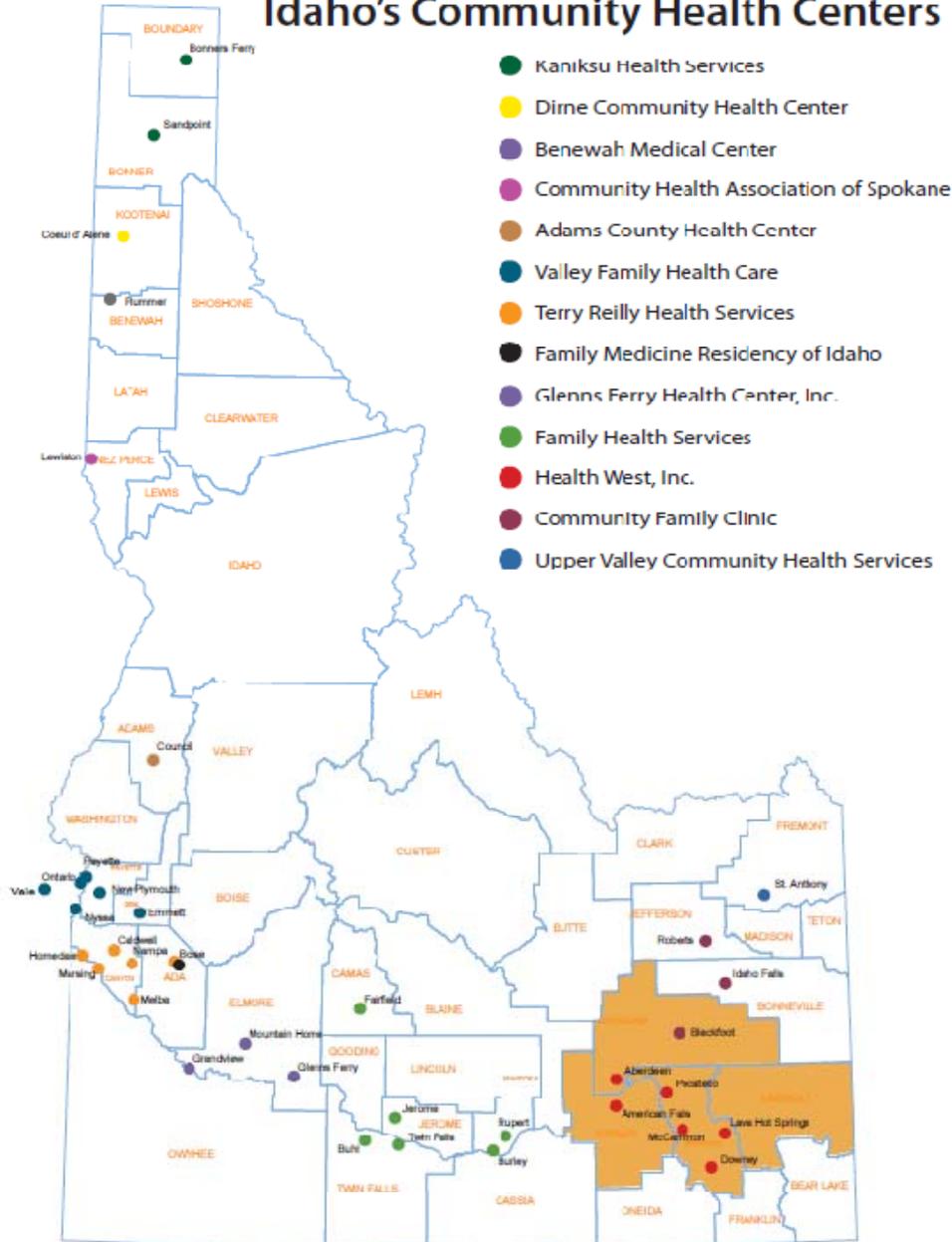
PCMH Development in Idaho

Value of the Medical Home to improve care

PCMH will be key in Managed Care

Stephen Weeg, Executive Director
Health West, Inc., Pocatello

Idaho's Community Health Centers



Health West, Inc.





Development of Patient Centered Medical Home in Idaho CHCs and Broader Provider Community

- Governor's on-going commitment to PCMH model via:
 - Health Care Summit - 2007
 - Select Committee on Health Care - 2008
 - Idaho Medical Home Collaborative - 2010
 - Idaho Health Care Council – 2011
- All Idaho CHCs are transforming clinics to PCMH
- Three CHCs anticipate receiving Level 3 NCQA recognition in early 2012
- Idaho Medical Home Collaborative - CHCs and private primary care providers work together to define medical home, develop shared initiatives and work with payers on payment reform



Patient Centered Medical Home A Key Component of Idaho Managed Care

The foundation of effective care management will be based in primary and preventive care where a patient population is cared for in a proactive manner.



What are the key features of a Patient Centered Medical Home? ACP, AAFP, AAP, AOA joint statement

- Personal Physician – 1st contact, continuous, comprehensive care, empanelment
- Team Care – collectively take responsibility for on-going care
- Whole Person Orientation – take responsibility for all patient needs by delivering or arranging care



Key Features continued

- Coordinated Care – across all elements of the healthcare system
- Quality and Safety – by implementation of evidence based care, continuous QI, and voluntary recognition process
- Enhanced access – via open scheduling, expanded hours and new options for communication
- Payment – recognizes value of the PCMH, pays for coordination and electronic communication with patients, supports IT use



PCMH concept advocates enhanced access to comprehensive, coordinated, evidence-based, interdisciplinary care



From the presentation "Patient-Centered Medical Home for Idaho" by Paul Grundy, MD, MPH, IBM Global Business Services, June 29, 2009.



Patient Characteristics and Health Centers

- Long positive history of working with this patient population
- Understand the need for enabling services
- Understand the socioeconomic pressures on low income, medically-underserved persons



While other approaches have addressed some PCMH factors, none has addressed them all

FACTOR	PCMH	Managed Care	Pay for Performance	Disease Management	Wagner Model
Purpose and Focus	Facilitate strong partnership between doctor and patient	Ideally: cost, quality Actually: control utilization	Meet operational goals with financial incentives	Meet specific mgmt targets for chronic disease	Org. framework for chronic care mgmt and practice improvement
Patient-Centric/ Personal Physician	Yes	No	No	Maybe, but often led by actors independent of primary care	Yes, for chronic illness
Physician-directed Medical "Team"	Yes	No	No	No	Yes
Whole Person Orientation (KIDS)	Yes	No	No	No	Yes
Care is Coordinated and/or Integrated	Yes	No incentive for coordination	No incentive for coordination	Maybe	Yes
Emphasis on Quality and Safety	Yes, EBM and best practices; improved outcomes rewarded	No, reduced utilization rewarded	Indirectly; process targets rather than outcome targets	Yes, for particular diseases	Yes, for chronic illnesses
Enhanced Access	Yes	No, reduced access	No	Maybe	No
Appropriate Reimbursement	Yes	Potential conflict in motivation	No, still volume-driven	Partially, if EBM used	No



Considerations

- Enable alternate forms of patient interaction, such as phone visits, secure email, telemedicine
- Incent preventive health care, health coaching, health education
- Critical care coordination with behavioral health, disability, and elderly services



Considerations

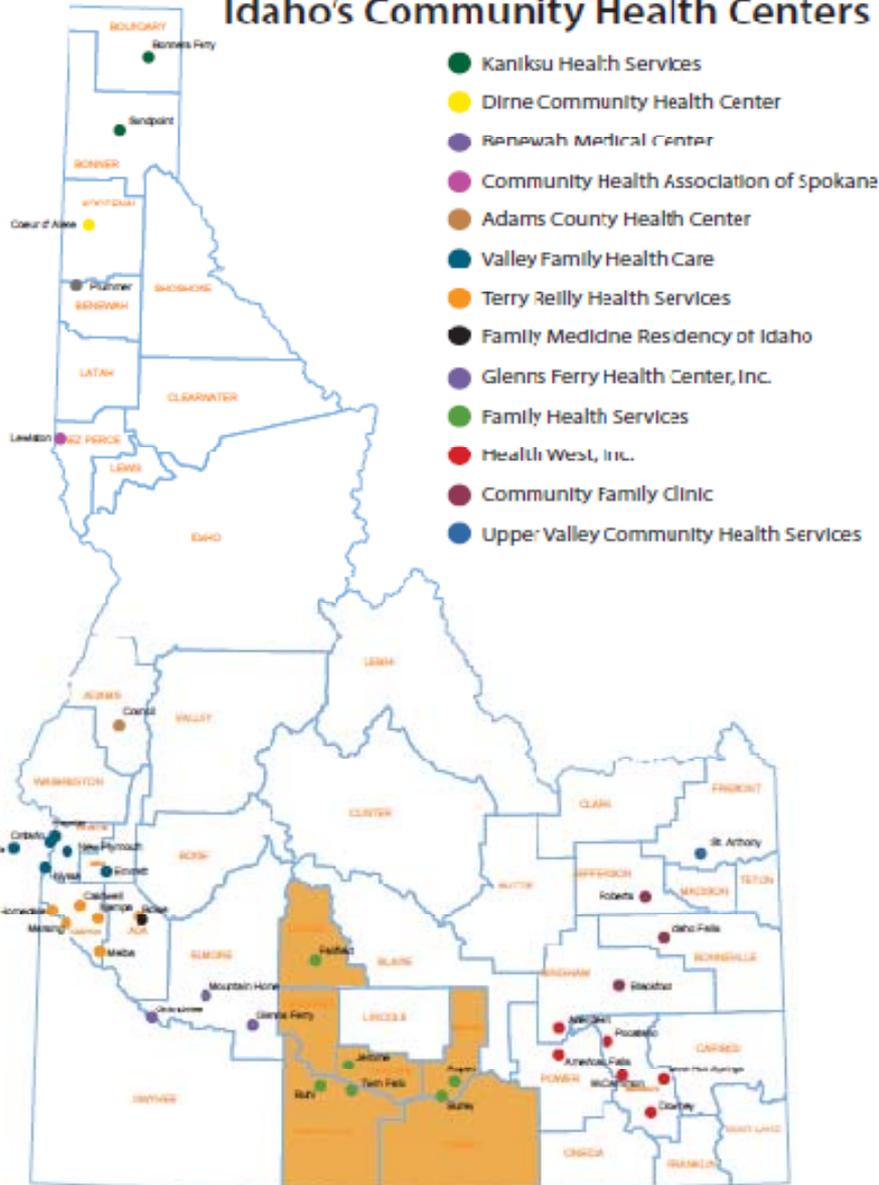
- Manage care from within the home whenever possible
- Design the reimbursement model to reinforce the care model
- Enable the medical home to share in savings



Managed Care Design Interests of CHCs

Family Health Services, Twin Falls
Lynn Hudgens, CEO

Idaho's Community Health Centers



Family Health Services





Managed Care Design Interests for CHCs

CHC Role as Provider in Managed Care Program

- statewide Primary Care network
- Significant role at present

State Medicaid contract with MCO should specify:

- CHCs are 'essential community providers'
 - included in all MCO arrangements
- Equitable distribution of patient assignments by MCO to CHCs
 - Existing relationships, patient requests, Auto-enroll



Managed Care Design Interests for CHCs

- Eligibility verification
- Scope of services
- Covered services
 - Non-covered services
- Provider type limitations
 - MD, DO, NP, PA
 - For specific services
- Access standards
- Enrollment, re-enrollment, disenrollment
 - Health status
- Referral policies



Managed Care Design Interests for CHCs

- Urban vs Rural
 - Managed care state-wide
- Wrap around payments
 - Timely
- Credentialing process



Managed Care Design Interests for CHCs

- Strong relationships between providers in a community will be critical to providing high quality care that promotes good outcomes at lower costs for the population served
- CHCs are interested in exploring partnerships, creative arrangements and affiliations with other segments of health care system to better coordinate/integrate care in each community.



Managed Care Design Interests for CHCs

- **Care management** and care coordination for complex patients with multiple chronic conditions will improve health outcomes and reduce overall system costs
- **Care integration** between primary care, specialty care, hospitals and ancillary services will be critical to overall model. Will need to be able to link patient care information in real time



Managed Care Design Interests for CHCs

- **Continuity of care** by keeping patients in stable medical home will improve outcomes and reduce costs.
- **Program design and reimbursement alignment** between Medicaid and Medicare for dual eligibles will assist in care and reimbursement integration.



Managed Care Design Interests for CHCs

- Many low income Idahoans will move back and forth between Medicaid eligibility and Health Insurance Exchange eligibility.
 - To maximize continuity of care and minimize overall costs to the health care system, patients should be able to stay in their current medical home and not be forced to change providers when their coverage changes



QUESTIONS?

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