



# Bi-State Primary Care Association

Legislative Day

January 31, 2018

## Bi-State Primary Care Association Mission and Vision

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### Mission

Promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire.

### Vision

Healthy individuals and communities with quality health care for all.

### Who We Are

Bi-State Primary Care Association was established in 1986 to serve Vermont and New Hampshire. Bi-State is a nonprofit, 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont.

Bi-State members include federally qualified health centers (FQHCs), community health centers (CHCs), rural health clinics (RHCs), private and hospital-supported primary care practices, community action programs, area health education centers (AHEC), clinics for the uninsured, Planned Parenthood and social service agencies.

### What We Do

Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas.

Bi-State's nonprofit recruitment center provides workforce assistance and candidate referrals to FQHCs, RHCs, and private and hospital-sponsored physician practices throughout Vermont and New Hampshire. The recruitment center focuses on recruiting and retaining primary care providers including physicians, dentists, nurse practitioners, and physician assistants.

For more information, please contact:

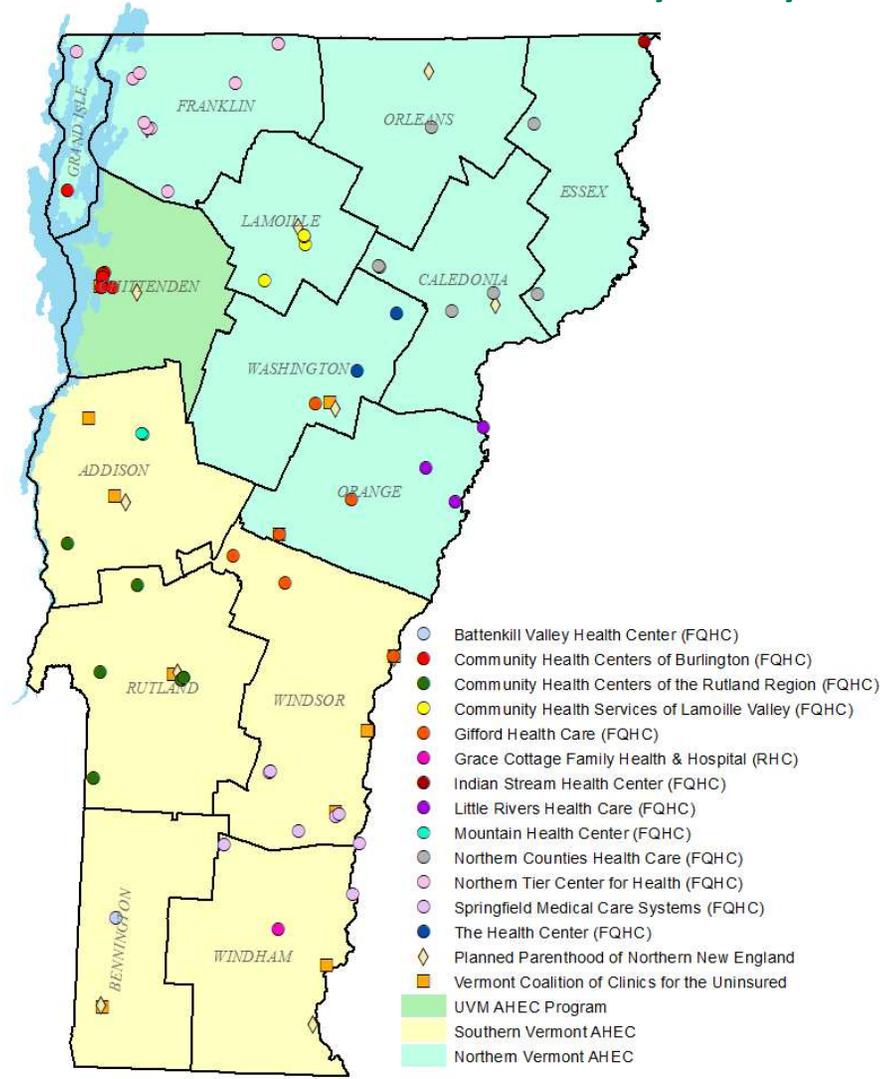
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# Vermont Overview

# Bi-State Primary Care Association Member Map

Our members provide care to Vermonters at **86 sites across every county** of the State.



Please note some sites overlap due to similar street addresses. Additionally, one SMCS practice is located in Charlestown, NH, and ISHC's main site is located in Colebrook, NH. 02/2018

## Bi-State's Member Health Centers and Clinics Provide Care to 1 in 3 Vermonters

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### Our Members

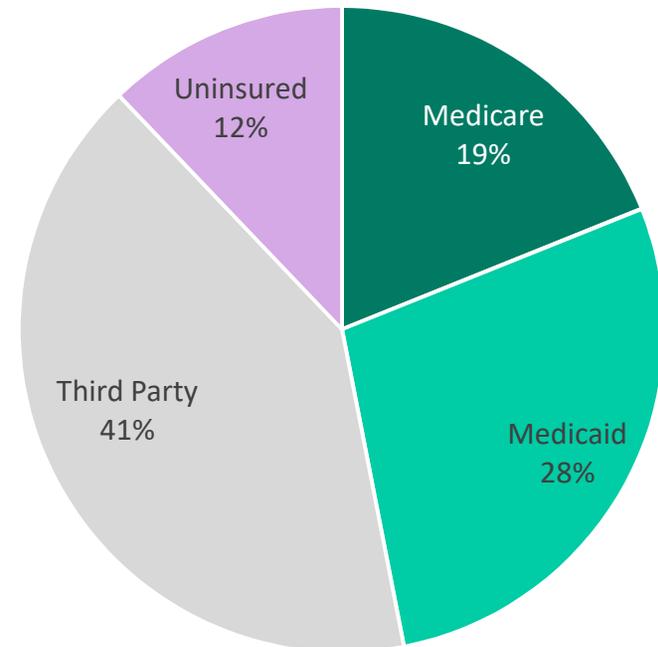
- ✓ Federally Qualified Health Centers (FQHCs)  
12 Vermont FQHCs encompassing 64 sites in all 14 counties
- ✓ Planned Parenthood of Northern New England  
12 clinics
- ✓ A Rural Health Clinic (RHC)  
1 site
- ✓ Vermont Area Health Education Center (AHEC)  
A Network of Partners
- ✓ Vermont Coalition of Clinics for the Uninsured  
9 clinics

Vermont's health centers and clinics have served as medical homes for more than 200,000 patients, with more than 720,000 visits in 2016.

### Our members serve:

- 43% of Vermont Medicaid enrollees
- 35% of Vermont Medicare enrollees
- The majority of uninsured Vermonters

### Our Member Average Coverage Mix



## FQHCs Strengthen Communities



*Dr. Anje Van Berckelaer from Battenkill Valley Health Center*



*Dr. Jeffrey Wulfman from Mountain Health Center*

Making high quality services available to patients, **regardless of ability to pay.**

Creating **sustainable jobs** and offering top-tier training to their 1,300+ direct employees.

Communities within **federally-designated medically underserved areas** are provided integrated services.

Through expansions and community investment, **spurring local economic development**, with an estimated 500+ additional indirect/induced jobs.\*

**Extending hours** to include early mornings, evenings and weekends.

Responding to the **unique needs** of their communities with **holistic approaches** to health and wellness.

Maintaining **healthier communities** makes for a safer places to raise families.

**Meeting patients where they are** by providing interpretation, transportation, and other services.

\*Capital Link 2016 Report, "The Economic Impact of Vermont's Community Health Centers" based on CY2014 data.

# Studies Demonstrate Federally Qualified Health Centers Are a Good Investment

## FQHCs Produce Medicaid Savings

A study<sup>1</sup> of Medicaid claims 13 states, including Vermont, confirms total cost of care for health center patients was 24% lower.

The study also showed:

- 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



## FQHCs Save Money

A comparison of costs for FQHC and non-FQHC patients demonstrates FQHC savings of **\$1,263 per person per year** in hospital emergency department, hospital inpatient, ambulatory, and other services (\$4,043 vs. \$5,306).<sup>3</sup>



## FQHCs Reduce Hospital Admissions

A Colorado study<sup>2</sup> compared claims data of Medicaid patients with two or more primary care visits in one year at FQHC and non-FQHC settings:

- The odds of a Medicaid FQHC patient being admitted to the hospital were 32% less likely than for a Medicaid non-FQHC patient;
- The odds of an FQHC patient being readmitted 90 days after discharge were 35% less likely;
- The odds of an FQHC patient being admitted for a primary care preventable condition were 36% less likely.

<sup>1</sup> Nocon, R, Lee, S., Sharma, R., Ngo-Metzger, Q., Mukamel, D., Gao, Y., White, L., Shi, L., Chin, M., Laiteerapong, N., Huang, E. (2016) Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers versus Other Primary Care Settings. *American Journal of Public Health*: 106 (11)

<sup>2</sup> Rothkopf, J, Brookler K, Wadhwa, S, Sajovetz, M. "Medicaid Patients Seen At Federally Qualified Health Centers Use Hospital Services Less than Those Seen By Private Providers." *Health Affairs* 30, No. 7 (2011): 1335-1342.

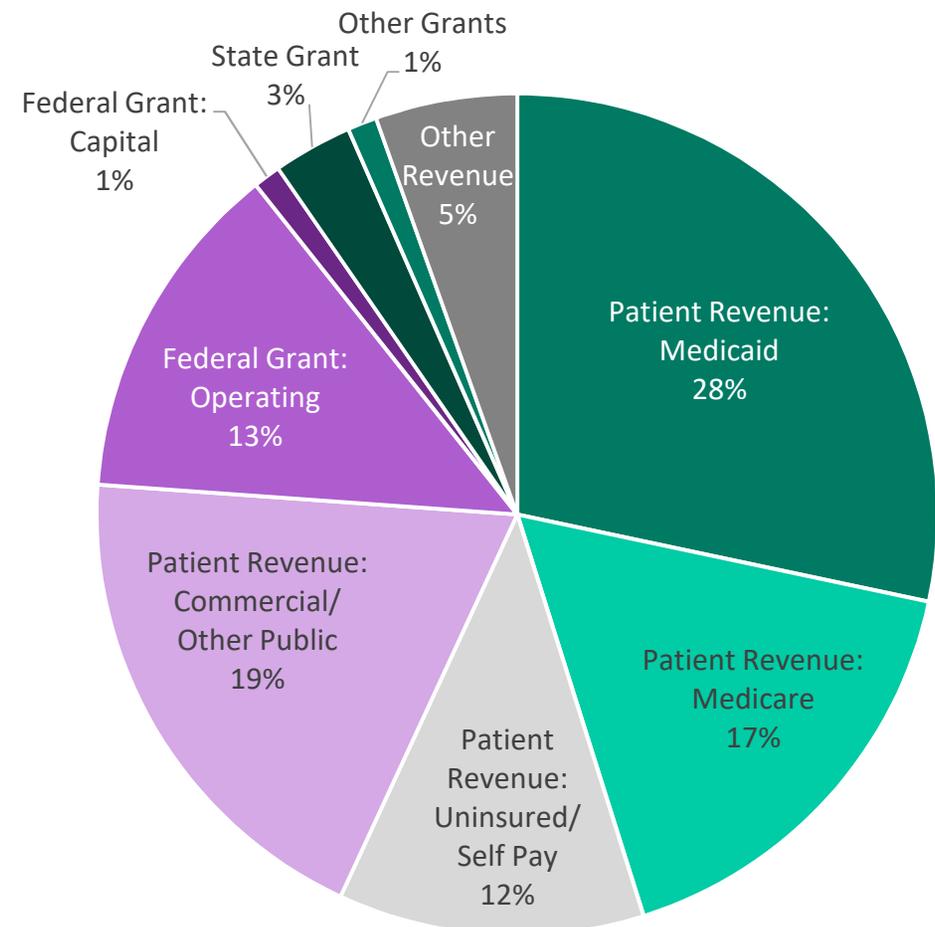
<sup>3</sup> Ku L, et al. Using Primary Care to Bend the Curve: Estimating the Impact of a Health Center Expansion in Senate Reforms. GWU Department of Health Policy. Policy Research Brief No. 14, September 2009.

## FQHC Funding and Reimbursement Structure Minimizes Cost Shifting

FQHCs are eligible to receive federal appropriations for allowable costs that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these costs may include care provided to uninsured and underinsured low-income patients and enabling services such as care management, outreach, transportation, and interpretation.

- Federal FQHC grants are awarded based upon a very competitive national application process.
- When FQHCs are awarded federal funds, they must meet strict program, performance, and accountability standards.
- Federal FQHC appropriations are not transferable to any other entity.
- Medicare and Medicaid FQHC reimbursement is a prospective, capped encounter rate.
- FQHCs bill commercial insurers just like any other primary care practice.
- No payer reimburses FQHCs for their full costs.

2016 Sources of Revenue for Vermont FQHCs



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# QUESTIONS