EXPANSION CONSIDERATIONS FOR PRIMARY CARE SERVICES TO POPULATIONS AT RISK

Report Summary

The Mid-Atlantic Association of Community Health Centers

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Report Summary

- Environmental Picture
- Implications/ Opportunities/ Recommendations
- Summary and Conclusion
- Mapping geo-analysis
- Appendices
Environmental Picture

- Maryland and Delaware FQHCS, patients served and benefits of FQHCs
  - Patient Demographics
  - Patient Incomes
  - Level of Uninsured

- Federal and State Environment
  - Budget Cuts/Medicaid
  - FQHC Prospective Payment System
  - Presidents Reach Initiative II
  - State Specific Health Plans
Implications/ Opportunities/ Recommendations

Internal Considerations

- Board Make Up Considerations
- Financial Projections Methodology
- Evaluation of Unused Capacity
- Evaluation of Provider Productivity
- Increased collaboration between FQHCs with varying service capacity
- Application of Geo-Analysis in identifying targeted need, strategies, potential partnerships
- Align need with financial viability
- Focus on health disparities and demographic data in health centers scope of service and expansion planning
- Develop partnerships with hospital ERs to divert inappropriate ER users
Implications/ Opportunities/ Recommendations

- Through development of health care/business plan management of organizational growth over the short and long term i.e.
  - Clinical Changes
  - Administrative and Financial Changes
- Through SPCA conduct a comprehensive training needs assessment
- Secure Financial Resources
  - Seek planning and development dollars from the state legislature or county boards demonstrating how this would meet underserved citizens’ need.
  - Seek local private foundation support
  - Leverage position and dollars from state Attorney Generals and State Insurance Commissioners
  - Seek support from hospital systems for the development by exploring mutual interests i.e. win-win situations.
Implications/ Opportunities/ Recommendations

External Considerations
- Consider how communities are defined and how this will affect patient care seeking behavior
- Where do communities now seek care and is this different from current patients of the health center
- Move expeditiously in FFY 06, last year of Presidential Initiative 1, to compete/execute NAP, EMC and SE
- Closely monitor data policy developments of Presidential Initiative 2 to determine designation of 200 poorest counties without health centers
- Support MQHCs designated as FQHCs or satellites of existing FQHCs/330s
- Examine Medicaid/SCHIP enrollment/reenrollment among minority populations to determine targeted outreach and enrollment assistance strategies
- Be aware of political dynamics with the enviroment
- Address local medical and dental politics dynamics
- Identify potential partners/competitors and their interests
- Advance the argument that increased access to timely comprehensive primary can ultimately reduce 3rd party payer costs,
Methods

A geographical analysis was conducted on existing demographic, designation, and health disparities data.

The resulting analysis maps the following:
- Existing Federally Qualified Health Centers (FQHCs)
- State Population Demographics
- Need for Primary Care
- Health Disparities
- Medically Underserved Area (MUA) Criteria
- Current MUAs
- Possible New MUAs
Total Need for Primary Care Services – Maryland

Maryland Primary Care Visits Needed

Primary care visits per year

- 0 to 8,000
- 8,000 to 12,000
- 12,000 to 15,000
- 15,000 to 20,000
- 20,000 +

U.S. Census 2000/NCHS/AHRQ 2002

3.6 visits/person estimated using 2002 NHIS (NCHS) and MEPS (AHRQ).

2000 population from Census Bureau. 3.6 visits/person estimated using 2002 NHIS (NCHS) and MEPS (AHRQ).

Baltimore City values not accurately displayed

Grey areas are non-significant mapping artifacts resulting from numerous census tract boundary lines in areas with many small census tracts.
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Total Need for Primary Care Services

3.6 visits/person estimated using 2002 NHIS (NCHS) and MEPS (AHRQ).
Population Under 200% of Poverty Need for Services – Maryland

Maryland Visits Needed - Population Under 200% of Poverty

- 0 to 2,000
- 2,000 to 4,000
- 4,000 to 6,000
- 6,000 to 8,000
- 8,000 +

U.S. Census 2000

6 visits/person estimated using 2002 NHIS (NCHS) and MEPS (AHRQ).

0% poverty level estimated as census household with income less than $35,000/year

Baltimore City values not accurately displayed.
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Population Under 200% of Poverty Need for Services – Baltimore City

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200% poverty level estimated as census household with income less than $35,000/year.
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200% poverty level estimated as census household with income less than $35,000/year.
‘Medically Underserved Areas’ and FQHC Expansion

Service to a Medically Underserved Area (MUA) or population (MUP) is required for the creation of a new FQHC. Therefore, it is necessary to know the location of existing MUAs and areas within the state that may qualify for MUA status.

MUAs are federally designated based on the following criteria:
- Percentage of population below poverty level.
- Percentage of population age 65 and over.
- Infant mortality rate.
- Ratio of primary care physicians per 1,000 population.

Each criterion receives ‘points’ based on its value.

Less is better: areas with points totaling 62 or less are eligible for MUA designation.
Areas of High Need in FQHC Targeted Populations

- The three MUA criteria, poverty level, aged population size, and infant mortality rate, can be used to assess the distribution of need for primary care services among populations targeted by the FQHC program.

- Areas with low MUA totals are likely to be areas of high need in populations targeted by the FQHC program, and are likely to qualify for MUA designation, making them eligible for service delivery through the FQHC program.

- The following maps show poverty level, aged population size, and the infant mortality rate HRSA MUA points totaled. The maps display all census tract MUA point totals and the MUA point totals for those census tracts not currently included in an MUA.

*Note: Primary care physician ratio is not included in this analysis since this requires primary care physician Full Time Equivalent data, which is not available without a physician survey*
Expansion Opportunities: Areas of High Need in FQHC Targeted Populations and Existing FQHCs – Maryland

Maryland FQHCs, MUAs and Possible New MUAs

- Total Health Care
- BMS Health Centers
- Chase Brexton Health
- Family Health Center
- Health Care - Homeless
- Park West Health
- Peoples Community
- CCI
- Owensville PC
- Choptank CHC
- Three Lower Counties
- Tri-State
- Greater Baden
- Walnut Street

Points from three of four factors. 62 points max eligible.

- MUA points 0-45
- MUA points 46-62
- MUA points >62
- Total does NOT include IMR point


Grey-hatched areas are counties without reported IMR rates.

Baltimore City values not accurately displayed.

Grey areas are non-significant mapping artifacts resulting from numerous census tract boundary lines in areas with many small census tracts.
Areas in red and orange are not part of an existing MUA and have conditions that may qualify them for MUA designation.

Grey-hatched areas are counties without reported IMR rates.
Expansion Considerations: Poverty, Race/Ethnicity, and Health Disparities – Maryland

Maryland Primary Care 'Hot Spots'
FQHCs

- MUA points (3 factors) < 62
- High <200% of poverty only
- High racial/ethnic pop. only
- Health disparities only
- High <200% pov. & race/ethn. disparities
- High <200% pov. & disparities


'Hot spots' are areas of particular interest for expansion of primary care. The assessment includes consideration of the percentage of the population with incomes under 200% of poverty, levels of health disparities, and the presence of African-American and/or Hispanic populations. If MUA points for three available MUA eligibility criteria (low income population, population 65 and over, and high infant mortality rate) total less than 62, a census tract may qualify for MUA designation.

Note: counties without IMR (infant mortality rates) excluded from MUA point calculation. County rates based on fewer than five events in the numerator are not published since such rates are likely to be unstable.

High racial/ethnic population is defined as at least 50% African-American and/or 35% of Hispanic origin, based on 2000 census data.

Baltimore City values not accurately displayed.
Expansion Opportunities: Areas of High Need in FQHC
Targeted Populations and Existing FQHCs – Baltimore City

Baltimore City MUA Points: Three Factors

- Total Health Care
- BMS Health Centers
- Chase Brexton Health
- Health Care - Homeless
- Park West Health
- Peoples Community
- Family Health Center

Points from three of four factors
- 0 to 45
- 45 to 62
- 62 +

FQHC Services in Current and Prospective MUAs – Baltimore City

Baltimore City Need & MUAs
FQHCs
- Total Health Care
- BMS Health Centers
- Chase Brexton Health
- Family Health Center
- Health Care - Homeless
- Park West Health
- Peoples Community

Points from three of four factors.
- MUA points 0-45
- BC MUA points 46-62
- Existing MUAs
Baltimore City Primary Care 'Hot Spots'

- Overlay - possible MUA-eligible
- High '<200% of poverty' only
- High racial/ethnic pop. only
- Health disparities only
- High <200% poverty & race/ethn.
- High <200% pov. & disparities

U.S. Census 2000/HRSA 2005

'Hot spots' are areas of particular interest for expansion of primary care. The assessment includes consideration of the percentage of the population with incomes under 200% of poverty, levels of health disparities, and the presence of African-American and/or Hispanic populations.

The overlay identifies tracts which score less than 62 IMU points from three of the four MUA criteria: population in poverty, population aged 65 and older, and infant mortality rate. As 62 points is the cut-off level for MUA designation, these tracts may be MUA-eligible or currently MUAs.
Expansion Opportunities: Areas of High Need in FQHC Targeted Populations - Delaware

Note that lower point totals indicate greater need. 62 points are the maximum allowed for MUA designation.
Expansion Opportunities: Areas of High Need in FQHC
Targeted Populations - Wilmington
Expansion Opportunities: Areas of High Need in FQHC Targeted Populations and Existing FQHCs - Delaware
Expansion Opportunities: Areas of High Need in FQHC
Targeted Populations and Existing FQHCs - Wilmington
FQHC Services in Current and Prospective MUAs - Delaware

Delaware MUA Points: Three Criteria

- **FQHCs**
- **MUA/MUPs**
- **Total MUA points**
  - 0 to 45
  - 45 to 62
  - 62 +


Areas in red and orange are not part of an existing MUA and have conditions that may qualify them for MUA designation. Stars mark the sites of existing FQHCs.
FQHC Services in Current and Prospective MUAs - Wilmington

Areas in red and orange are not part of an existing MUA and have conditions that may qualify them for MUA designation. Stars mark the sites of existing FQHCs.

Wilmington DE MUA Points: Three Criteria

- FQHCs
- MUA/MUPs
- Total MUA points
- 0 to 45
- 45 to 62
- 62 +

Expansion Considerations: Poverty, Race/Ethnicity, and Health Disparities – Delaware

'Delaware Primary Care 'Hot Spots''

- High 200% of poverty only
- High racial/ethnic only
- High 200% poverty & race
- High poverty, race, health
- Overlay - MUA points<62


'Hot spots' are areas of particular interest for expansion of primary care. The assessment includes consideration of the percentage of the population with incomes under 200% of poverty, levels of health disparities, and the presence of African-American and/or Hispanic populations. If MUA points for three available MUA eligibility criteria (low income population, population 65 and over, and high infant mortality rate) total less than 62, a census tract may qualify for MUA designation.

Note: no tracts meet the criteria of high racial population and high health indicators, but not high populations with incomes below 200% of poverty. No tracts meet the criteria of high health indicators, no high racial/ethnic populations, and no high populations with incomes below 200% of poverty.

No tracts meet the criteria of high populations with incomes below 200% of poverty, high health indicators, and no high racial/ethnic populations.

High racial/ethnic population is defined as at least 50% African-American and/or 35% of Hispanic origin, based on 2000 census data.
Expansion Considerations: Poverty, Race/Ethnicity, and Health Disparities – Delaware

'Hot spots' are areas of particular interest for expansion of primary care. The assessment includes consideration of the percentage of the population with incomes under 200% of poverty, levels of health disparities, and the presence of African-American and/or Hispanic populations. If MUA points for three available MUA eligibility criteria (low income population, population 65 and over, and high infant mortality rate) total less than 62, a census tract may qualify for MUA designation.

High racial/ethnic population is defined as at least 50% African-American and/or 35% of Hispanic origin, based on 2000 census data.

Note: no tracts meet the criteria of high racial population and high health indicators, but not high populations with incomes below 200% of poverty. No tracts meet the criteria of high health indicators, no high racial/ethnic populations, and no high populations with incomes below 200% of poverty.

No tracts meet the criteria of high populations with incomes below 200% of poverty, high health indicators, and no high racial/ethnic populations.
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