2009

ACCESS FOR ALL: Maryland

Access, Quality and Cost for Federally Qualified Health Centers

MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS
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PREFACE

Access for All: America is a bold new plan launched by the National Association of Community Health Centers which shows exactly how increasing funding for the Community Health Centers Program by 15 percent annually over the next 8 years would allow Community Health Centers to serve 30 million patients by 2015. It includes nearly 12 million of the nation's uninsured and others who may have insurance but no health care home. Under this plan, millions more people would have access to the care they need, when they need it, regardless of ability to pay.

In order to reach this goal, NACHC asked each state to submit a plan on how FQHCs in their state plan to reach their projected goal of increasing access. While this is not a requirement, PCAs across the country in the spirit of cooperation have been asked to participate in the plan. The *Access for All* plans are intended to be used as powerful advocacy tools. By using the information sent to them by the PCAs, NACHC's strategy is to make a compelling argument for expanding the nation's community health centers and to obtain funding increases for CHCs on the state and federal levels.

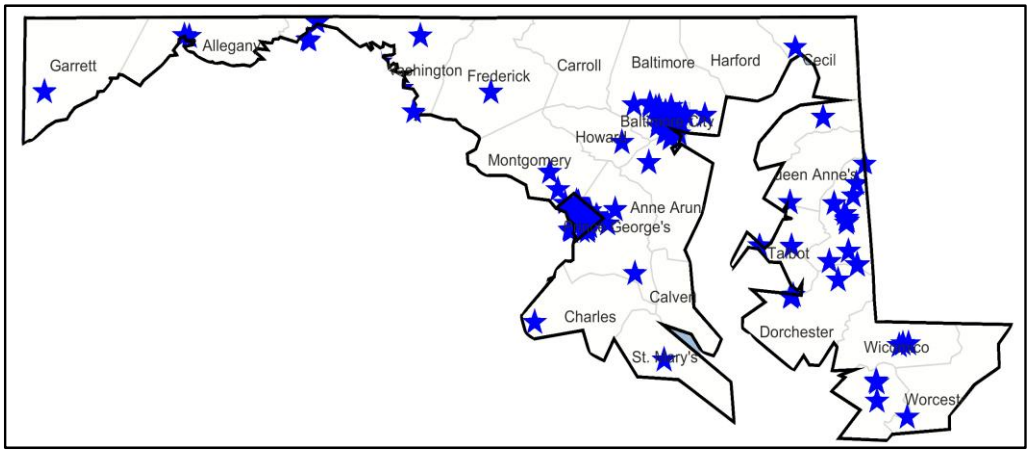
What has been submitted by MACHC is a briefing on the state of affairs present in Maryland related to healthcare and access to care along with a strategy for increasing access to care. The plan also describes the challenges FQHCs currently face in accomplishing this goal.

OVERVIEW

Federally Qualified Health Centers (FQHCs) have done an outstanding job in meeting the needs of America's medically vulnerable patients. They play a critical role in providing health care to over 15 million Americans, particularly those who are uninsured or experience other barriers to accessing health care. The Federal Office of Management and Budget has ranked Community Health Centers as one of ten most effective federal programs. Despite serving high-risk and vulnerable populations, FQHCs through high quality, cost-effective care, reduce health disparities, improve birth outcomes, effectively manage chronic diseases and stimulate economic growth in the communities they serve.[1] By focusing on prevention, FQHCs save a significant amount in dollars in avoided emergency room visits, medical treatment and hospitalization. Patients who receive their care at health centers have 41% lower total medical expenses compared to those whose receive care elsewhere.[2]

Mid-Atlantic Association of Community Health Centers (MACHC) has over 25 years of experience supporting FQHCs in Maryland. Currently there are 16 Bureau supported FQHCs operating over 100 delivery sites across Maryland in rural, suburban and urban areas. The map below shows access points in Maryland.

MAP 1. Maryland FQHC Access Points, 2009.



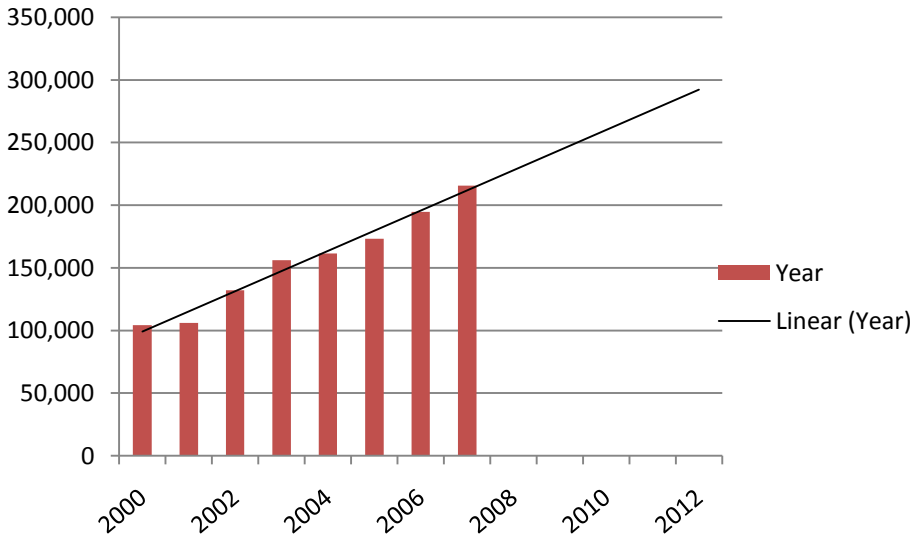
In 2007, Maryland FQHCs delivered care to approximately 215,600 unduplicated users, the majority of whom either were low-income and/or had no form of health insurance. There is a clear and well-defined link between access to primary care services and health insurance status. In national studies examining the uninsured and those with lower-income, it is known that:

- Uninsured low-income adults are more likely to delay or forgo necessary health care than those with insurance;

- The cost of seeing a physicians, whether in co-pays, deductibles or self-pay, is the primary reasons low-income adults forgo care, regardless of their insurance status;
- The uninsured are more likely to not have a usual source of medical care, including uninsured children;
- 60% of the uninsured in Maryland are low- income with incomes 200% of the FPL or below;
- Over the last five years Health Centers have seen a tremendous growth (55%) in the scope and reach of services;
- Six New Access points were created along with three approved Expanded Medical Capacity applications;
- Over the past four years, Maryland Health Centers have averaged a 10% growth in patients annually;
- In Maryland nearly 20% of the population is low-income (200% of FPL or below) while 769,000 are without any kind of health insurance.

Nationally, the ***Access for All America*** **Plan aims to reach 15 million additional underserved Americans by 2015. In helping to reach this goal, Maryland FQHC's goal is to reach at least an additional 80,000 - 100,000 patients in the next five years.** If FQHCs in the state continue to grow at the rate of approximately 10% each year, our health centers will likely exceed this goal. The caveat to this, however, is that Federal and State programs that help to support FHQCs must grow as well to help meet the growing needs of the underserved.

CHART 1. Maryland FQHC Patients and Expected Growth Trends, 2000 – 2012.



Health Resources Services Administration, Bureau of Primary Health Care, 2000-2007 Uniform Data System.

With additional resources and support, and expansion of FQHCs across the state, Maryland 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 a significant number of uninsured and underserved individuals and families in Maryland. The purpose of the ***Access for All Plan*** is to present a blueprint for meeting our expansion goals and request support to assist in improving access to primary care and preventive services. This plan outlines MACHC's strategy that includes:

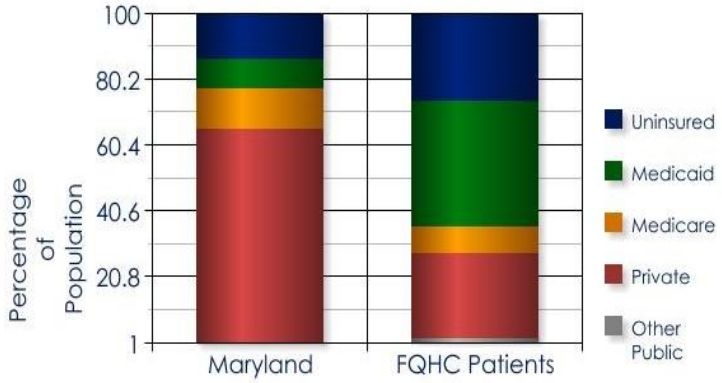
- Increasing the number of insured in Maryland;
- Support and advocacy of state programs to ensure capacity building;
- Addressing Primary Care workforce needs; and
- Strengthening existing Health Centers.

The plan will also discuss challenges that we face accomplishing this strategy.

STRATEGY 1: Increasing the number of insured in Maryland

Below is a graphic representation of Maryland's insurance coverage and FQHC patients**.** It is well documented that insurance coverage is an important variable to increased access to care.[3]

CHART 2. Health Insurance Coverage in Maryland and Maryland FQHC Patients, 2007.



HRSA, Bureau of Primary Health Care, Uniform Data System 2007. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2007 and 2008 Current Population Survey

Numbers for the uninsured at Maryland FQHCs have remained fairly static until recent years at approximately 50,000 patients or 23% of patient population. Undoubtedly as a result of the declining economy, those numbers are expected to rise dramatically. One Maryland health center director has reported a 40% increase in the number of uninsured seen from 2007 to 2008. Therefore, increasing the number of insured through the expansion of Medicaid program will certainly work to the benefit of Maryland FQHCs since the majority of patients seen at FQHCs are Medicaid covered. This action supports the outcomes of an assessment conducted by MACHC. In 2007 MACHC conducted a Statewide Environmental Assessment (EA) as required by the Health Resources and Service Administration/Bureau of Primary Health Care. The purpose of this assessment was to analyze broad market, state issues and trends that present the greatest opportunities and/or threats to the underserved, unserved and Health Center safety net. Health Centers were asked to identify statewide priority areas they believed germane to the overall growth and survival of the centers. One of the top recommendations and issue areas identified by Maryland's FQHCs was the growing number of uninsured and underinsured.

A recent legislative development at the State level that could provide Maryland health centers new growth opportunities is the expansion of Medicaid coverage. Effective July 2008 Governor Martin O'Malley signed into effect the Medicaid Expansion Law. Under the new law, parents with annual incomes up to 116 percent of federal poverty guidelines, or about $20,500 for a family of three are

eligible for Medicaid. Under the old standards, the income cap for such a family was less than $7,100. To address fiscal concerns about the cost of the program, legislators decided to phase in eligibility for all adults, including those without children, over the next several years. The law is projected to transition approximately 100,000 low-income individuals from uninsured to Medicaid.

STRATEGY 2: Support and advocacy of state programs to ensure capacity building.

In 2005 MACHC was instrumental in the creation of the Community Health Care Access and Safety Net Act. The bill culminated a multi-year effort to establish state support, both operational and capital, for FQHCs and other community based health resources. The Act created for the first time in Maryland legislature, funds dedicated for community health by establishing a set-aside for capital grants of $2.5 Million and an estimated $6 Million in operational grants each year. The Safety Net Act also led to creation of the Maryland Health Resources Commission (MCHRC) along with the Capital Grant Program. The Commission has been instrumental in assisting Community Health Centers with operational projects thereby increasing access to care whereby the Capital Grant Program has provided Community Health Centers with the dollars necessary for bricks and mortar projects. Although the Capital Grant Program requires a matching funds commitment, several CHCs have been able to capitalize on the program since its implementation. According to a report released by the Maryland Department of Health and Mental Hygiene (MHDH) - Office of the Secretary for FY2009, three Maryland FQHCs were able to secure funding for a total of four projects which will allow them to add over 25,000 sq. feet in much needed space to see additional patients.[1} Those FQHCs included Baltimore Medical System, Inc., resulting in a total increase of 20,900 sq. feet; Choptank Community Health System, Inc., resulting in an increase of 3,200 sq. feet; and Walnut Street Community Health Center, Inc. resulting in an increase of 1,250 sq. feet.

The Safety Net Act is up for reauthorization in 2010 and its viability is now threatened because of the state's budgetary crisis. Given the success of the Act, MACHC is planning advocacy strategy to ensure that it remains a priority for legislators.

1 Analysis of the FY2009 Maryland Executive Budget, 2008

STRATEGY 3: Addressing Primary Care workforce shortages.

As part of MACHC's overall workplan, certain recommendations have been made for further development and support of health center workforce. Included in this plan are the following elements:

Develop relationships with local college universities, community colleges and specialty schools to promote service- learning opportunities.

- Provide strategies along with institutional, student and community benefits of how service-learning can also support recruitment/retention. MACHC's recruitment would be focused on college's universities and specialty schools such as Medix. Focusing on each of these venues would incorporate the workforce needs for various levels in the health centers including clinical practice, nursing and administrative. One-on-one meetings would be developed with each of these schools in an effort to facilitate the intern process. Each intern would be placed with an experienced preceptor in a health center and earn service-learning hours. The program is designed to be flexible and responsive to the changing needs of the workforce, as the target positions and the number of intern slots are determined based on projected needs.

Intensify marketing strategies

- A comprehensive online advertising strategy where positions are promoted on commercial employment websites like Career Builder, Health Careers, Monster and others. MACHC and member health centers can include a banner advertising directing traffic to the website for employment information and adding keyword searches to Google and Yahoo to elevate jobs to the top of the list of search results on these sites.
- Print advertising includes both local classified advertising and state employment branding. The program provides ongoing exposure of health centers, messaging to potential employees and promotes health centers as a leader in patient care.
- MACHC's Workforce Development Toolkit is an online management program coordinating national and local recruitment efforts for health care professionals and serves as a resource by providing available recruitment tools, materials, advertisements, and other related information at a recruiter's fingertips.

Coordinate MACHC's health workforce activities with other state agencies as well as public and private entities in the Mid Atlantic region involved in health workforce training, recruitment, and retention

- Promote the scholarship and loan repayment programs (LARP) and National Health Service Corps, which is currently managed by the Maryland Office of Primary Care, as well as any other

programs or activities authorized in the appropriation act for recruiting and retaining providers for the underserved populations, underserved areas and HPSAs.

- Participate in community, institutional and college job fairs, promoting the importance of employment within health centers. Additional venues of focus could include state job fairs supporting the recruitment of administrative staff. Many of these fairs could align at the state level with the Baseline Closure and Realignment Commission (BRAC).
- Partner with regional associations to foster and promote further Recruitment and Retention activities.

Finally, by identifying and recommending to the Maryland General Assembly new programs, activities, and strategies for increasing the number of physicians and nurses practicing in underserved areas and HPSAs and serving the underserved populations, MACHC plans to stay focused on this critical need area. It is vital that a coalition of organizations from areas such as state, healthcare, universities, and private entities come together to aggressively plan a focused strategy for recruitment and retention in Maryland if we are to increase access to care.

STRATEGY 4: Strengthening Existing Health Centers

For the past 25 years MACHC has demonstrated it commitment to the CHCs that we serve. This commitment is demonstrated through the many programs we offer to assist our CHCs through advocacy, technical assistance and training. The following are descriptions of MACHCs current activities to help strengthen existing community health centers.

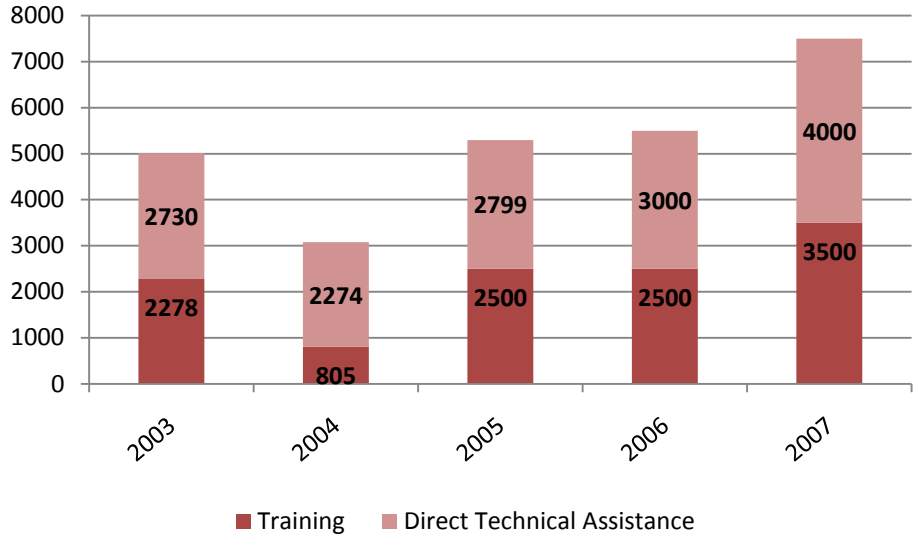
Community Development

As a result of MACHC's strategies and alliance building over $50 million in revenue has been leveraged for CHCs in Maryland since 2003. MACHC's surveillance expertise and community development activities have resulted in additional service capacity for the underserved. New Access Points have been created in both states. Over the last 5 years, the FQHCs in Maryland have seen a tremendous growth (55%) in the scope and reach of services; 23 New Access Point applications were submitted and 6 were created. Similarly, 8 Expanded Medical Capacity applications were submitted, with 3 approved. A New Start planning effort has been formally launched in Kent County, Maryland.

Continuous Quality Improvement

With the emphasis from the BPHC for more Training and Technical Assistance, MACHC launched an ambitious Continuous Quality Improvement (CQI). This initiative evolved in response to health centers' need capture and utilize clinical data for outcomes measurements. Through MACHC's CQI initiative we have provided on average of 5,000 technical assistance and training hours annually since 2003.

CHART 3. MACHC Training and Direct Technical Assistance Hours, 2003-2007.



Agreement with the Maryland Primary Care Office

MACHC maintains active relationships with the State Primary Care Office (PCO) in Maryland. This relationship benefits Maryland CHCs by increasing collaboration, effectiveness, and efficiency in the provision of primary care services for underserved populations and to ensure delivery of primary care service in areas lacking adequate numbers of health professionals by facilitating the appropriate designation of Health Professional Shortage Areas (HPSA), and Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP). Our partnership is instrumental to MACHC and the CHCs through their provision of in-kind resources such as planning and input, contractual opportunities to complete special projects on behalf of community health centers, and on an ongoing basis with their assistance in supporting health centers recruitment and retention efforts by promoting the usage of the National Health Service Corps (NHSC), the State Loan Repayment Program (SLRP), the 3R Net, and the J-1 Visa program. The State Primary Care Office participates in MACHC assessment and surveillance activities and both have been instrumental to follow-up activities to further ideas and strategies unearthed through those processes.

CHALLENGES

Severe budgetary cuts and overall credit crisis.

Budgetary shortfalls have led to significant cuts at the state level. As previously noted, the Maryland Community Health Resources Commission (MCHRC) 2009 budget has been cut by 70% threatening the viability of several programs that were recently awarded. These cuts have a direct impact on CHCs who receive monetary assistance from the (MCHRC) and their ability to increase access to care. The recent

economic downturn has made it even more difficult for Community Health Centers to secure funding from lending institutions. CHCs traditionally operate with slim profit margins making them less desirable to financial institutions that favor clientele with a healthier balance sheet.

Workforce shortages

In order to continue to provide the same level of care and services to their patients and to ensure future growth, Maryland's health centers need to address important workforce issues currently facing them. There is increasing awareness among public health professionals and others in the field that the diminishing pool of primary care physicians nationwide will pose a major health problem for Americans in the near future and this also true in Maryland. While the pool of PCPs has been decreasing, it is estimated that the demand for primary care physicians will increase by 38% from 2000 to 2020. [2] Health Centers in Maryland are already confronting shortages in their primary care workforce. However, the workforce issues confronting Maryland FQHCs are multifaceted and are posing challenges for the human resources (HR) professionals at every health center. As reported by the HR professionals at the FQHCs, recruitment and retention of medical as well as other health care personnel are equally challenging. Some of these challenges are as follows:

- High rate of turnover among access/registration staff/office staff. Recruiting qualified people for these positions and retaining them over a longer period is hard because of pay issues. It is also hard to attract suitable candidates with professional demeanor and responsibility for these positions because pay scales are lower than what these employees can earn elsewhere.
- Lack of adequate pool of skilled/qualified candidates to recruit from. The available pool of candidates often does not have the proper work ethic or organizational experience and consequently require longer training time for optimal productivity.
- Lack of adequate pool of Licensed/Certified Social Workers (LCSWs) and managerial level nurses.
- Lack of an adequate pool of qualified bilingual candidates to fill these positions.
- Lack of salary competitiveness at all levels of medical and other professional positions.
- In some counties, a high concentration of competitors (hospitals, ambulatory care facilities, other practices) poses challenges for recruitment and retention (i.e. Baltimore County).
- Overall, management and supervision of staff at multiple site locations is hard because of lack of resources.

This is an ongoing problem that is of national scope and it will take concerted efforts at the state, federal, and local level in order to solve this crisis.

2 Center for Workforce Studies.2007"Recent Studies and Reports on Physician Shortages in the U.S" Association of American Medical Colleges, Washington, DC

Proposed Changes to the Methodology to MUAP/MUP designation

Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP) are federally-designations that help to identify communities and populations in need of federal programs. All organizations that want to gain and/or maintain FQHC status must be located in a designated MUA or serve a MUP. In February 2008, the Department of Health and Human Services released a Proposed Rule for the designation of Medically Underserved Populations and Health Professional Shortage Areas (Federal Register/Vol. 73, No. 41). HRSA's purpose for the proposed rule was to update measures and improve the methodology as to how locations and populations receive MUA/MUP status. Response to the proposed rule was significant and in July 2008 that HRSA announced that it received many substantive comments on the proposed rule, and as a result will issue a new Notice of Proposed Rulemaking on this issue at a later time.

MACHC's primary concern with proposed rule changes to this designation process is the difficulty that the current and proposed methods have in their ability to capture need in communities that are transitioning. In Maryland there are several communities and neighborhoods that have transitioned into, or have been specifically developed, to be a mixed-income community. This does not mean the need for community health resources has diminished, but the current and proposed rules as they stand, only dilute the need in these neighborhoods by relying on old measures. The challenge in the future is to develop policies and methodologies that are sensitive enough to capture the "pockets of need" within our changing communities.

CONCLUSION

The development efforts aforementioned 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 Points, Expanded Medical Capacity and Service Expansion federal funding. Maryland CHCs are the affordable means of providing healthcare but monies must be made available for expanding capacity; capital improvement, expanded hours; and competition with for-profit entities vying for self pay consumers, i.e. retail clinics. Health Centers are growing but are currently a victim of their success. The sudden economic downturn has contributed to the exponentially growing number of uninsured. What health centers are reimbursed is putting a strain on the system. As one Executive Director eloquently puts it *"What good is growing your patient numbers when they will have to wait four hours to be seen?"*

Maryland's FQHCs look forward to working with NACHC on the *Access for All America Plan* and is committed to achieving a healthier Maryland. We recognize the importance of staying vigilant in our efforts to increase health care access for all people and we appreciate the efforts of NACHC to ensure that our voice is heard. During tough economic times the value of FQHCs are even more relevant. It is only through collaborative efforts, strategies and the political will that we can realize the goal of increasing access to care. We must work together at the state and federal level as well as public and private sector to ensure that this very important part of the health care delivery system flourishes.

[1] Proser, m. "Deserving the Spotlight: Health Centers Provide High Quality and Cost Effective Care." Journal of Ambulatory Care Management. 28(4): 321-330. October-December 2005.
[2] National Association of Community Health Centers, Robert Graham, and Capital Link," Access Granted: The Primary Care Payoff, 2007
[3] The Uninsured Primer: The Kaiser Commission on Medicaid and the Uninsured, 2007, Urban Institute and Kaiser Commission on Medicaid