All Access:
Ohio’s Community Health Centers

Federally Grown :: State Sustained :: Locally Cultivated
Ohio Association of Community Health Centers

- Non-Profit membership organization representing Ohio’s Federally Qualified Health Centers (FQHCs) & FQHC Look-Alikes (FQHCLAs) – commonly referred to as Community Health Centers

- **Mission:** To ensure access to high-quality affordable health care for all Ohioans through the growth and development of Ohio's Community Health Centers
What is a Community Health Center?

- Community-based and patient-directed organization, delivering comprehensive, culturally competent, high-quality primary health care services

- The **LARGEST primary care network in Ohio** (and the country)!
  - Provides comprehensive care to 1 in 14 Ohioans
  - In 70 of Ohio’s 88 counties
Mission Driven

- **Mission**: To provide accessible, comprehensive, and quality primary health care services to medically underserved communities and vulnerable populations

- **Cornerstones**
  - Independent, non-profit or public community-based
  - High-quality and affordable primary care and preventive services
  - Open to all regardless of insurance status or ability to pay
  - Must serve a high-need, medically underserved area or population (MUA/MUP)
  - Governed by the community (>50% board members must be patients)
Accessible & Patient-Centered Care

- **55** Community Health Center organizations
  - 380+ locations statewide
  - 47 School-Based Health Center sites
  - 90+ Dental sites

- Healthcare home and family doctor for ~800,000 Ohioans annually (2018 UDS data)

- **3.3 Million** patient visits (2018 UDS data)
Sliding Fees: Accessible & Affordable Care

- CHCs must have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay
- No patient will be denied health care services due to an individual’s inability to pay

<table>
<thead>
<tr>
<th>100% or below</th>
<th>Full discount (only nominal fees may be charged)</th>
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<tbody>
<tr>
<td>100% - 200%</td>
<td>Fees must be charged based on sliding fee scale based on family size and income (determined by the Board)</td>
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<tr>
<td>200% or higher</td>
<td>No discounts</td>
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*In 2020, 100% FPL for an individual is $12,760 | A family of four is $26,200*
Uniform Data System (UDS)

- National standardized reporting system of consistent information about health centers
  - Number and socio-demographic characteristics of people served
  - Types and quantities of services provided
  - Counts of staff who provide these services
  - Information about the quality of care provided to patients
  - Cost and efficiency data relative to the delivery of services
  - Sources and amounts of health center income
Ohio Patient Demographics

**Ages Served**
- Under Age 21
- Aged 21 - 44
- Aged 44 - 64
- Aged 65+

**Patient Coverage**
- UNINSURED
- MEDICAID
- MEDICARE
- PRIVATE INSURANCE

**Income Levels**
- 100% and Below
- 101 - 150%
- 151 - 200%
- > 200%

2018 UDS data
Types of Providers & Visits

- Providers
  - Primary Care Physicians
  - OB/GYNs & Certified Nurse Midwives
  - Pediatricians
  - Nurse Practitioners
  - Physicians Assistants
  - Dentists
  - Psychiatrists
  - Optometrists
  - Pharmacists
  - Behavioral Health Providers
  - Nurses
  - Dental Hygienists

- Visits
  - Medical
  - Dental
  - Mental Health
  - Substance Use Disorders (SUD) including Opiates
  - Pharmacy
  - Vision
  - Enabling (care coordination, translation, financial eligibility)

Ohio CHCs currently employ more than 6,500 FTE staff: from 2013-2018, that number DOUBLED!
Required Services

- **Primary, Preventive, Enabling**: Provided onsite or through established written agreements and referrals

- Mental Health
- Substance Abuse
- Pharmacy
- Immunizations
- Well Child
- Gynecology
- Obstetrics
- Family Planning
- Pre/perinatal
- Preventive Dental

- Diagnostics
- Screenings
- Specialty
- Case Management
- Health Education
- Outreach
- Transportation
- Translation
- Emergency Medical Services

90+ Onsite Dental Centers
With the expansion of Medicaid, health centers’ ability to reach more behavioral health and SUD patients, including opiate addiction, has dramatically increased:

- Today, more than 75% of Ohio’s Community Health Centers have integrated Medication Assisted Treatment (MAT) into their primary care practices compared to just a small handful in 2013
  - opportunity for best practice modeling of integration with primary care
  - easy access
  - effective and efficient (treating whole person, accountable provider, singular chart)
  - less stigma
- 340B is also essential to sustainability
The Next Generation of Primary Care Providers

- **The problem:** There is a shortage and misdistribution of primary care providers
- **The solution:** FQHCs are uniquely poised to teach, inspire, and put to work our next generation of primary care providers by exposing students to rich clinical experiences in our network of advanced, modernized primary care settings
  - Teaching, and recruiting
  - Residencies
The Ohio Primary Care Workforce Initiative (OPCWI)

- **OPCWI Mission and Goals**
  - Expose to Patient Centered Medical Homes (PCMHs) in practice.
  - Provide a standardized, high-quality educational experience.
  - Experience in **team-based care** in action!
  - OPCWI is part of the solution to increase recruitment and retention of primary care providers in areas affected by the vast maldistribution of clinical professionals.
  - Provide clinical experiences in some of the most depressed and underserved neighborhoods in Ohio.
OPCWI-After Graduation an FQHC is where you want to be!

Benefits of Working in an FQHC

1. You are helping a wide range of communities that need support, love and compassion! You will be making a difference!
2. FQHCs are a mission-driven environment that reaches the underserved in rural and urban communities.
3. Loan Repayment! Loan Repayment! Loan Repayment!
   - National Health Service Corps
   - Ohio Physician Loan Repayment Program
Ohio’s FQHCs increase patient safety during emergencies, establish more coordinated response to natural and man-made disasters, and establish consistent emergency preparedness

→ Develop an emergency plan based on a risk assessment
→ Maintain a communication plan for patient care
→ Integrate healthcare systems
Community-Driven Services

- Centering Pregnancy/Parenting
- Occupational Therapy
- Podiatry
- Chiropractic
- Vision
- Community Health Workers
- Food/Clothes Pantry
- Grocery Store
- Spiritual Care
Patient-Centered Medical Home (PCMH)

- **Person-Centered**
  - Supports patients and families in managing decisions and care plans

- **Coordinated**
  - Care is organized across the ‘medical neighborhood’

- **Accessible**
  - Short waiting times, 24/7 access and extended in-person hours

- **Committed to Quality and Safety**
  - Maximizes use of health IT, decision support and other tools (EHR)

- **Comprehensive**
  - Whole-person care provided by a team

76% of Ohio’s Community Health Centers have PCMH Recognition
Federal Investment in Primary Care

- FQHCs receive federal grant funding from the Health Resources & Services Administration (HRSA); FQHCLAs do not
- Some targeted grants focus on special populations including individuals and families experiencing homelessness, migratory and seasonal agricultural workers, and residents of public housing
- Majority of operating funds: Medicaid, Medicare, private insurance, patient fees, and other resources
Drug Discount Program: 340B

- Provides eligible health care providers, such as health centers, access to outpatient prescriptions at reduced prices

**Program At-A-Glance:**

- Manufacturers participating in Medicaid agree to provide outpatient drugs to eligible providers at reduced prices
- By purchasing medications at a lower cost, health centers pass the savings along to their patients through reduced drug prices and support their mission to expand access and improve health outcomes

- 340B does NOT cost taxpayers any money!
The FSHCA Act of 1992 and 1995 grants medical malpractice liability protection through the Federal Tort Claims Act (FTCA) (FQHCLAs are not eligible for FTCA).

Under FTCA, health centers are considered federal employees with the federal government acting as their primary insurer.

A patient who alleges acts of medical malpractice by a deemed health center in essence files the claim against the United States government.

FTCA saves FQHCs millions of dollars each year, which in turn, is reinvested back into the health center to increase access to care.
Value-Based Care

- *American Journal of Public Health research* study found FQHCs save, on average, $2,371 (or 24%) in total spending per Medicaid patient when compared to other providers.

- Researchers found FQHC Medicaid patients had lower use and spending than non–health center patients across all services, including:
  - 22% fewer specialty care visits
  - 33% lower spending on specialty care
  - 25% fewer inpatient admissions
  - 27% lower spending on inpatient care
  - 24% lower total spending
A Focus on Quality

- When patients receive timely access to routine and preventive care, we can expect improved health status
  - 4th in nation for Dental Sealants for children (ages 6-9)
  - 12th for Screening for Depression and Follow-Up Plan
- 3 Ohio FQHCs are distinguished “National Quality Leader” Awardees
- 21% of Ohio Health Centers are recognized as “Health Center Quality Leaders”

Health Centers publicly report data annually on 15+ clinical measures and have for 30+ years
Looking For Even More Access?

Become a Health Center Advocate: [www.ohiochc.org/Advocates](http://www.ohiochc.org/Advocates)
Find us online: [www.ohiochc.org](http://www.ohiochc.org)
Connect via email: [info@ohiochc.org](mailto:info@ohiochc.org)