

Access Across New Hampshire Plan

Advancing a Medical Home Model

August 2008



INTRODUCTION

Bi-State Primary Care Association (Bi-State) has long worked with the National Association of Community Health Centers (NACHC) on behalf of New Hampshire's Community Health Centers (CHC) to expand access to comprehensive primary care services. Bi-State fully endorses NACHC's *Access for All America Plan* (www.bistatepca.org) and has worked with New Hampshire's CHCs to develop initiatives and a plan for geographic and service expansion in support of these goals. Nationally, the *Access for All America Plan* aims to reach 15 million additional patients by 2015; New Hampshire's goal is to reach an additional 25,000 to 30,000 patients in five years. With additional resources and support, an expansion of CHCs across New Hampshire could offer financially accessible and conveniently located comprehensive primary care — including a full range of medical, dental, mental health, substance abuse, and pharmacy services — to every uninsured person in New Hampshire who currently lacks a medical home.

The purpose of this *Access Across New Hampshire Plan* is to present a blueprint and a request for support to improve access to primary care and preventive services. This plan presents three sets of initiatives:

1. Geographic Expansion;
2. Access to Health Care; and
3. Primary Care Workforce Recruitment and Retention.

GEOGRAPHIC EXPANSION

New Hampshire's 14 CHCs provide care to over 106,000 people in New Hampshire (1 in 12) with 30 sites in 9 of New Hampshire's 10 counties; however there are many more medically underserved people living in New Hampshire's counties without access to primary care. Bi-State, in partnership with the state Primary Care Office, the federal Bureau of Primary Health Care, the NH General Court, the Congressional Delegation, foundations, community partners and CHCs, has been working to improve access to primary care services. The progress of this ongoing work is nine new requests for federal funding to expand primary care services:

ACTIONS NEEDED

The development efforts outlined below have generated much enthusiasm and support statewide; however they will not result in new or expanded services without state and federal support in the form of New Access Point, Expanded Medical Capacity and Service Expansion federal funding. With funding, Bi-State estimates that 25,000 to 30,000 additional people could receive comprehensive primary and preventive services in New Hampshire within three-to-five years.

- A health care for the homeless organization submitted a New Access Point federal funding request in December 2007 (Hillsborough County).
- Three Federally Qualified Health Centers (FQHC) submitted Expanded Medical Capacity federal funding requests in February 2008 (Belknap, Hillsborough and Rockingham Counties).
- Two FQHCs submitted behavioral health Service Expansion federal funding requests in February 2008 (Hillsborough and Strafford County).
- Two FQHCs submitted oral health Service Expansion federal funding requests in February 2008 (Grafton and Strafford Counties).

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- One FQHC submitted a pharmacy Service Expansion federal funding request in February 2008 (Grafton County).

Despite these efforts, there continues to be unmet primary care needs for many people at or below poverty and living in underserved rural and urban areas. The demand for uncompensated care continues to rise. These unmet needs include: behavioral health (mental health and substance abuse services), oral health, pharmacy services, comprehensive medical care (with an emphasis on uninsured adults aged 20 to 64), medical interpretation services and access to affordable health coverage.

Community Health Centers are a good investment. They are local, non-profit organizations that contribute more than \$61 million into their communities throughout the state.

INITIATIVES TO SUPPORT ENHANCED ACCESS IN NEW HAMPSHIRE

Improving Quality of Care New Hampshire's CHCs have a long history of participating in federal, regional and state Health Disparities Collaboratives (HDC) in the areas of asthma, diabetes, and depression. This is a systems-approach to organizational change, which has been applied to clinical, financial, and operational quality improvement. Areas of focus for improvement work have included screenings, prevention of chronic disease, patient flow and wait time, perinatal and patient safety, as well as improvement in chronic disease outcomes.

Utilizing Electronic Medical Records (EMR)

New Hampshire's CHCs have led the nation in being early adopters in the implementation of electronic medical records. The EMR provides information and tools to improve the provision of individual patient care as well as review and improve the health center's overall population-based health outcomes. While it is a very important quality improvement tool, there are additional costs associated with its use. These costs include system maintenance, upgrades and staff.

ACTIONS NEEDED

To fund the following initiatives and expansions health centers have been creative, fostering innovative partnerships, collaborating with each other in new ways, and leveraging existing resources. This creativity has served them well, but to take these and future initiatives to the next level, health centers need additional resources and support, including:

- *Adjustments to their base funding that reflect increased operating costs and uncompensated care; and*
- *Increased access to capital financing support for facility and health information technology.*

Offering A Medical Home Health centers provide medical homes to individuals by offering enhanced access to care, care coordination and management, as well as supportive and enabling services in a "one-stop" service approach. Enabling services such as transportation assistance to the visit, child care during the health center visit, health education, and assistance with enrollment in state public programs help patients remove barriers to care. CHCs have multilingual staff and/or interpreters available to ensure high-quality and culturally-competent service to minority populations. Since the medical home is the framework of the health center model of care, Bi-State and the health centers are participating in the New Hampshire Multi-Payer Medical Home Project that will commence on January 1, 2009 for a period of 24 months.

Accessing Capital Funding Capital funding continues to be a barrier for access to care — slim net margins create few resources for reinvestment in capital projects. Many health centers are in urgent need of renovation or replacement of patient care areas. A capital needs assessment was

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undertaken for health centers in 2006 that identified the need for approximately \$21.9 million in capital projects:

- Approximately \$18.3 million to renovate, replace, purchase or expand existing facilities. The median building age for service delivery sites is 34 years; and
- Approximately \$3.6 million for major equipment purchases, which includes \$1.4 million for health information technology (HIT).

As a group, health centers have sufficient debt capacity to fund approximately \$5.4 million through loans. The remainder must be provided through grants or other funding sources. Health center options for capital funding are limited, in part, due to the smaller size of their projects and their nonprofit, low-margin operations. Bi-State, members and the Advisory Committee for CHCs are working on initiatives to improve access to capital funding. The initiatives include:

- Utilizing state finance authorities to provide capital funding options for CHCs (2008 HB-1402, effective 8/5/2008);
- Technical assistance to health centers to seek and develop capital funding; and
- Federal congressional requests to support capital building expansion projects, continued investment in health information technology, and the purchase of small equipment.

Improving Financial Health The financial health of the health centers is described by financial experts as “fragile but intact.” The mission of the health centers is to provide comprehensive preventive and primary care services regardless of a patient’s ability to pay. For each additional uninsured or underinsured patient that is served, the health center loses money. This is why a collaborative financial investment by federal and state, public and private partners is critical to the health center’s financial sustainability.

PRIMARY CARE WORKFORCE: RECRUITMENT AND RETENTION

One of the most serious challenges for New Hampshire’s CHCs is recruiting and retaining clinical providers. Like most rural states, New Hampshire must recruit health professionals nationally to fill its critical primary care provider vacancies with family practice physicians, obstetricians, and dentists. Currently, there are over 50 existing primary care provider vacancies statewide, representing provider shortages for an estimated 83,000 people in New Hampshire. These vacancies often take 18 months to fill and are felt on a day-to-day basis through longer wait times and increased burn-out of existing providers.

ACTIONS NEEDED

New Hampshire’s CHCs need support at all levels for workforce development programs, including the National Health Service Corps, increased funding for loan repayment and incentive programs. Additionally, Bi-State’s New Hampshire Recruitment Center needs support for its national marketing efforts to recruit health professionals for New Hampshire primary care practices from the limited pool of national candidates.

Bi-State’s New Hampshire Recruitment Center provides individual technical assistance and recruiting services to New Hampshire’s health centers, helping with outreach to health professionals and marketing New Hampshire as a viable place to live and practice. Bi-State, the New Hampshire Recruitment Center, and New Hampshire’s health centers are all involved in statewide and regional workforce committees tackling legislative workforce initiatives, pipeline development activities, and strategies to increase visibility for the state of New Hampshire with a national audience of health

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professionals. New Hampshire offers limited loan repayment for health professionals as a recruitment incentive. The State loan repayment program is supported by legislative appropriations which must be requested every two years. Even so, there is always more demand than available funds, leaving some New Hampshire communities without a financial incentive to attract health professionals in this competitive national market.

There has been an increasing awareness of workforce shortages and recruitment issues by New Hampshire State Legislators, the Governor's office and the general public. The New Hampshire Citizens Health Initiative, established in 2005 by Governor Lynch, is a collaborative of a broad cross section of citizen representatives, joined by businesses, medical providers, and community agencies. The Initiative convened a committee to examine the status and needs of New Hampshire's health care workforce and develop recommendations. The Workforce Committee released the report *Strategies to Address the Issues of Access to NH's Primary Care Workforce* in March 2008 and is presently working to implement the report's recommendations. A copy of the report is available at www.bistatepca.org.

CONCLUSION

New Hampshire's CHCs have a long history both of responding to their own communities' needs to increase access locally and of working together in innovative partnerships to address health care access issues statewide. New Hampshire's CHCs are eager to work with NACHC on *Access for all America* through the *Access Across New Hampshire* Plan and the medical home model to assure appropriate, cost-effective, and high-quality health care services to the people of New Hampshire. Bi-State commits to lead these efforts on behalf of New Hampshire's CHCs to achieve the resources, collaborations, strategies, and political will necessary to eliminate health disparities and realize comprehensive coverage and access for all.

WHAT ARE COMMUNITY HEALTH CENTERS?

APPENDIX

Federally Qualified Health Center (FQHC) grantees and look-alikes are health centers with special federal designations that signify that they meet specific federal criteria. FQHCs must be located in high-need areas and be not-for-profit health care practices that have a mission to provide primary care regardless of their patients' ability to pay or insurance status. They provide care to people of all ages with services including comprehensive primary and preventive care, 24-hour coverage, obstetrical and gynecological care, dental care, mental health and substance abuse services, pharmacy, laboratory and other ancillary services, and enabling services such as case management, translation services, and transportation. FQHCs are governed by a Board comprised of at least 51% consumer/patient Directors who reflect the demographic and socio-economic mix of the health center's patient panel.

Rural Health Centers (RHCs) also improve access to primary care in underserved rural areas. They can be freestanding or part of a larger health system. RHCs are required to use a team approach of physicians and mid-level practitioners to provide services. The center must be staffed at least 50 percent of the time with a mid-level practitioner. They must provide outpatient primary care services and basic laboratory services. Finally, RHCs may also provide other health care services, such as mental health or vision services.

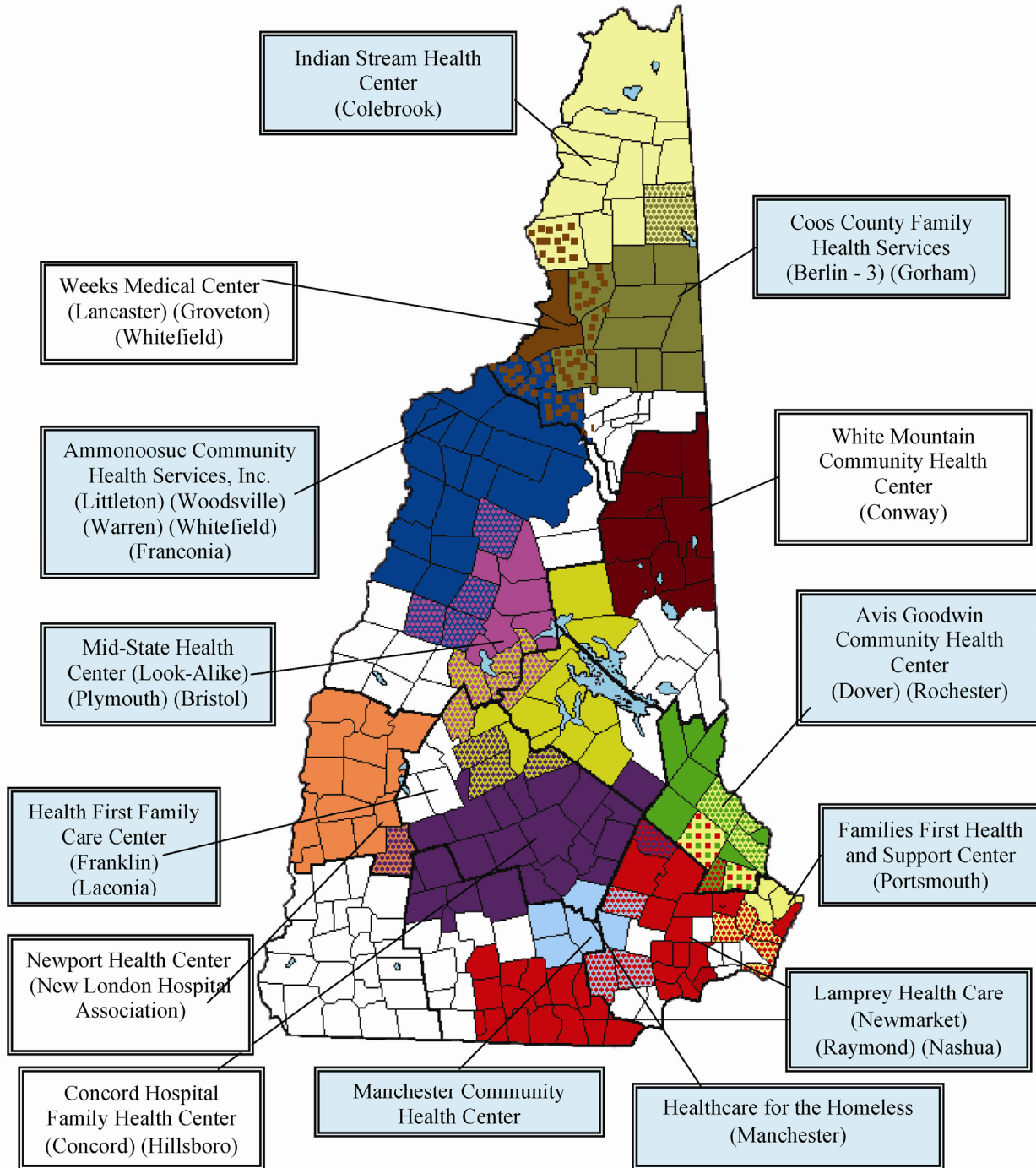
Freestanding or hospital-based health centers also improve access to primary and preventive care services. These health centers also provide a full range of primary care services regardless of ability to pay.

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BI-STATE MEMBER PRIMARY CARE HEALTH CENTERS



*Textured areas denote towns in two or more Community Health Center service areas.
 Note: Blue box denotes Federally Qualified Health Center grantee or Look-Alike

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