

# Access Across Vermont Plan: Advancing a Medical Home Model for Vermonters

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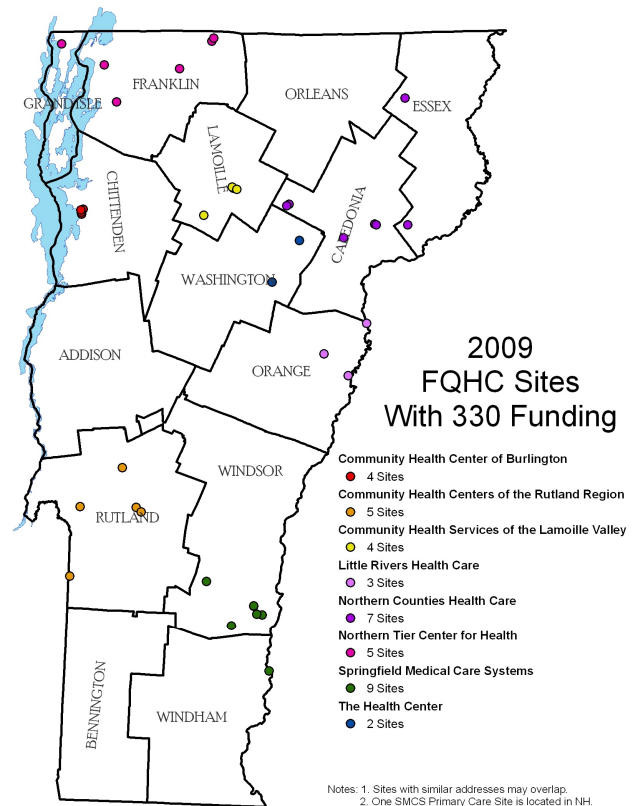


## INTRODUCTION

Bi-State Primary Care Association is a private, not-for-profit organization with a Vermont membership of thirteen organizations that provide and/or support community-based primary care services. Bi-State represents all eight of Vermont's Federally Qualified Health Centers (FQHCs) and works throughout the state to promote healthcare access for all. Bi-State is proud of Vermont's recent FQHC development, and notes that with additional resources and support, a statewide network of FQHCs across Vermont 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 Vermonters who currently lack a medical home.

## WHAT IS A FEDERALLY QUALIFIED HEALTH CENTER?

Located in high-need areas, Federally Qualified Health Centers (FQHCs) are not-for-profit health care practices that have a mission to provide primary care regardless of their patients' ability to pay or insurance status. FQHCs 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 composed of at least 51% consumer/patient Directors who reflect the demographic and socio-economic mix of the health center's patient panel. FQHCs are supported by patient fees and private insurance, by Medicaid and Medicare reimbursement, by federal grants, and by private philanthropy. In Vermont, on average 43% of FQHC patients are on Medicaid programs and 16% are uninsured. FQHCs are efficient and cost-effective; in Vermont federal grant funds of only \$89/patient/year support comprehensive primary care for FQHC patients, and only 16% of FQHC revenue comes from federal grants. FQHCs also give back economically to their communities. For example, a 2004 study found that even the smallest Vermont FQHC made a positive economic impact of \$4.3 million to its local community. This FQHC directly supported 141 full-time jobs.



## FQHC GEOGRAPHIC DISTRIBUTION AND EXPANSION IN VERMONT

Vermont's 8 federally-funded FQHCs provide care to over 101,000<sup>1</sup> Vermonters with 39 sites in 11 of Vermont's 14 counties; however there are many more medically disenfranchised Vermonters living in areas without FQHC access. As Vermont's legislature has put into statute, "The goal shall be to ensure there are FQHCs in each county in Vermont" *Act 71 of 2005, Section 277(f)*. Bi-State, in partnership with the Primary Care Office, the State Legislature, and our Congressional Delegation has been working with each of the remaining three underserved counties to turn that goal into reality. Some of our recent successes include:

- A four-site health center, Community Health Services of the Lamoille Valley, was granted FQHC

<sup>1</sup> This includes one primary care site in New Hampshire

status in August 2008 (Lamoille County).

- Springfield Medical Care Systems, Inc., a complete health system totaling 9 primary care sites and a Critical Access Hospital (CAH) spanning two Vermont counties and one New Hampshire county received FQHC status in March 2009 under the American Recovery and Reinvestment Act (ARRA). This is a unique model in which the CAH is actually a subsidiary of the FQHC (Windham and Windsor Counties, VT; Sullivan County, NH).
- An existing FQHC, Community Health Center of Burlington, received service expansion funding in August 2008 to enhance behavioral health programming (Chittenden County).
- An additional existing FQHC, Community Health Centers of the Rutland Region, opened a satellite site in a needy portion of its service area (Rutland County).

Some of our ongoing projects include:

- A grassroots group of community members is working with local providers and potentially a neighboring FQHC to open a new health center (Addison County).
- A rural health clinic is considering converting to FQHC Look-Alike status (Windham County).
- Bi-State is working with the Primary Care Office to designate medically underserved communities within Vermont's only county without designated areas or populations (Bennington County).
- Bi-State is working with a health center and a free clinic to develop a sustainable model for a migrant and seasonal farmworker health program. This program will begin in the Champlain Valley (Addison, Franklin, and Grand Isle Counties), but ultimately will spread throughout the state.

*The development efforts highlighted above have generated much enthusiasm and support statewide; however they will not result in new FQHCs or new service sites without federal support in the form of New Access Point (NAP) funding. With NAP funding, Bi-State estimates that new health center sites could be functioning in up to three underserved Vermont communities.*

## **INITIATIVES AND SERVICE EXPANSIONS TO SUPPORT ENHANCED ACCESS AT VERMONT FQHCs**

In addition to geographic expansion, Vermont's existing FQHCs are continuously expanding services, increasing quality, and responding to emerging community needs.

**Vermont Rural Health Alliance (VRHA)** – Vermont's FQHCs have formed a network with other safety-net providers, Bi-State, Vermont's regional health information organization, the VT Program for Quality in Health Care, and the Area Health Education Centers to work collaboratively on turning Vermont's health care policy reforms into practice. VRHA, funded federally through the Office of Rural Health Policy and locally through Vermont's Blueprint for Health, tackles issues of chronic care disease management, health information exchange, telemedicine, behavioral health integration into primary care sites, outreach and enrollment, and farmworker health.

**Vermont Blueprint for Health** – The Vermont Blueprint for Health is a population-based wellness and prevention approach to health care, with a focus on the medical home. The State has rolled out the Blueprint in geographic pilot communities, including St. Johnsbury, home to Vermont's oldest FQHC. Eager to join the Blueprint, all of Vermont's FQHCs through VRHA have volunteered to function as a policy laboratory for new types of care coordination, enhanced chronic care management, and innovative reimbursement reforms.

**Health Information Exchange & Electronic Medical Record (EMR)** – Five of Vermont's eight FQHCs have implemented electronic medical records with one health center just completing a successful first implementation funded by the State Health IT Fund and with technical support from Vermont's regional health information organization. A sixth health center is in the process of implementing, and a seventh has identified a software package, but is finishing a capital project before implementing. Only one FQHC does not yet have an implementation plan for EMR. These tremendous strides have been made possible by support from the state through our regional health information organization and from our Congressional Delegation. One FQHC received additional support on EMR diagnostics and remediation to enable its outdated EMR system to become compatible with Blueprint requirements.

**New England Telehealth Consortium** – Vermont’s regional health information organization has also worked with Vermont’s FQHCs so that they could take advantage of an opportunity through the New England Telehealth Consortium to lay secure, high-speed wiring at significant discount to enable health information exchange and telemedicine.

**340B Pharmacy** – Five of Vermont’s FQHCs have formed an LLC to own and operate a central-fill pharmacy. This pharmacy opened November 2008 and now provides access to low-cost 340B prescription drugs to 58,000 Vermonters through mail order and telepharmacy. Two Vermont health centers not affiliated with the LLC have implemented 340B programs in other creative ways, utilizing telepharmacy and local independent pharmacists.

**Service Expansions** – Three of Vermont’s five eligible FQHCs submitted Service Expansion applications in 2009. All plan to substantially increase mental health and substance abuse services through increases in behavioral health staff. One FQHC plans to expand dental services by doubling its number of operatories. In future years Bi-State anticipates that all of Vermont’s FQHCs will be proposing service expansions and expansions to medical capacity.

**Outreach & Enrollment for Green Mountain Care** – All of Vermont’s FQHCs have taken a leadership role in promoting Vermont’s Green Mountain Care Medicaid, SCHIP, and Medicaid Expansion Programs, including the new public/private health insurance product, Catamount Health to the estimated 47,000 uninsured Vermonters. Several FQHCs have made a commitment to prioritize outreach and enrollment with dedicated staff and organization-wide support. The experiences of Vermont’s FQHCs have provided valuable feedback to the State in program design.

**Telemedicine Child Psychiatry** – In partnership with the University of Vermont College of Medicine, with equipment funded by the USDA, and with pilot funding through the Vermont Department of Health, Vermont’s FQHCs will launch a pediatric telepsychiatry fellowship program that will bring much needed services to isolated rural communities.

**Pediatric Mobile Dental** – Several of Vermont’s FQHCs are partnering with Ronald McDonald House Charities in Burlington to develop a mobile pediatric dental program to visit communities and schools within their service areas that do not currently have adequate access to dental care. Dental services are scheduled to launch in September 2009. This project could possibly become a future dental service expansion project.

**Farm Health Connection** – Starting in 2009, Bi-State, with funding from the Office of Rural Health Policy, is working with one health center, one free clinic, and other stakeholders to develop statewide farmworker health services, building upon the network of existing FQHCs and other safety-net providers. An initial needs assessment along with statewide strategic planning will enable services to be targeted to the areas with the highest concentration of farmworkers in need. Bi-State anticipates that this project will become a 330(g) migrant and seasonal farmworker health center and voucher program in the future.

**American Recovery and Reinvestment Act (ARRA)** – All of Vermont’s FQHCs have received funding through ARRA. These funds have supported health centers in the increased demand for services they have felt as part of the current economic downturn. Funds have also allowed health centers to make small renovations, equipment purchases, and other necessary capital improvement projects. Several Vermont health centers are currently developing proposals for facility improvement projects, including building brand-new facilities, and performing major renovations of existing facilities.

*To fund these initiatives and expansions health centers have been creative, fostering innovative partnerships, collaborating with each other in new ways, and leveraging existing resources. Health centers have also been beneficiaries ARRA, and have been able to jumpstart several much-needed projects. Creativity and ARRA funding have served our health centers well, but to take these and future initiatives to the next level and make them sustainable, health centers need additional resources and support, including:*

- *Adjustments to their base funding that reflect increased operating costs and patient loads;*
- *Service expansion funding and expanded medical capacity funding; and*
- *Continued access to capital financing support for facility and health information technology.*

## **PRIMARY CARE WORKFORCE: RECRUITMENT AND RETENTION**

One of the most serious challenges for FQHCs in Vermont is recruiting and retaining clinical providers, such as primary care doctors, dentists, nurse practitioners, and physician's assistants. Without enough providers, regular FQHC services, not to mention the initiatives and expansions listed above, cannot happen. Like most rural states, Vermont must recruit health professionals nationally to fill its critical primary care provider vacancies. Currently, there are over 47 primary care provider vacancies listed with the Recruitment Center (a service Bi-State offers to Vermont's eight FQHCs and other primary care practices). These provider vacancies affect as many as 61,500 Vermonters, especially those living in rural areas. These vacancies often take 18 months to fill and are felt on a day-to-day basis by patients who have reduced access to primary and preventive health services due to longer appointment wait times. These shortages also have an impact on the existing provider workforce, reduced staffing increases burn-out of existing providers. And, since Vermont's FQHCs remain open to new patients at all times unlike private practices, many patients who cannot access primary care transfer to FQHCs, increasing the demands on these practices.

Bi-State's Vermont Recruitment Center provides individual technical assistance and recruiting services to Vermont's FQHCs, helping with outreach to health professionals and marketing Vermont as an ideal place to live and practice. Bi-State, the Vermont Recruitment Center, and Vermont's FQHCs 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 Vermont with a national audience of health professionals.

An important part of rural recruitment is the ability to offer incentive programs such as loan repayment for health professionals who agree to work in rural areas or serve underserved patients. Vermont offers an Educational Loan Repayment Program which is funded by legislative appropriations, but these funds must be requested each year and may be cut during tight financial times. Even with this state program in place there are always more applicants in Vermont than available funds. Early in 2009 new funding was made available for loan repayment through ARRA. The goal of this funding is to increase the number of loan repayment awards made nationally through the National Health Service Corps (NHSC). Vermont's FQHCs and many other safety-net practices have now been recognized as eligible NHSC loan repayment sites. This recognition is a great recruitment and retention tool with health professionals who are dedicated to serving the underserved but concerned about their own financial situation due to their significant debt as a result of educational loans. The Vermont Recruitment Center continues to work closely with state and federal officials in the administration of loan repayment through the NHSC.

*Vermont's FQHCs need support at all levels for workforce development programs and appreciate the funding made available through ARRA for the National Health Service Corps. Additionally, Bi-State's Vermont Recruitment Center needs support for its national marketing efforts to recruit health professionals for Vermont primary care practices from the limited pool of national candidates.*

## **CONCLUSION**

Vermont's FQHCs 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. Vermont's FQHCs are eager to work with the medical home model to assure appropriate, cost-effective, and high-quality health care services to Vermonters. Bi-State commits to lead these efforts on behalf of Vermont's FQHCs to achieve the resources, collaborations, strategies, and political will necessary to eliminate health disparities and realize comprehensive coverage and access for all.