Critical Issues Facing Community Health Centers

Improving Patient Access to High Quality Care
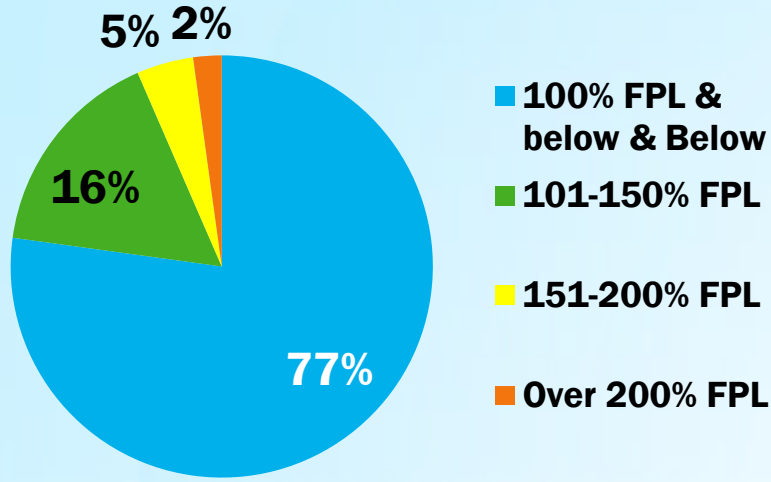
Vernita Todd, CEO
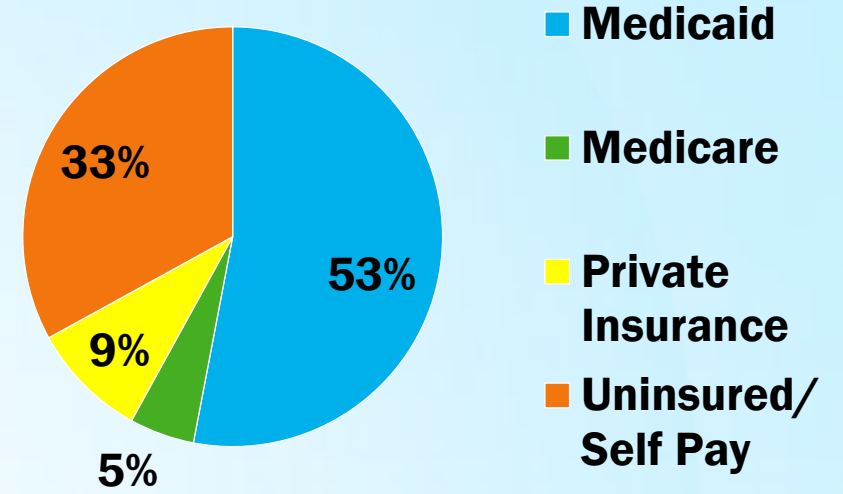Heart City Health Center
May 16, 2014

About Heart City Health Center

- Heart City Health Center is a federally qualified health center serving the City of Elkhart, Indiana (population 51,152). **US Census Bureau 2012**

- In 2013, Heart City served <u>10,048</u> unduplicated patients (20% of City's population) through <u>31,284</u> face to face encounters

- Heart City provides access to Medical, Dental, Behavioral Health and Pharmacy services onsite.

- Heart City was awarded a New Access Point grant in November 2013 (under ACA) and will open a 2nd health center in inner City Elkhart on June 3, 2014.

- Currently, 47% of low income families in City of Elkhart do not have access to a primary care provider.
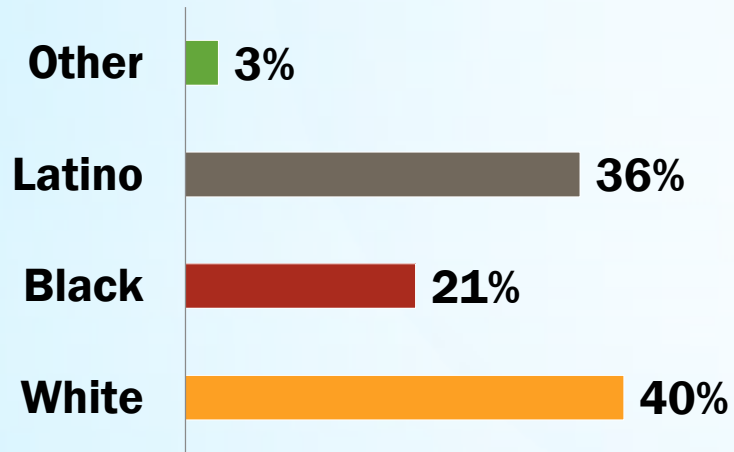
Heart City Serves

All Incomes

- 100% FPL & below & Below
- 101-150% FPL
- 151-200% FPL
- Over 200% FPL

77%
16%
5% 2%

All Payors

- Medicaid
- Medicare
- Private Insurance
- Uninsured/ Self Pay

53%
33%
9%
5%

All Ethnicities

- Other 3%
- Latino 36%
- Black 21%
- White 40%

All Ages

- 65+ 170
- 45-64 1087
- 24-44 1574
- 19-23 272
- 13-18 608
- 6-12 1176
- 0-5 2324
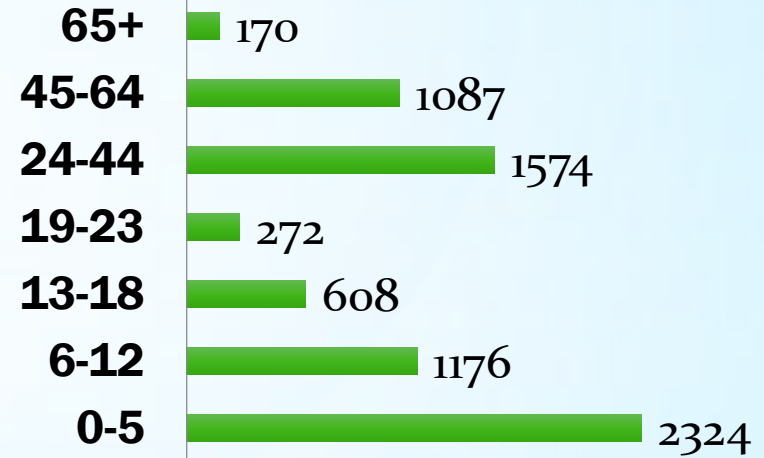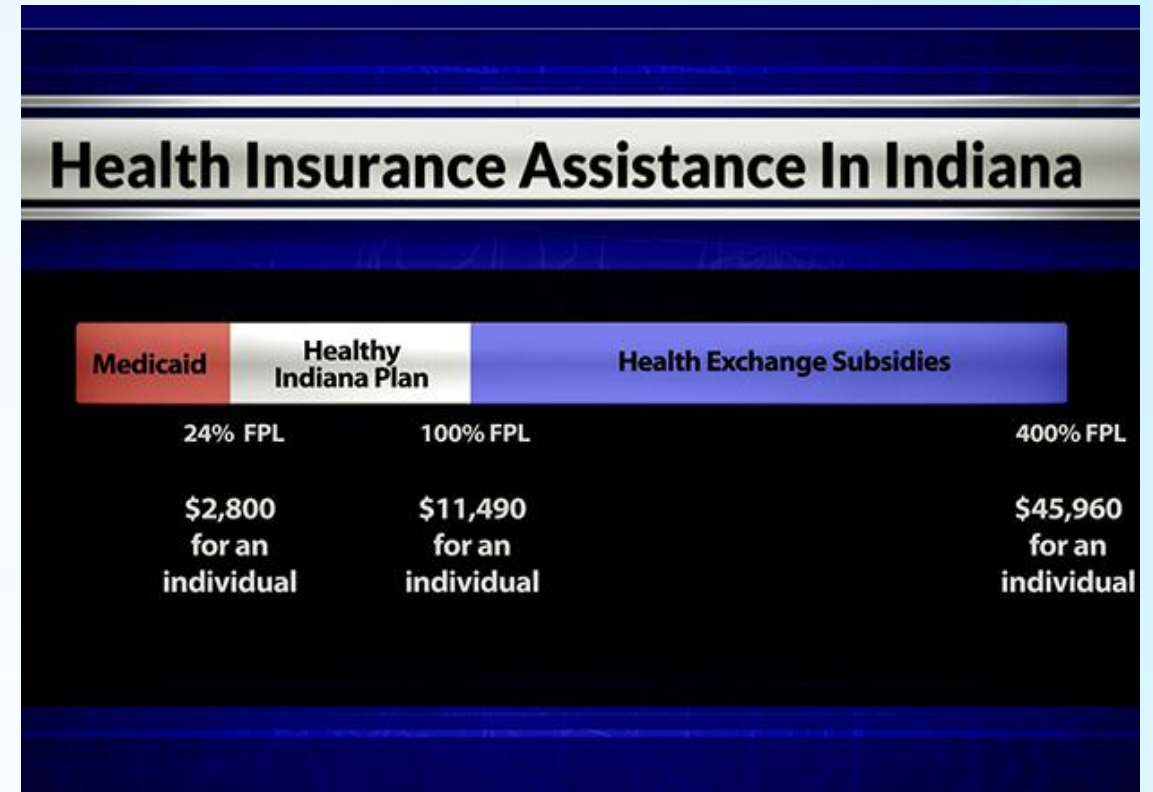
Coverage and Access Concerns for the Future

Indiana Medicaid Expansion

- Through a 1115 Medicaid Waiver, Indiana is using the **Healthy Indiana Plan** as vehicle to provide Medicaid services for individuals up to 100% of federal poverty level (was only 24% for adults). Waiver expires Dec. 31, 2014.

- The Healthy Indiana Plan requires monthly premium from participants – so it is not traditional Medicaid. Patients can still lose coverage based on ability to pay.

Health Insurance Assistance In Indiana

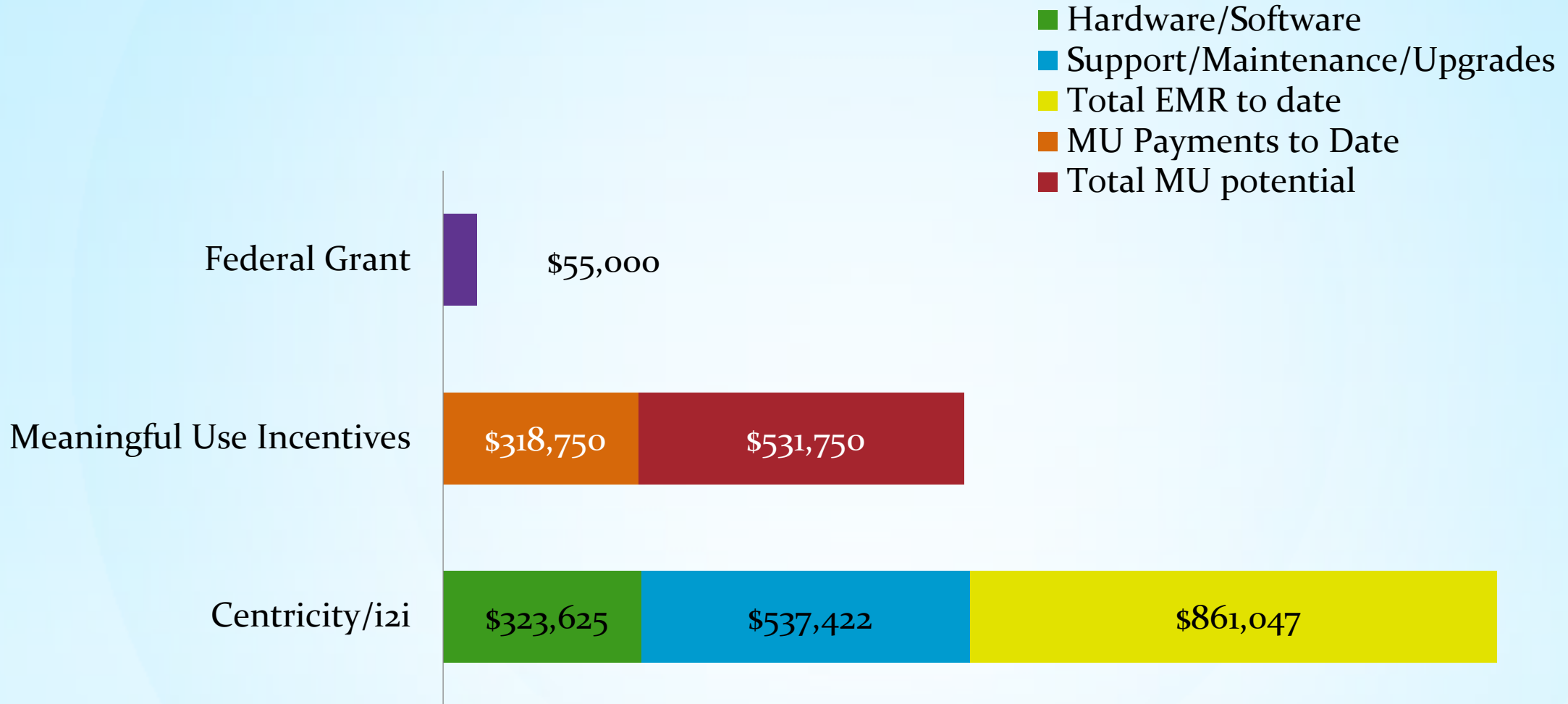| Medicaid	Healthy Indiana Plan	Health Exchange Subsidies
24% FPL	100% FPL	400% FPL
$2,800 for an individual	$11,490 for an individual	$45,960 for an individual

Primary Care: At the Heart of it All

Using Technology to Improve Delivery of Care

- The Electronic Medical Record (EMR) is not a panacea.

- Adding an Electronic Medical Record is just the first of many steps/purchases.

- Ability to effectively use the EMR is not entirely within the control of the health center.

- Interfaces are necessary and costly

- Not all local providers have implemented EMR, making it difficult to truly have a comprehensive, searchable record

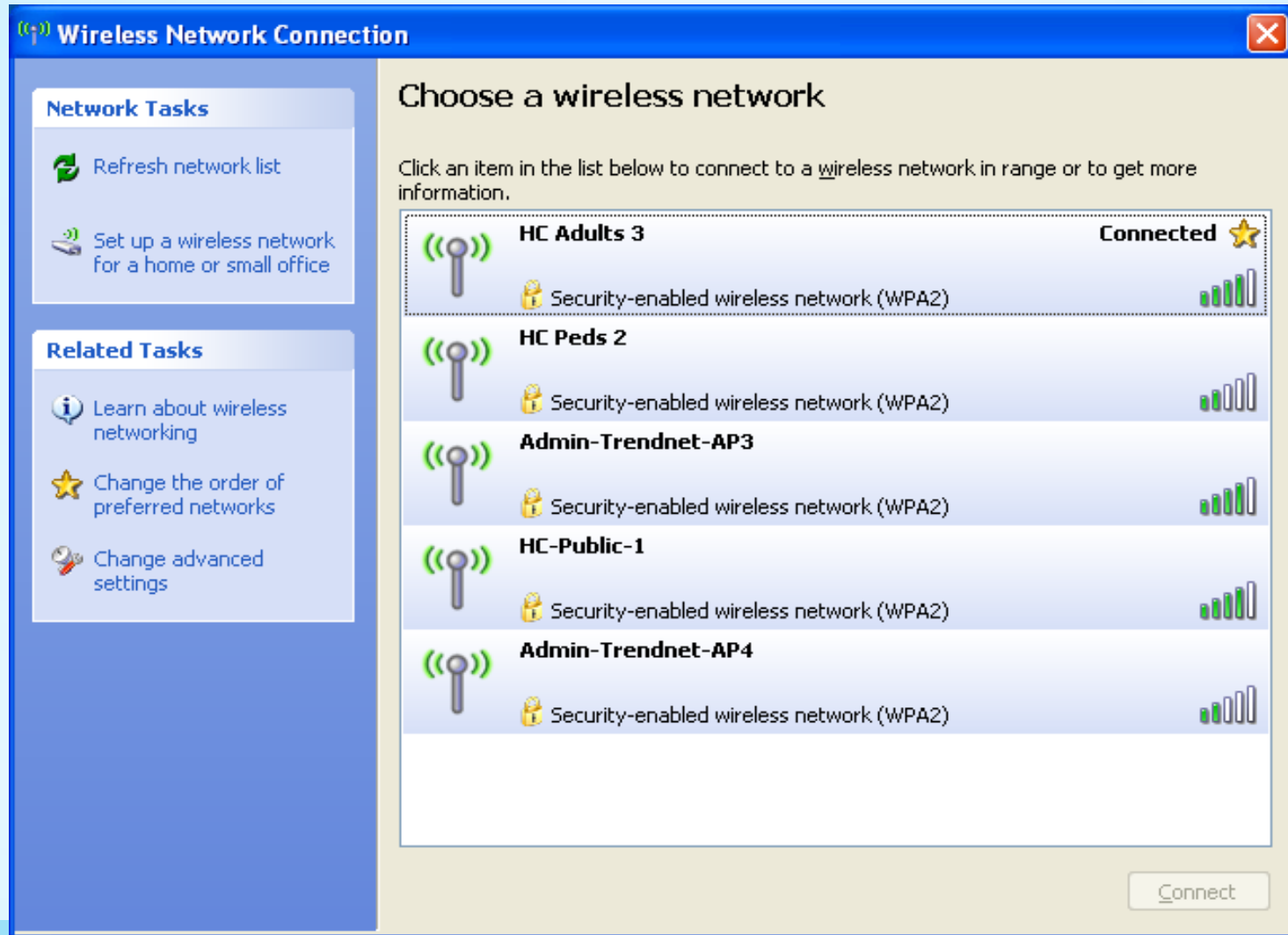- Meaningful Use of the Electronic Medical Record ALONE does not equate to better health outcomes

Meaningful Use Incentives

- Medicare & Medicaid offer financial Incentives for "meaningful use" of certified EHR technology to improve patient care

- Started in 2011 – payments continue until 2016.

- 22 Objectives set by CMS (18 Required; 5 choose from Menu of Choices)

- 3 stages with increasing requirements

- Must attest EVERY year to receive the incentive AND avoid Medicare payment adjustments
  - In 2015,– <u>Medicare</u> Adjustment starts at 1% increases yearly up to 5%

- Must also report Clinical Quality Measures in addition to meeting Core/Menu Objectives

Technology Investments

Legend:
- ■ Hardware/Software
- ■ Support/Maintenance/Upgrades
- ■ Total EMR to date
- ■ MU Payments to Date
- ■ Total MU potential

Federal Grant: $55,000

Meaningful Use Incentives: $318,750 | $531,750

Centricity/i2i: $323,625 | $537,422 | $861,047

Connecting to Community Providers is not as easy as this...

Some of the IT challenges for Health Centers

- Though personnel costs tend to represent the highest percentage of health center budgets (60%+), most staffing is focused on clinical care.

- Health Centers don't have IT experts

- Heart City Health Center belongs to Alliance of Chicago, a Health Center Controlled Network. Changes require time – and monthly support costs.

- Still requires intense amount of pre-work by health center administrative staff

- Maintenance and support costs for Electronic Medical Records is ongoing (ePrescribing, ICD-10, etc.)

Delivery System Improvements

- **Customized Care Plans for chronic disease patients**
  - Meet patients where they are
  - Small goals first
  - Importance of continued education
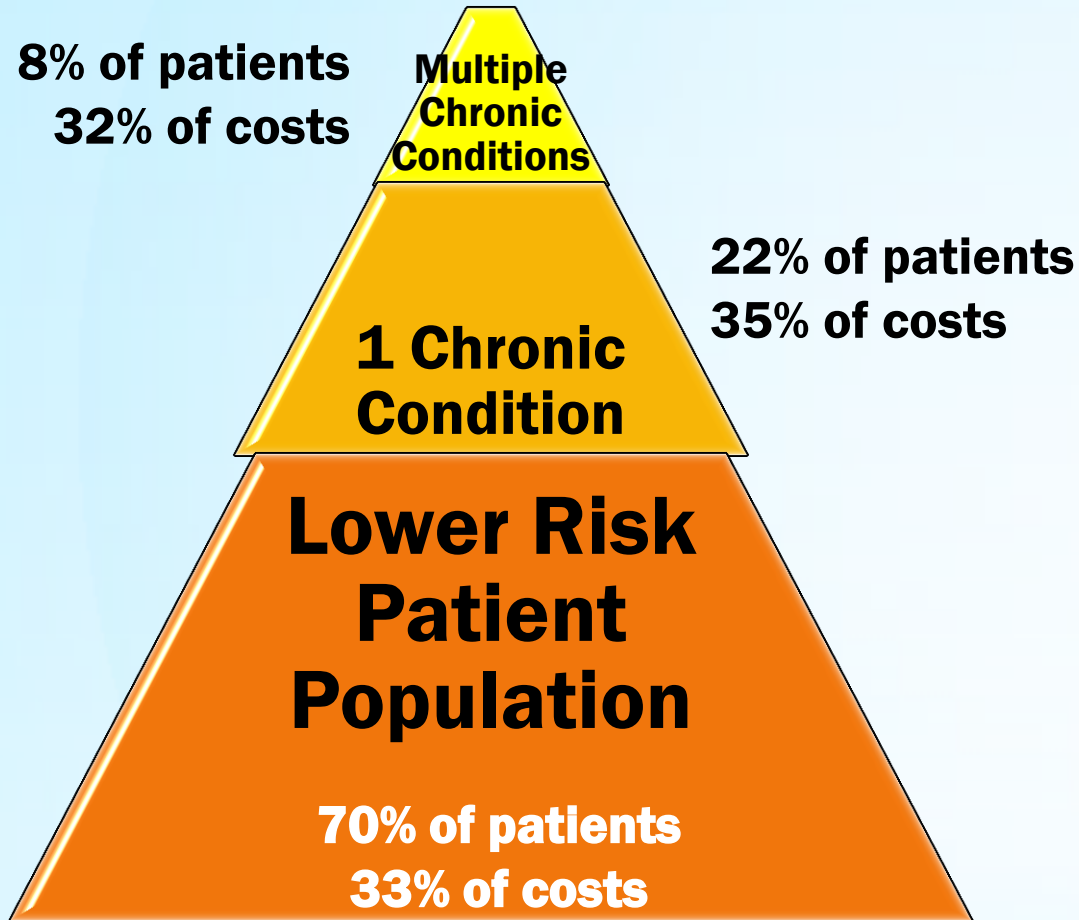 - Addressing cultural perceptions

- **Increasing Accessibility**
  - Health record accessible online
  - Recommended plans specific to patient and age
  - Birthday reminders
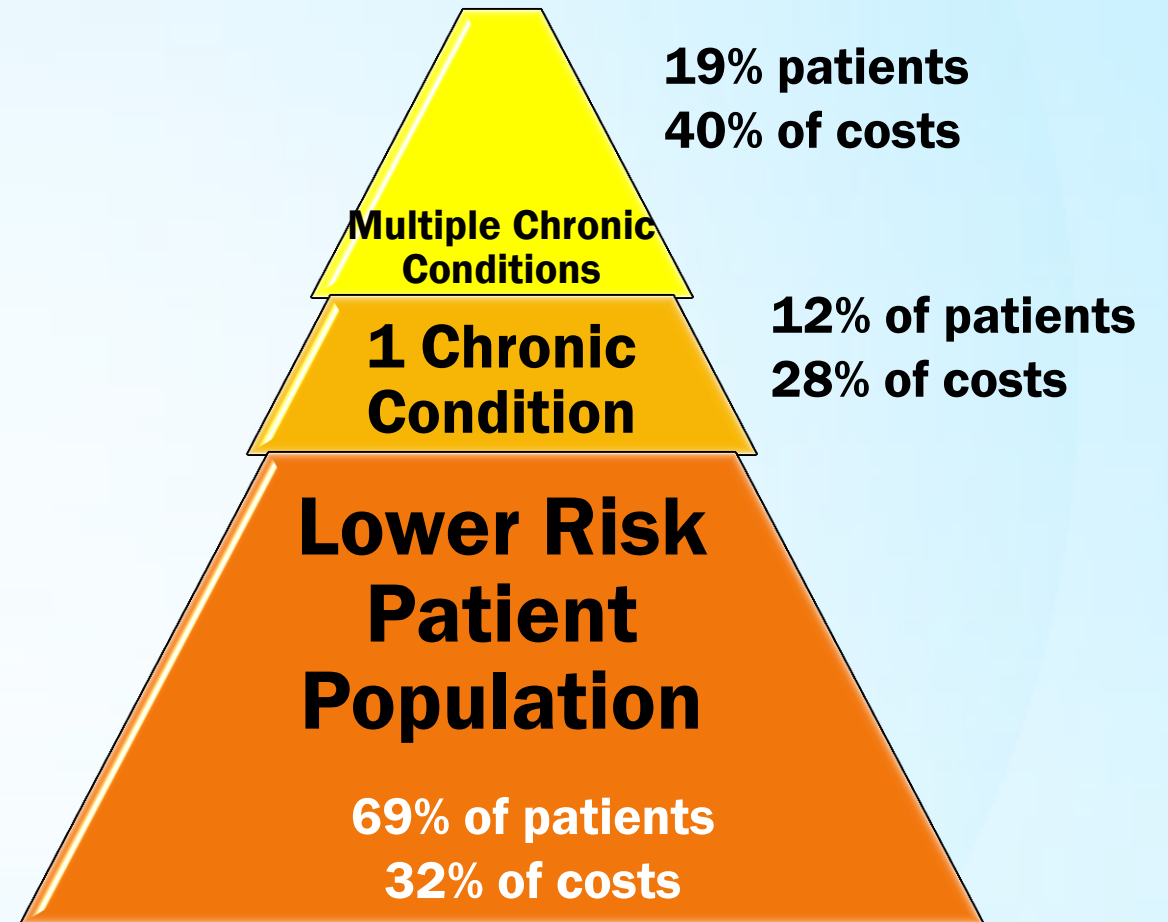 - Health Information Exchange Interfaces (CHIRP, etc)

- Diabetics
  - Compliance
  - Goal Setting
  - Pre-visit Check-ins
  - Morning Huddles
  - Personal Responsibility
  - Tactile Taste Tests – coming soon...

Adapting the Kaiser Triangle to Heart City Health Center

Heart City

8% of patients
32% of costs

Multiple Chronic Conditions

22% of patients
35% of costs

1 Chronic Condition

Lower Risk Patient Population

70% of patients
33% of costs

19% patients
40% of costs

Multiple Chronic Conditions

12% of patients
28% of costs

1 Chronic Condition

Lower Risk Patient Population

69% of patients
32% of costs

Patient Centered Medical Home:

Our

PERCEPTION

Patient Centered Medical Home:

Our REALITY

One who has health has hope. One who has hope has everything.

THANK YOU!