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Legislative Day Handout
February 10, 2015

FQHCs are unique. Please commit to visiting your local FQHC so we can show you how our practices are different than what you might see in another type of primary care practice.

- Primary care is the sole focus of an FQHC.
- FQHC boards of directors represent the community and the specific demographic of the health centers' patients.
- The FQHCs have an ACO which is, like the FQHCs themselves, focused on primary care and serving Medicaid patients well.
- FQHCs *are always* taking new Medicaid patients.
- A strong Medicaid program and strong reimbursement is critical to support the FQHCs in their mission to care for underserved populations or underserved areas.

We urge you to support models of delivering care that strengthen community-based primary care and integration at the community level for the full spectrum of care.

- Health care reform should be driven and funded through primary care leadership.
- The Blueprint emphasizes primary care and community-based systems. We encourage you to support the Governor's proposals to increase payments for primary care medical homes working through the Blueprint for Health.
- We support the Unified Community Collaborative (UCC) model Dr. Craig Jones has proposed. We'd like to see the Blueprint framework as the community-based leadership driver for reforming the delivery system.

Loan repayment is a critical tool for recruiting physicians and other practitioners to practice in Vermont.

- The Governor's FY16 budget proposal eliminates funding for the educational loan repayment (ELR) program. We are requesting that funding for ELR be restored.
- A highly skilled workforce is the foundation for health care access and delivery of care when and where it's needed for all citizens, Funding ELR at the FY14 level of $870,000 would cost approximately $400,000 in state General Funds, with the difference from federal Global Commitment match funds.
- The 2014 ELR program received 447 applications (130 awarded, 317 not awarded); total educational debt of applicants was $31,782,424. The average current educational debt (verified and documented) for dental applicants was $224,236 (high of $414,898) and $131,976 (high of $578,602) for primary care medical applicants. The average number of annual ELR awards over the past five years is 106 (primary care and dental).
- Education costs are increasing, and corresponding medical education debt is also increasing.

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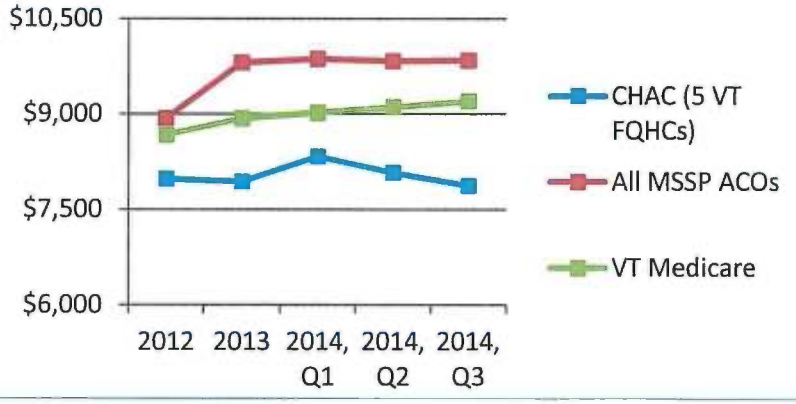
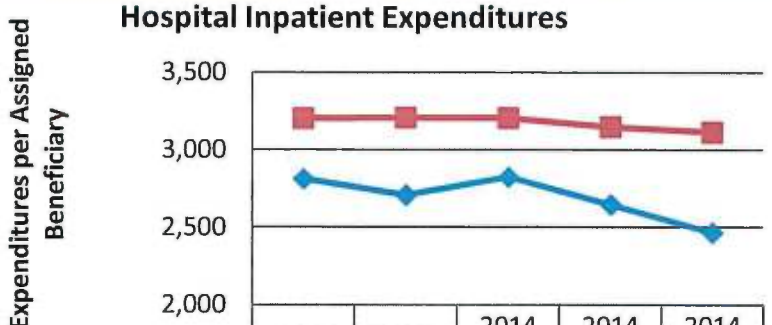
Medicare Total Annual Spending/Enrollee

- CHAC FQHCs spend < $8000 per Medicare enrollee annually.
- Non-FQHC Vermont practices have annual costs >$9000 per Medicare enrollee
- The national average is ~$10,000 per Medicare enrollee.



Hospital Inpatient Expenditures

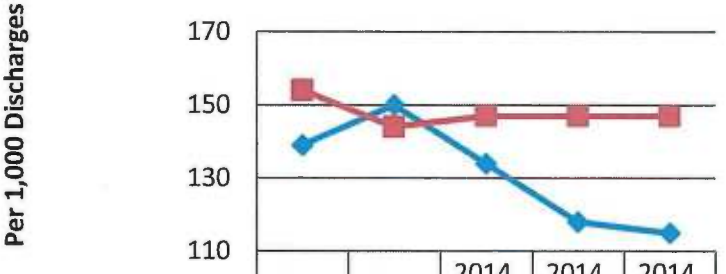


	2012	2013	2014, Q1	2014, Q2	2014, Q3
CHAC	2,813	2,706	2,825	2,645	2,465
All MSSP ACOs	3,205	3,210	3,208	3,151	3,116

- CHAC FQHCs have shown a 12% reduction in inpatient expenditures for attributed Medicare beneficiaries since 2012.
- Other ACOs nationwide have shown a 2% reduction for attributed Medicare beneficiaries

30-Day All-Cause Readmissions

- CHAC FQHCs have shown a 15% reduction in 30-day all-cause readmissions for attributed Medicare beneficiaries since 2012.
- Other ACOs nationwide have shown a 5% reduction for attributed Medicare beneficiaries.



	2012	2013	2014, Q1	2014, Q2	2014, Q3
CHAC	139	150	134	118	115
All MSSP ACOs	154	144	147	147	147

Data Sources: CHAC data & MSSP ACOs data is from the MSSP Preliminary Benchmark Period Aggregate Expenditure/Utilization Report (Benchmark: 2012 and 2013) & MSSP Aggregate Expenditure/Utilization Reports (Report Period 2014 (Q1, Q2, and Q3)).VT Medicare data is trended forward from 2010 AARP Policy Institute average Medicare spending/enrollee (trended using National Health Expenditure increases of 3.6% for 2011 and 3.7% for 2012, 3% increase for 2013, 3% increase for 2014). Contact Kate Simmons @ ksimmons@bistatepca.org