

An Introduction to MPCA and Federally Qualified Health Centers~ Partners for Quality Care

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Overview

- Michigan Primary Care Association
- Michigan Health Centers
- Clinical services
- Health status of health center patients
- The Affordable Care Act and Health Centers
- Partnership Opportunities

Who Is MPCA ?



- Michigan Primary Care Association
- Membership Association
- Governed by a Board of Directors
- Receives grants and contracts from state and federal agencies
- Supports and advocates for expansion of primary care in underserved communities
- Provided technical assistance and services across a full spectrum of topics/interests

54 Primary Care Associations nationwide



Who are the FQHCs?

- **Federally Qualified Health Centers (FQHC)** is used as an umbrella term for a number of safety-net programs and refers to how they are reimbursed by Medicaid
 - HRSA's Primary Health Care Programs have their roots in the Migrant Health Act of 1962 and the Economic Opportunity Act of 1964,
 - Program began in 1965 under President Johnson's War on Poverty
 - First Michigan Health Center: Baldwin Family Health Care has been in operation since 1967
 - Located in medically underserved communities and/or underserved population

Health Centers are *unique*

The fundamental principles on which they were established over 45 years ago set them apart from other providers of health care:

Located in or serve medically underserved areas or populations

Provide comprehensive primary health care services as well as support services that promote access to health care

Provide services available to all with fees adjusted based on ability to pay

Governed by a community board composed of 51 percent or more of Health Center patients who represent the population served

Meet strict performance and accountability requirements regarding administrative, clinical, and financial operations as established by the federal government



39 Health Centers
provide care for more than
600,000 residents
at over 230 delivery
sites across Michigan

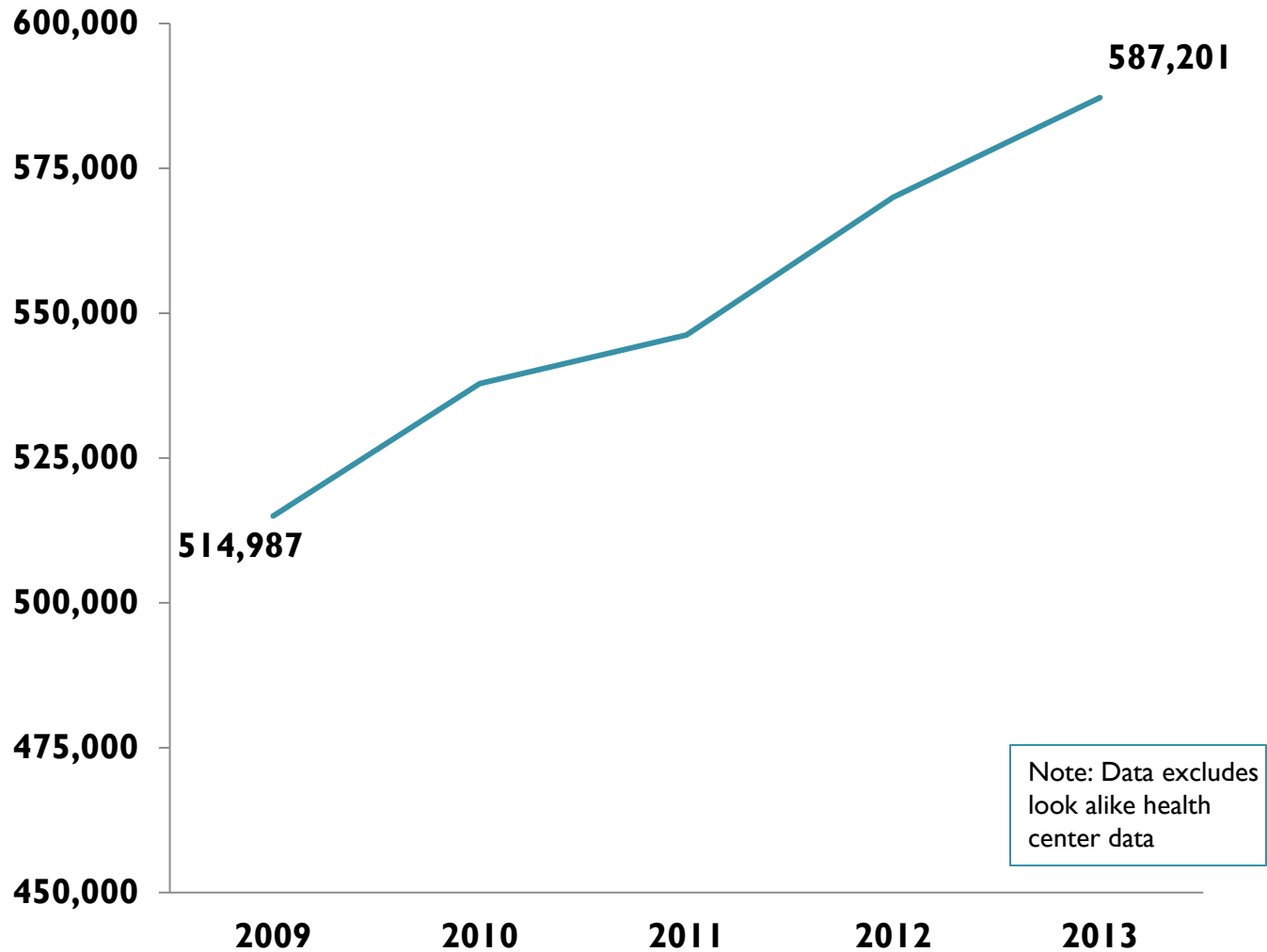


Specialty Care in Michigan

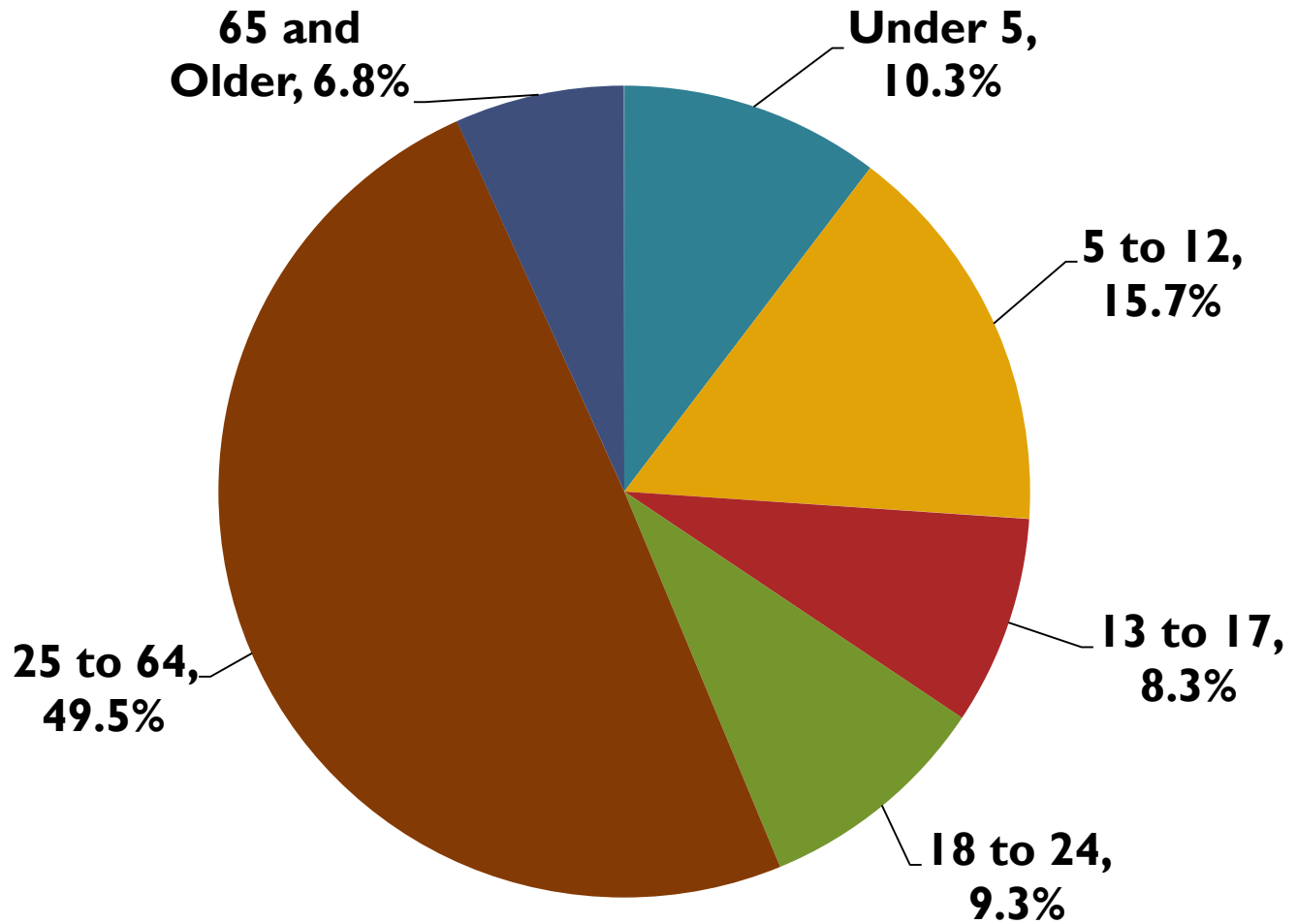
- Migrant/Seasonal Farmworkers Health
 - 5 designated agencies
 - 94,167 MSWF and nonworkers (2013)
 - 15,285 served in M/CHC in 2013
- Homeless Health
 - 12 designated agencies
 - 93,982 Homeless in Michigan (2011)
 - 23,374 served in CHCs in 2013
- Public Housing
 - 2 designated agencies
- Indian Health Services (2 sites/12 tribes)
- School based 21,156 served
- Veterans 9,201 served
- HIV/AIDS (2 Ryan White Clinics)



Michigan Health Center Patients

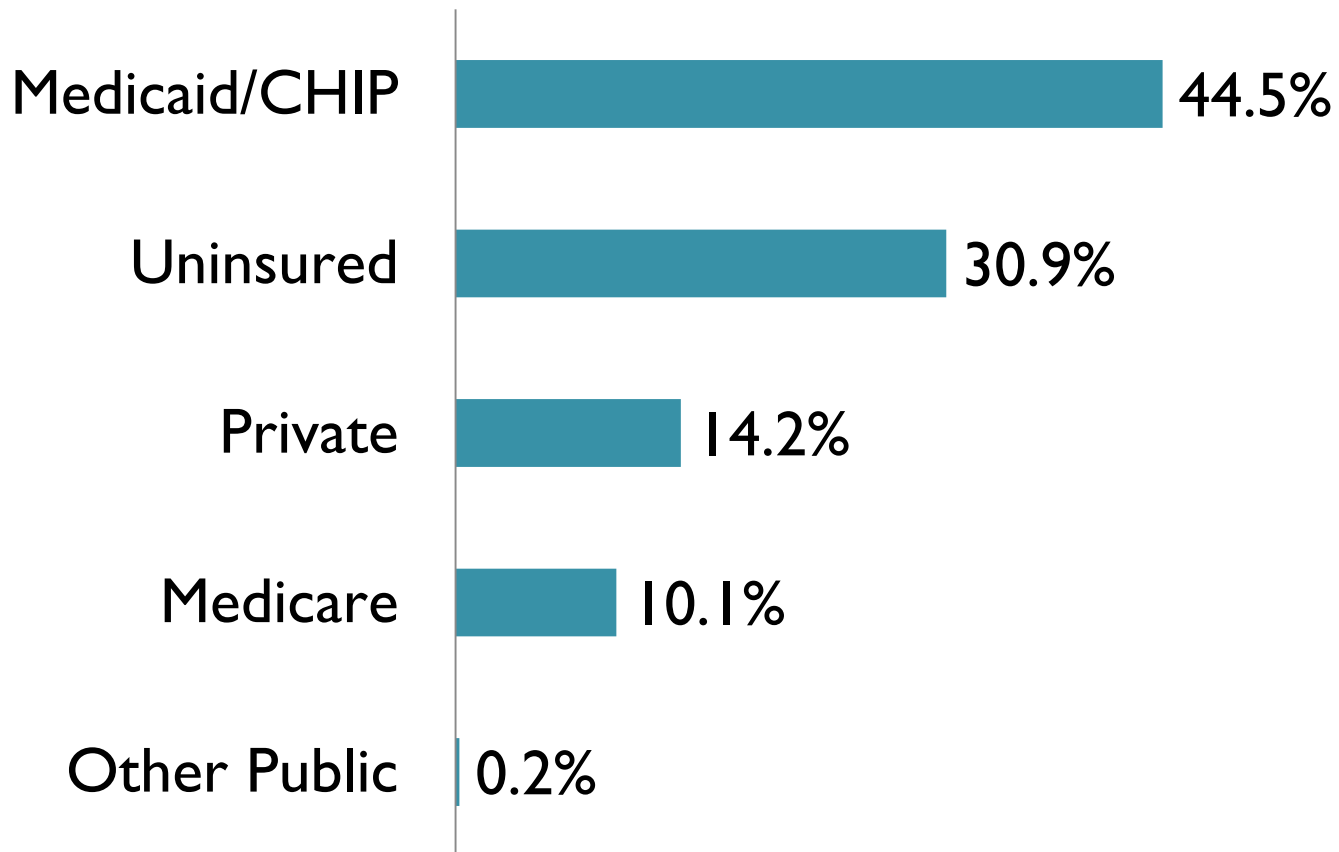


Patients by Age - Statewide



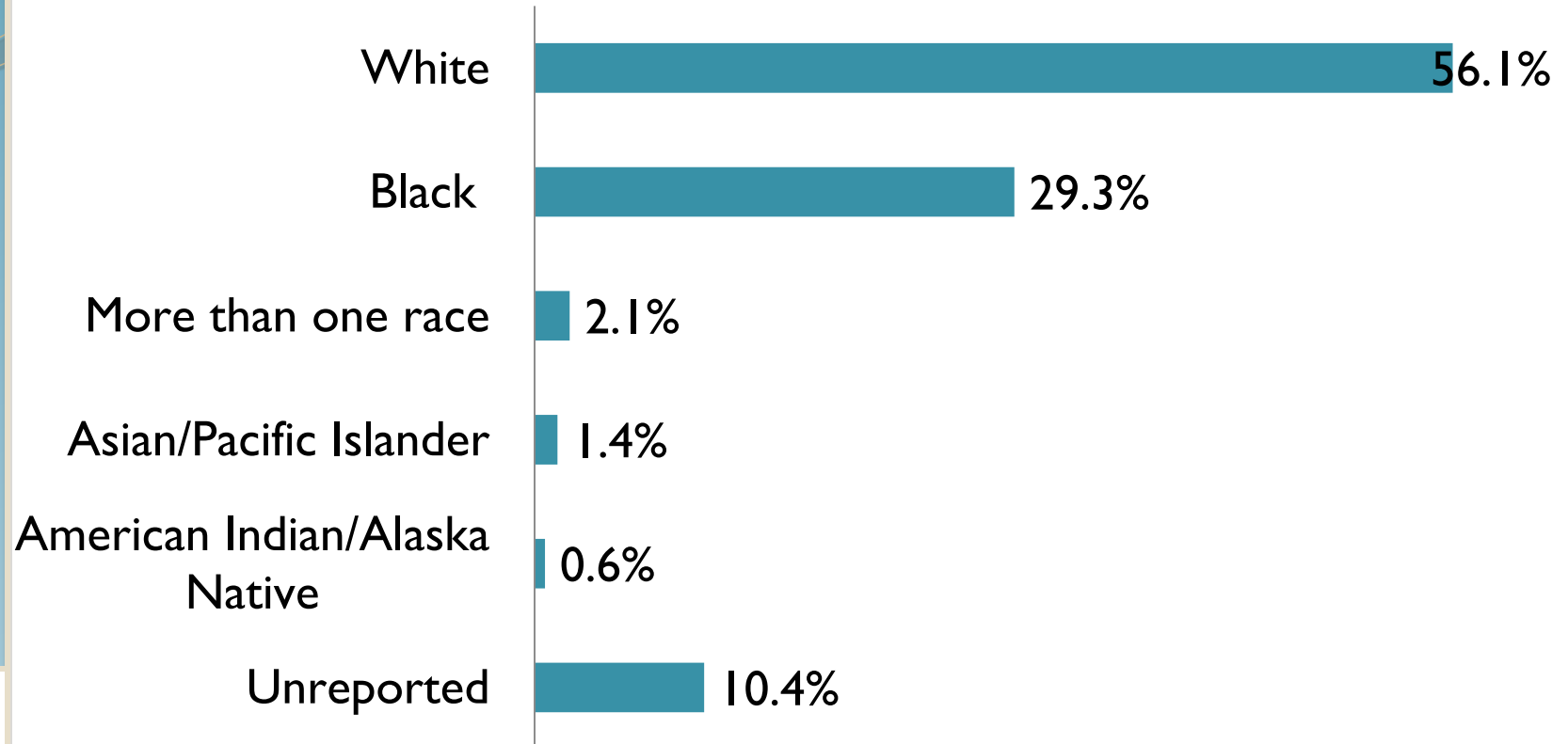
Patients by Insurance Status - Statewide

Percentage of Total



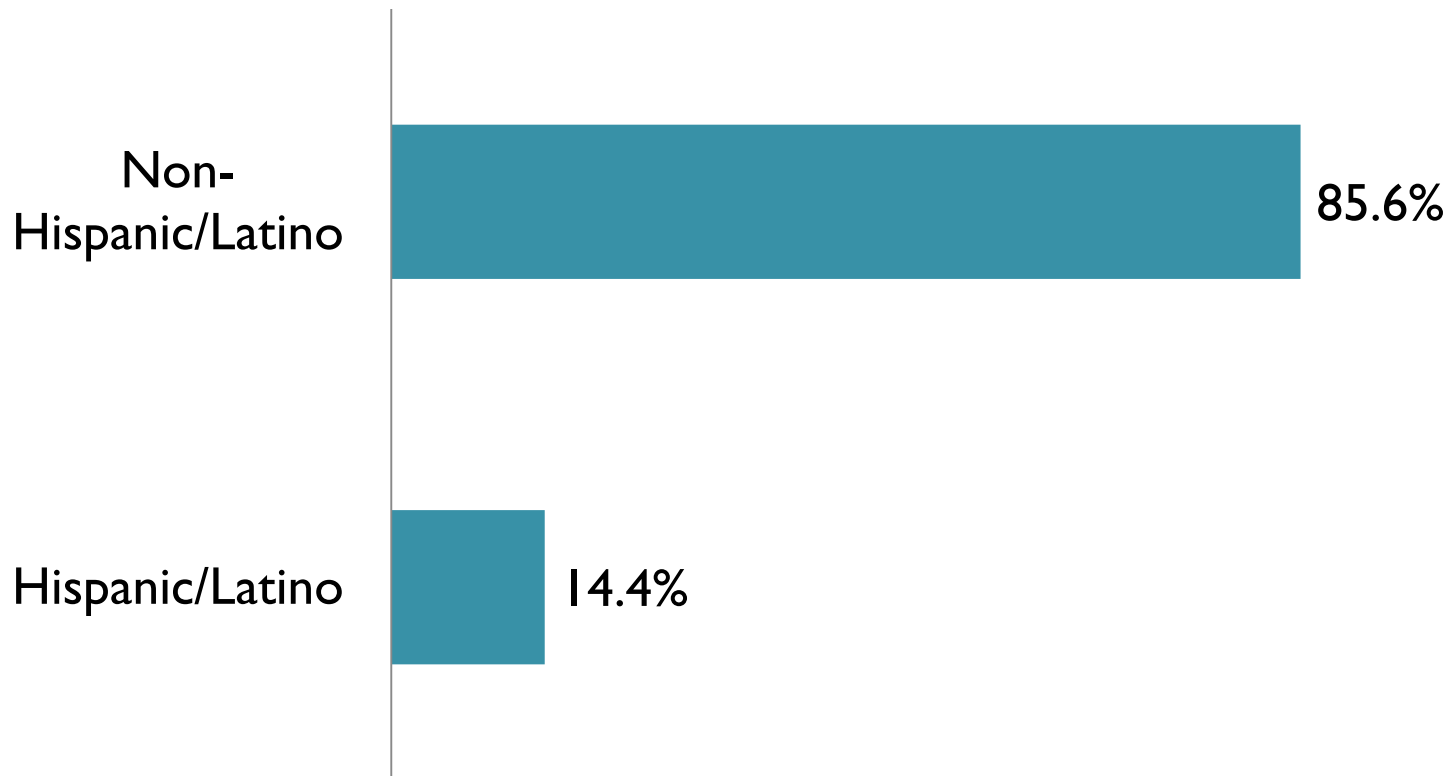
Patients by Race – Statewide

Percentage of Total



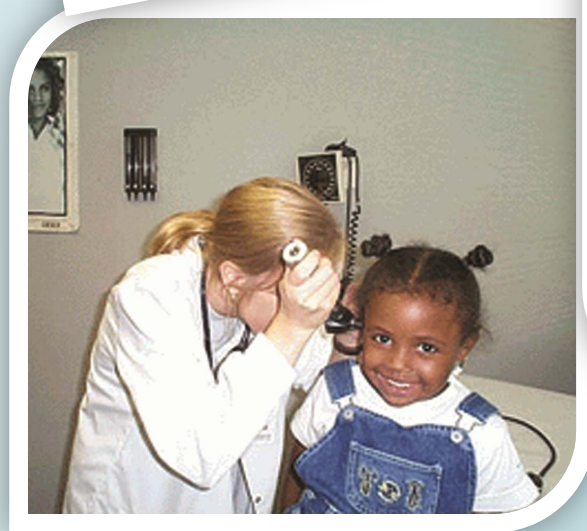
Patients by Ethnicity- Statewide

Percentage of Total



Increased Access to *Health care*

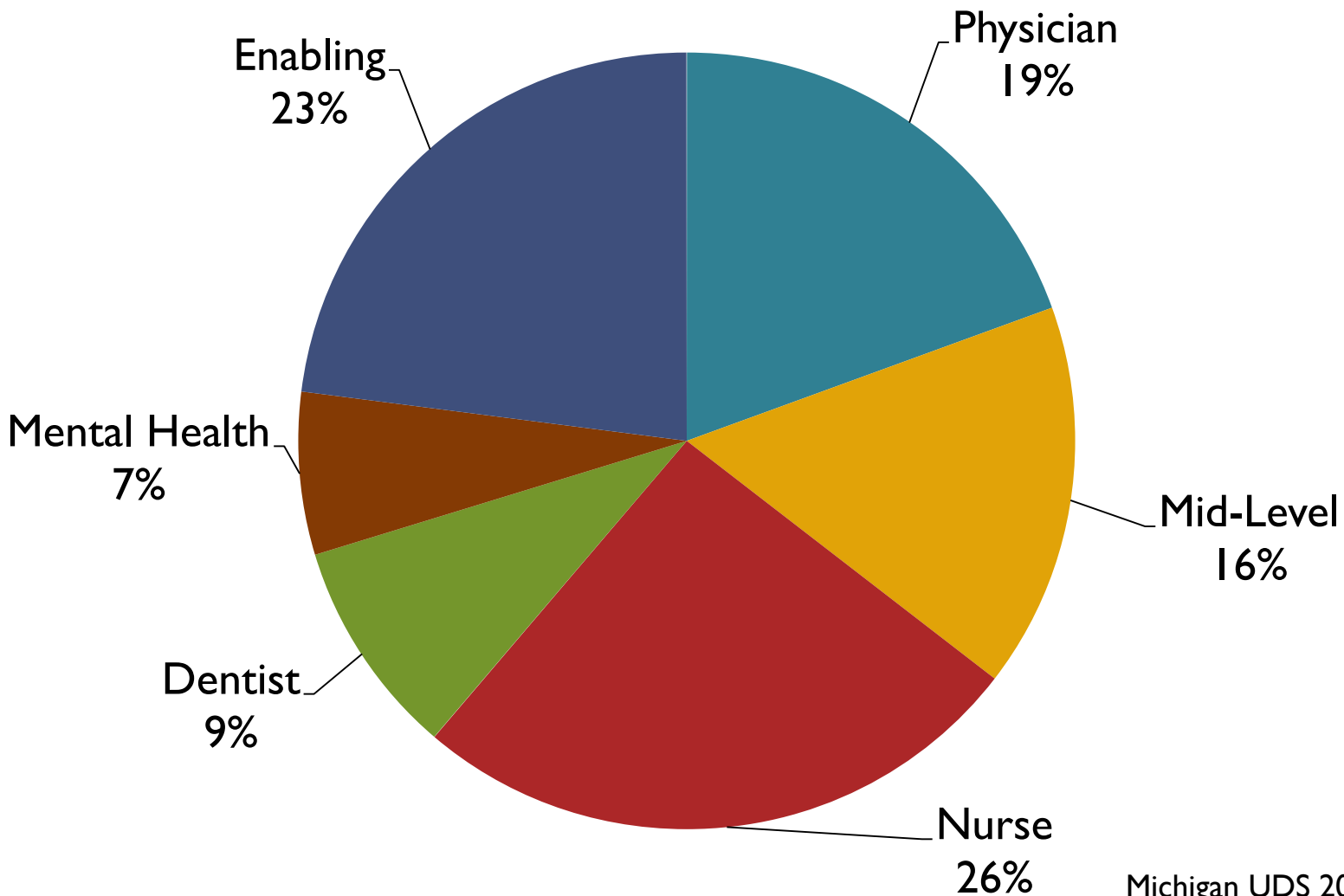
Today more than **600,000 Michigan residents** rely on a Health Center as their health care home—including individuals who are low income, uninsured, underinsured, elderly, minority, migrant and seasonal farmworkers, homeless, and those living with HIV/AIDS.



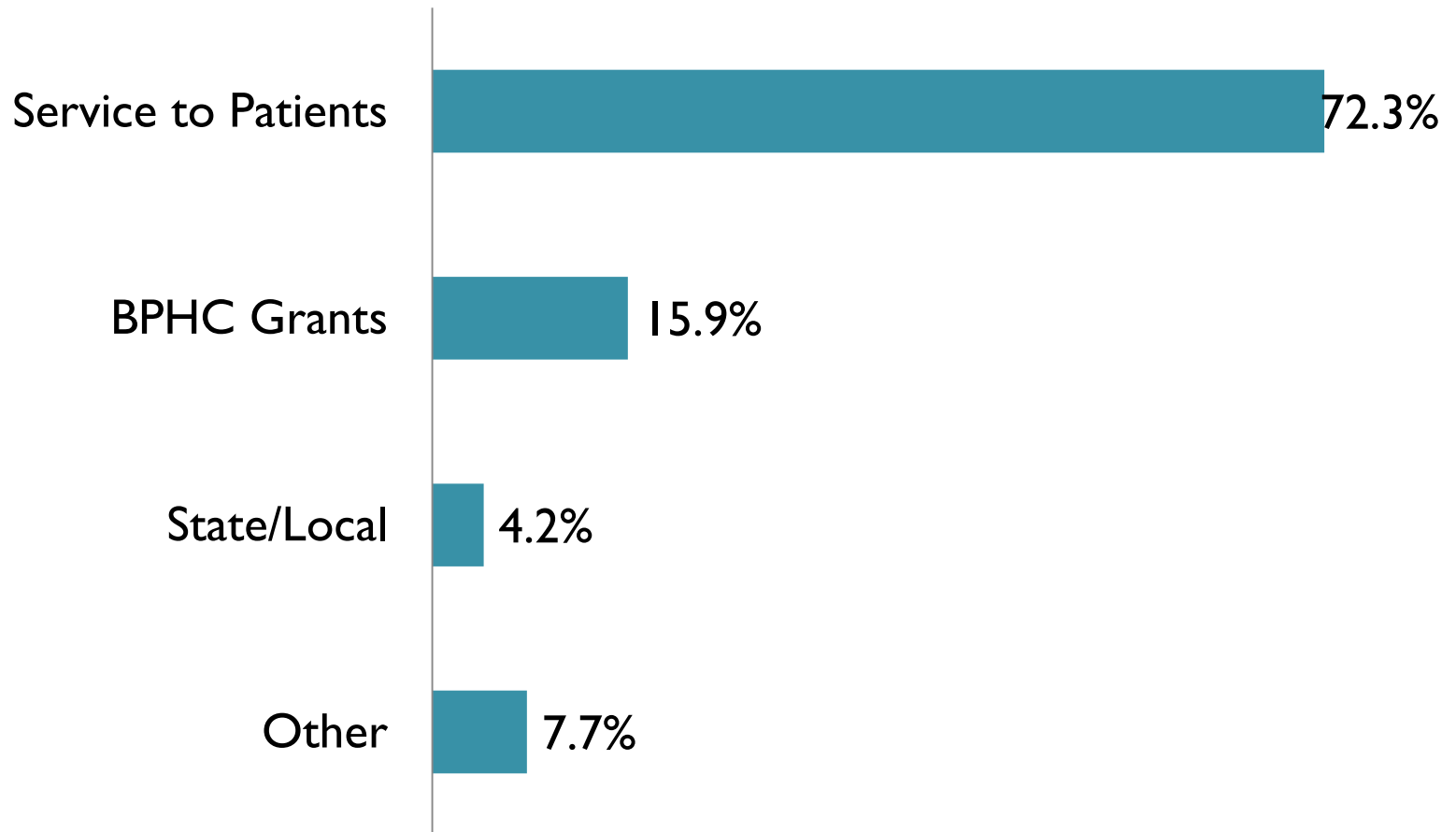
Health Center Staffing

Practitioner Type	Number of FTEs
Physician	251
Mid-Level	220
Nurse	313
Other Medical Personnel	671
Dentist	112
Dental Hygienist/Assistant	305
Mental Health & Substance Abuse	145
Enabling	375

Health Center Staffing Percentage of FTE



Revenue Distribution (Percent of Total)



*Other includes Other Federal Grants, Foundation & Private Grants/Contracts, Revenue from Indigent Care Programs, and Other Revenue not otherwise specified.

THE AFFORDABLE CARE ACT AND HEALTH CENTERS



The Need for Health Centers Post-ACA

- Today, over 1,200 Health Centers operate over 9,200 service delivery sites across the country
 - More than 22 million people access comprehensive health care services at Health Centers, regardless of income level or insurance status
 - Projected 30 million individuals will gain insurance through the Marketplace and Medicaid under ACA

Health Centers and the ACA

- Having an insurance card does NOT ensure access to care
- Despite passage of the ACA and Medicaid expansion, many individuals will remain uninsured
 - Health Centers will continue to play an important role as safety net providers for those remaining uninsured

Health Centers and the ACA

- Health Centers are economic engines in the communities they operate
 - Source of stable employment and job training for residents
 - Engage in capital development projects that often act as catalysts for economic revitalization
- Proven track record of educating community members about overall health, health care services, and insurance

MICHIGAN *21*st CENTURY

HEALTH CENTER HOMES

Providing comprehensive, accessible, and affordable community-based primary healthcare

- Comprehensive care
- Patient Centered
- Coordinated Care
- Accessible Services
- Quality and Safety



Health Information Technology

- Electronic Health Records
- Patient Registry
- Patient Management System
- Meaningful Use
- Telemedicine/mobile health
- Outreach and enrollment (CMS Innovation)
 - **38 of 39 (90%) health centers have EHR**
 - **Nationally 90% of Health Centers have EHRs (Others 72%)**
 - **12 of 36 refer dental services out**
 - **66% of agency have EDR if offering oral health services**



HIT Critical to cost, experience and quality in truly transformed health care!!

EHR Adoption in Michigan Health Centers

38 out of 39 Health Centers have adopted EHR (90%)

EHR System	All Scripts	eClinical works	Success EHS	Epic	GE Centricity	NextGen	RPMS	Other	None
Number of Health Centers	4	7	9	2	3	10	1	2	1


Note: three health centers have been FQHCs for less than 1 year

Electronic Dental Records Adoption in Michigan Health Centers

EDR System	Dentrix	GE Centricity	Mediadent	QSI	Other	Does not apply/none
Number of Health Centers	13	1	3	3	2	16

Note: All EDRs do not fully interface with EHRs

Quality, Cost, Patient Experience

- Health care  triple aim
- Healthy People 2020 driven goals
- Payment based on health status and outcomes is here now!
- Management of data critical
- Health status is a team sport and everyone plays a role
- Innovation is a must.....

A Medical Home in a Community

Provider Leadership

Patient Engagement and Self Management

Care Coordination

Continuity

Teams

Care Teams and Change Teams

Access

Data Driven

What is the PCMH?

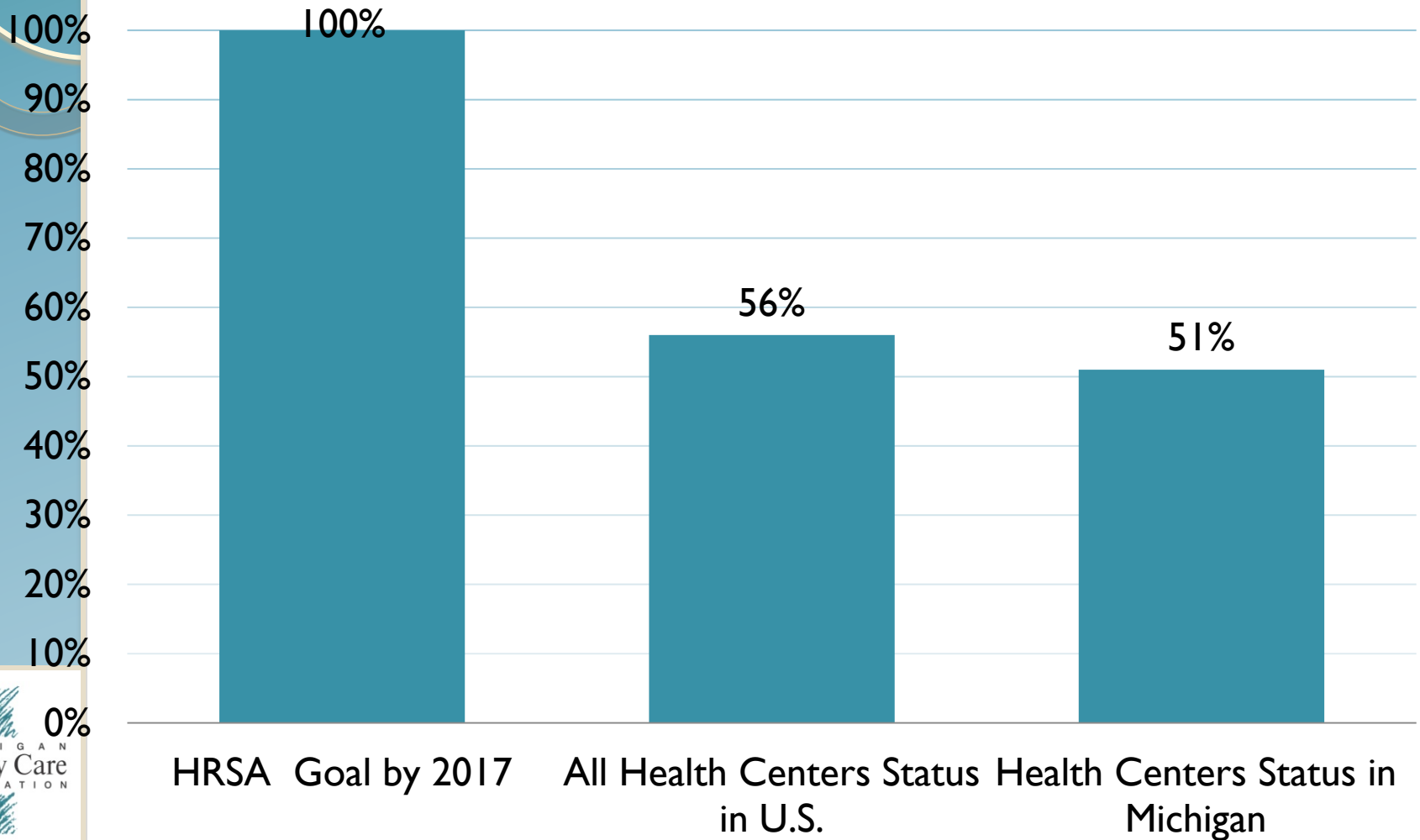
- A PCMH puts patients at the center of the health care system, and provides primary care that is “accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.”

(American Academy of Pediatrics)

Joint Principles of the PCMH

- Adopted by AAFP, ACP, AAP, AOA:
 - Personal Physician
 - Physician Directed Medical Practice
 - Whole Person Orientation
 - Care is Coordinated and Integrated
 - Quality and Safety are Hallmarks
 - Enhanced Access
 - Payment Reform

Status of PCMH in Michigan Health Centers



Note: Based on 39 Health centers (includes New starts)



Patient Centered Medical Home Status in Michigan Health Centers

- 20 out of 39 Health Centers have PCMH from any recognizing body approved by HRSA (51%)

	NCQA	Joint Commission	BCBSMI	AAAHHC	Pending	None**
Number of Health Centers	16	3	6	2	0	17

Note: three health centers have been FQHCs for less than 1 year

PCMH 2014

(6 standards/27 elements/100 points)

1) Patient-Centered Access (10)

- A. Patient-Centered Appointment Access*
- B. 24/7 Access to Clinical Advice
- C. Electronic Access

2) Team-Based Care (12)

- A. Continuity
- B. Medical Home Responsibilities
- C. Culturally and Linguistically Appropriate Services
- D. The Practice Team*

3) Population Health Management (20)

- A. Patient Information
- B. Clinical Data
- C. Comprehensive Health Assessment
- D. Use Data for Population Management*
- E. Implement Evidence-Based Decision Support

4) Care Management and Support (20)

- A. Identify Patients for Care Management
- B. Care Planning and Self-Care Support*
- C. Medication Management
- D. Use Electronic Prescribing
- E. Support Self-Care & Shared Decision Making

5) Care Coordination and Care Transitions (18)

- A. Test Tracking and Follow-Up
- B. Referral Tracking and Follow-Up*
- C. Coordinate Care Transitions

6) Performance Measurement and Quality Improvement (20)

- A. Measure Clinical Quality Performance
- B. Measure Resource Use and Care Coordination
- C. Measure Patient/Family Experience
- D. Implement Continuous Quality Improvement*
- E. Demonstrate Continuous Quality Improvement
- F. Report Performance
- G. Use Certified EHR Technology

***Must-pass**

What is new in NCQA PCMH 2014?

- Integration of **behavioral health**
- Care management focus on **high-need populations**
- Enhanced emphasis on **team-based** care
- **Alignment** of improvement efforts with the triple aim
- **Sustained** transformation

Transformed care

- **Alignment** of measures
- Focus on **outcome based** measures factoring in the whole person
- **Guidelines** based on science and supportive care team function
- Alignment of **community efforts**
- **Information technology** that supports **coordination** and **integration**
- Move **research** into practice
- **Payment** system supporting outcome based risk/benefit cost sharing

Models of Care and Support Proving Impactful in Health Centers

Models

- Fortified team visits
- HIT to support high risk and high utilizers
- Community Health Workers

Support

- Learning Community
- Rapid Cycle Change process
- Focus on collective impact

Opportunities for Partnership

- Alignment of goals and resources
- Understanding roles and modeling care communities /neighborhood
- Create reasonable and fair expectations
- Models of care and payment have matured and nearly ready for replication
- Partners that are willing to provide assistance and resources to support
- ACA

Questions?

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