



NATIONAL ASSOCIATION OF

Community Health Centers



America's Voice for Community Health Care



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The NACHC Mission

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved people.



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ACCESS For All America:

Are we headed in the right direction?

Presentation to:

**Community Health Care Association of
New York State
Annual Statewide Meeting
October 2008**

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The Challenge, and the Solution?

“Between the health care we have and the care we could have lies not just a gap, but a chasm. The American health care delivery system is in need of fundamental change.”

*-- Crossing the Quality Chasm: A New Health System for the 21st Century
A Report from the Institute of Medicine*

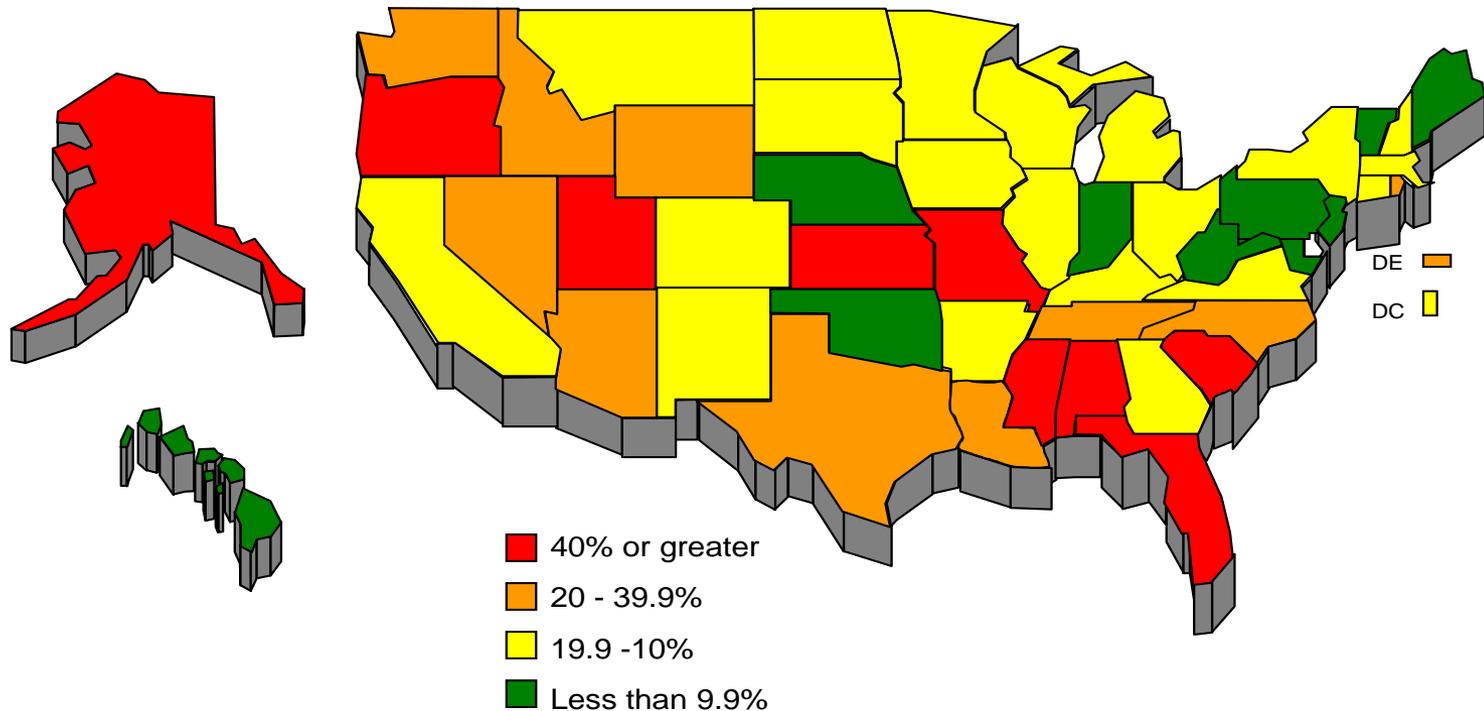
“We must reform the healthcare system so that every American has quality, affordable healthcare, but an insurance card is not enough. Access to primary care is an essential part of ensuring that all Americans receive the care they need.”

-- Sen. Hillary Rodham Clinton (D-NY)

Why is More Health Center Growth Needed?

56 Million People Are Medically Disenfranchised

Percent of State Population Without Access to a Primary Care Provider, 2005



National Average = 19.4%

Source: *Access Denied: A Look at America's Medically Disenfranchised*, NACHC 2007. Data from the Robert Graham Center, the Health Services and Resource Administration (HPSA, MUA/MUP data, 2005 Uniform Data System), 2006 AMA Masterfile, Census Bureau 2005 population estimates, NACHC 2006 data on non-federally funded health centers.



The American Health Care Crisis

- **Costs:**

- U.S. health care costs per person are **250% higher** than the median for 29 other developed nations*

- **Access:**

- 46 million Americans (15%) are uninsured

- 56 million Americans have **NO** regular source of care

- **Quality:**

- Despite technology & knowledge advantages, the quality of U.S. health care is “mediocre at best”**,

- too focused on costly procedures and emergency rooms

* *Health Spending In OECD Countries In 2004: An Update, Health Affairs 26/5, Sept.-Oct. 2007*

** *New England Journal of Medicine, 354(11), March 2006 (report on RAND Corp study, funded by Robert Wood Johnson Foundation)*

Why Health Centers?

Costs:

- Total patient care costs 41% lower than those served in other settings*
- Save up to \$18 billion annually for taxpayers and society*

Access:

- Serve 18 million (and growing) people who live in communities not served by others
- Open to all regardless of ability to pay

Quality:

- Quality is equal or superior to other providers**

* Source: *Access Granter: The Primary Care* Payoff, NACHC 2007. Data and Analysis by the Robert Graham Center

** See “Measuring Health Centers against Standard Indicators of High Quality Performance: Early Results from a Multi-Site Demonstration Project,” Shin, P., et al., The George Washington University, August, 2006.

Accomplishments and Recognition



IOM recommended health centers as THE model for reforming the delivery of primary health care



GAO credited health centers for success and recommended expanding them further



OMB ranked Community Health Center program first among all HHS programs and one of the top 10 federal government programs for effectiveness

Dozens of scholarly and peer-reviewed journals have cited health centers for high-quality care and reducing health disparities



How do we get there?

ACCESS For All America

3 Principles:

- **Preserve** the Health Center model of care, the Medicaid guarantee of coverage, the role of CHCs in their communities and nationally
- **Strengthen** Health Centers' ability to recruit and retain a properly trained and diverse workforce, their access to capital and other resources, and the services they offer
- **Expand** the Health Center system of care to serve 30 million patients by 2015



Building the Case and Implementing the Agenda

What does it take?

- **Advocacy:** 25,000 email list, trainings, building a culture of advocacy at the State, Local, Federal Level
- **Legislation:** Federal Appropriations, Authorizations, Medicare, Medicaid, Health IT, Workforce programs
- **State Policy Work:** State-Specific ACCESS Planning, Direct Funding, Medicaid Rules and Regs, Pilot Programs
- **Regulatory Work:** Commenting, Challenging, Improving proposed rules and regulations
- **Communications:** “Branding” Health Centers, National Health Center Week, media outreach, messaging templates
- **Research:** Clear and thoughtful presentation of data, reports to highlight specific issues, responding to data requests.

Where Do We Stand Today?

- **Reauthorization: VICTORY!**
Congress unanimously passed H.R. 1343 and sent to President for enactment – 5-year extension for CHCs, NHSC with increasing \$\$ levels
- **Medicare cap: VICTORY!**
\$100M Patch included in Medicare bill – Plus GAO Study of Medicare Payment System
- **Appropriations: House provided +\$100M, Senate +\$150M, both below NACHC’s \$248M request for FY2009 – but no new \$\$ until Feb or March (C.R.)**
- **SCHIP Reauthorization: After failing to override Bush veto of bills that would have grown coverage & enact PPS for health centers, must wait ‘til next year**

Reauthorization VICTORY: Key to Our Future

One Hundred Tenth Congress
of the
United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Thursday,
the third day of January, two thousand and eight*

An Act

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Care Safety Net Act of 2008".

SEC. 2. COMMUNITY HEALTH CENTERS PROGRAM OF THE PUBLIC HEALTH SERVICE ACT.

(a) ADDITIONAL AUTHORIZATIONS OF APPROPRIATIONS FOR THE HEALTH CENTERS PROGRAM OF PUBLIC HEALTH SERVICE ACT.—Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended by amending paragraph (1) to read as follows:

"(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated—

"(A) \$2,065,000,000 for fiscal year 2008;

"(B) \$2,313,000,000 for fiscal year 2009;

"(C) \$2,602,000,000 for fiscal year 2010;

"(D) \$2,940,000,000 for fiscal year 2011; and

"(E) \$3,337,000,000 for fiscal year 2012."

Health Care Safety Net Act (HR 1343)

- **Senate** - Kennedy (D-MA) & Hatch (R-UT)
- **House** - Green (D-TX) & Pickering (R-MS)
- Co-sponsors: 75 Senators , 250 Representatives

5 years with specific growth targets

- **CHCs: \$2.065 B** in FY2008 to **\$3.337B** in FY2012
- **NHSC: \$131.5M** in FY2008 to **\$185.6M** in FY 2012
- **Permanent auto-HPSA** designation for all CHCs
- **FTCA improvements:** 6-month study of extending FTCA to volunteers, and direction to HHS on coverage in emergencies
- Extension of **Rural Health and Dental Health Workforce programs** for 5 years



Central Focus Points of Health Reform

- **Closing gaps in insurance coverage**

- Medicaid and SCHIP must be continued and expanded
- Other affordable insurance coverage should be promoted
- Also needed is adequate funding of primary care capacity in low-income underserved communities

- **Patient-centered primary care**

- Make it easy to get appointments and obtain care
- Shared decision-making can help improve and coordinate care, and engage patients as active partners in their care
- Saves the system money by avoiding costly emergency rooms

- **A strong safety net**

Crucial Value of Primary Care in Health Reform

- *Entry point* into health care system
- Focus on *whole individual* (not organs, systems)
- Treat *most common* conditions and *prevent* ill health
- Have *continuing relationship* with individuals in care
- *Manage and coordinate* all care for the individual (referral, diagnostics, specialty/inpatient care)
- Address individual needs in context of *family and community* (relationships/stressors, nutrition, environment, occupation, violence, epidemics, etc.)

Result: more primary care leads to better access, better health outcomes, and LOWER COSTS*

*Starfield B and Shi L., “The Medical Home, Access to Care, and Insurance: A Review of Evidence,” *Pediatrics*, May 2004; Institute of Medicine (IOM), *Coverage Matters: Insurance and Health Care*. National Academy of Sciences Press, 2001; Phillips RL, et al, “The Importance of Having Health Insurance and a Usual Source of Care.” Robert Graham Center, 2004.

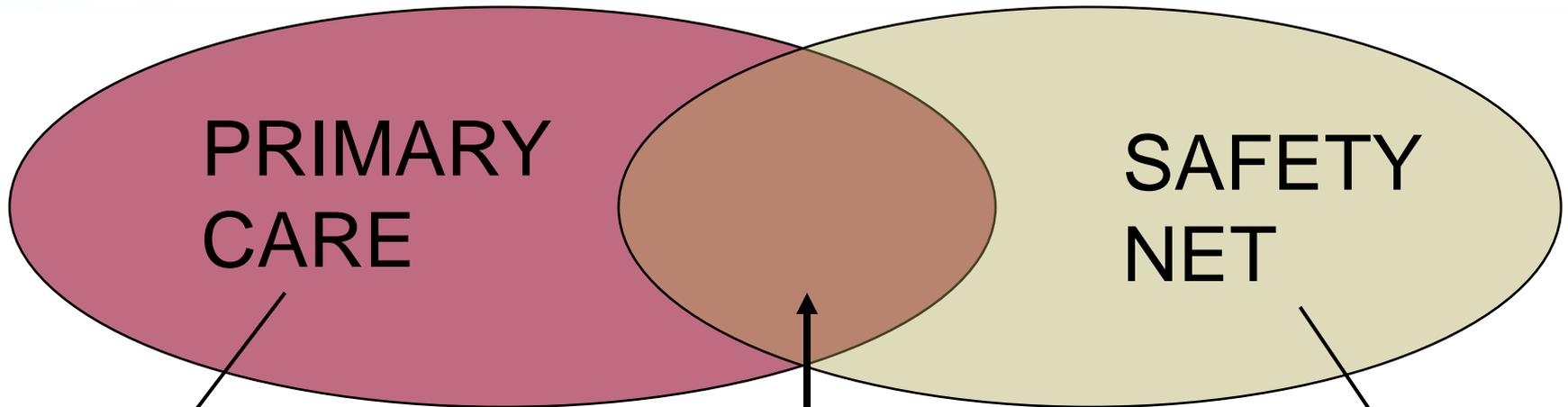


Crucial Role of Safety Net in Health Reform

- Who will locate in low-income inner-city and isolated rural areas where private practice is not economically viable?*
- Who will care for those ineligible for coverage (eg, undocumented)?
- Who will care for the hardest to reach (eg, homeless, immigrant, substance-addicted, mobile/farmworkers)?
- Who will care for those whose coverage is not adequate for the care they need (visit/service limits or exclusions)?
- Who will provide services needed by only some (eg, language access, transportation, health literacy)?

* The average practice relies on consumer out-of-pocket payments for at least 25% of its revenues, which makes private practice non-viable in most low-income and rural/frontier low-volume communities.

Health Centers – Turning Coverage into Better Health Care Access



PRIMARY
CARE

SAFETY
NET

Critical Value:

- First contact
- Care management/coordination
- Continuity of care
- Reduced ER use, hospital admissions, specialty referrals

Health Centers: Family doctors and health care homes for America's poor, minority, uninsured and disenfranchised

Critical Value:

- Location in underserved areas
- Open to all, even if uninsured/ineligible
- Focus on neediest
- Services related to unmet needs



How Can CHCs Hope to Influence Reform?

- ***Focus*** – never lose sight of founding mission & purpose
- ***Commitment*** – ensure that patients get the best possible care, even as we improve the care-delivery process and measure outcomes
- ***Advocacy*** – get involved, speak out for those in need who don't have voice today, make strong, clear arguments

Promoting Access to Primary Care in Health Reform

1. Articulate the Story, and Use the Headlines:

Health centers offer safety net, but rising demand a strain
By Larry Wheeler, Gannett News Service

Community Health Clinics Flourish, but Doctors Are Few
Government Needs to Entice Physicians, Health Officials Say

July 22, 2007

Doctor Shortage Hurts a Coverage-for-All Plan

The dearth of primary-care pro-

Shortage of Doctors Affects Rural U.S.

**Strengthening Primary Care
to Bolster the Health Care Safety Net**

Costly ER still draws many now insured

- Storyline IS: “once people have coverage, where will they go?”
- Storyline ISN”T: “once people have coverage, why will we need a safety net?”

2. Develop Partnerships

- Partnership for Primary Care Workforce
- Coalition for Health Funding

3. Be a Part of the Solution: ACCESS For All America



What Can YOU Do to Help?

- **Sign up** as a Health Center Advocate (go to www.nachc.com for details)
 - *Receive regular updates from NACHC and be notified when action is needed*
- **Get 5** colleagues/friends to do the same
- **Invite** your Members of Congress and State legislators to visit your health center
 - *Tell them that health centers are part of the solution, and ask them to support our efforts to do even more!*
- **Join** NACHC and Your State & Regional PCAs

Where Can You Get More Information?

Visit our improved, expanded web site...

- **for more information on all issues,**
- **for the latest on federal & state policy developments,**
- **for the schedule of webcasts and trainings on key health center management topics,**
- **to sign up as an advocate and send a message to your Members of Congress**

The screenshot shows the NACHC website in a Mozilla Firefox browser. The address bar displays 'http://www.nachc.com/'. The website header includes the NACHC logo and navigation links: 'About Our Health Centers', 'About NACHC', 'News Center', 'Our Blogs', and 'Contact Us'. A search bar is located on the right side of the header. The main content area is divided into several sections:

- Home Page:** A vertical menu on the left side of the main content area.
- Member Center:** A link to the member center.
- Policy and Issues:** A link to policy and issues.
- Health Center Information:** A link to health center information.
- Publications & Resources:** A link to publications and resources.
- Conferences/Trainings/Events:** A link to conferences, trainings, and events.
- Career Center:** A link to the career center.
- Advocacy/Voter Registration:** A link to advocacy and voter registration.
- Research & Data:** A link to research and data.

The main content area features a large green banner with the text: 'NACHC is the only national organization dedicated exclusively to expanding health care access for America's medically underserved through the community-based health center model. Our Vision for the Future: [The ACCESS for All America Plan](#)'. Below this banner is a photograph of a group of people, including a doctor and several children, in a clinical setting.

The 'What's Happening' section includes the following information:

- 2nd Annual NACHC Financial, Operations Management and Information Technology Conference**
- Oct. 22-24, 2008 • Buena Vista Palace Hotel, Orlando, FL
- The National Association of Community Health Centers recognizes how critical the contributions of operational and information technology officers and managers are to the success a Community Health Center. Today's challenging health care environment requires the best fiscal management and most appropriate implementation of technology.
- Building on the overwhelming success of last year's conference, please join the over 600 CEO's, CFO's, COO's, CIO's and other financial, operational and information technology managers who will network, share and learn.

The 'NACHC News' section includes the following information:

- 10.9.08 Reauthorization Strengthens Primary Care Infrastructure**
- AAPF News Now reporter James Arvantes writes about the health center reauthorization bill.
- 10.9.08 Statement of Tom Van Couverden on H.R. 1343, the Health Care Safety Net Act of 2008.**
- The health center reauthorization bill is signed into law at the White House.

At the bottom of the page, there is a 'Stay updated on Community Health Care' section with two email subscription forms, each with an 'Email Address' input field and a 'GO' button. The browser's taskbar at the bottom shows several open applications, including Microsoft Office and Adobe Acrobat, and the system clock displays '2:19 PM'.

www.nachc.com

Thank You!

**Any
Questions?**

