

COMMUNITY HEALTH CENTER **GRASSROOTS**

ADVOCACY DAY

EMPIRE STATE PLAZA, ALBANY, NY | MARCH 4, 2013



How to Talk About Community Health Centers' Achievement of the Triple Aim: Better Care, Better Health and Lower Costs

New York State's Community, Migrant, and Homeless Health Centers **advance the "Triple Aim" of better care, improved health and reduced cost.** They represent a comprehensive, cost effective model for delivering high-quality primary and preventive care. Also known as Federally Qualified Health Centers, New York State's health centers serve over 1.5 million low-income and medically underserved patients.

BETTER CARE

Health centers remove common obstacles to care by serving communities that confront financial, geographic, language, cultural and other barriers. They are different from most private, office-based physicians because they:

- **Go where they are needed most.** Health centers are located in areas identified by the federal government as high need due to elevated poverty, higher than average infant mortality, and a scarcity of practicing physicians;
- **Turn no one away.** Health centers provide care to anyone seeking it, regardless of insurance status, and they provide free or reduced cost care based on ability to pay. Health centers are a provider of choice for Medicaid beneficiaries; they are significantly more likely than other providers to accept new Medicaid patients. While Medicaid patients account for 20% of NYS' population, they comprise 46% of health center patients
- **Make care easier to access.** Health centers offer services that help their patients access health care, such as transportation, translation, case management, health education, and home visitation;
- **Tailor their services to their patients.** Health centers shape their services to fit the special needs and priorities of their communities and provide services in a linguistically and culturally appropriate setting. Nearly all patients are low income, with 88% of health center patients having family incomes at or below 200% of the federal poverty level, and 1 in every 4 patients is best served in a language other than English.
- **Are truly community-based.** Not only do health centers serve the community, they are governed by the community (51% of board members must be patients).

- **Are innovators in using technology to drive quality.** New York has one of the highest rates of Electronic Health Record implementation in the nation: 97% of FQHCs statewide have implemented EHRs. The EHR implementation rate for New York City's FQHCs is 100%. FQHCs are leaders in using data gathered through this technology to improve the quality of care.

BETTER HEALTH

FQHCs use a health care home model that improves population health and reduces health disparities. They:

- **Deliver patient-centered care.** More than half of New York State's FQHCs are recognized as Patient Centered Medical Homes as compared to 20% nationwide. The majority of health centers with PCMH recognition in New York have achieved a Level III designation, the highest possible.
- **Help patients successfully manage their chronic conditions—and stay healthier longer.** Two central elements of the FQHC model, care coordination and chronic disease management, improve health outcomes for the sickest patients and reduce emergency room visits and hospitalizations.
- **Prevent the onset of chronic disease and ensure early treatment when conditions do arise.** Health centers have been shown to improve rates of important preventive screening services among high-risk populations.
- **Keep moms and babies strong and healthy.** Health centers provide high-quality prenatal services in communities that traditionally have high rates of birth defects and infant mortality. These services have been shown to improve birth outcomes and reduce health disparities.

LOWER COSTS

Health centers have received incredibly strong bipartisan support thanks to their documented record of providing real value for every dollar invested. Health centers decrease the overall cost of care because they:

- **Reduce inappropriate emergency department usage and unnecessary hospitalizations, and lower the utilization of costly specialty care.** They do this by providing essential services known to be effective in preventing and managing chronic illness: early disease identification and intervention, care management and coordination, and patient engagement.
- **Employ a highly cost-effective value-based model of care delivery.** Two recent national reports found that total patient care costs at FQHCs are 24-50% lower than costs of care delivered in other settings, producing up to \$25 billion in annual health system savings. While nationally health centers provide care to 14% of all Medicaid beneficiaries, their Medicaid payments make up only 1% of all Medicaid spending. This includes \$6.7 billion in savings for the federal share of the Medicaid program.