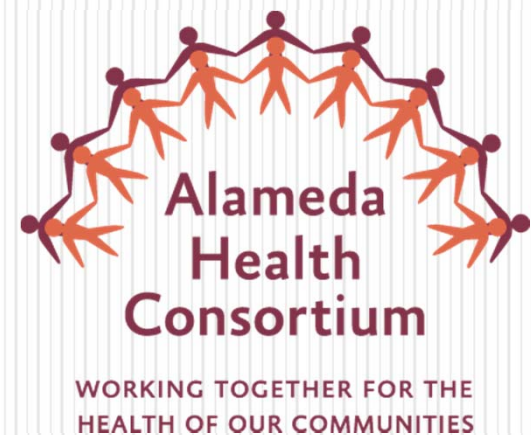


Preparing the Primary Care System for Health Care Reform

Presentation to the
Alameda County Board of Supervisors'
Health Committee

Alameda Health Consortium
February 27, 2012



8 Health Centers serve more than 160,000 Low-income People in Alameda County



Asian Health Services



Axis Community Health



La Clínica

La Clínica



LifeLong Medical Care



Native American Health Center



Tiburcio Vasquez Health Center



Tri-City Health Center



West Oakland Health Council



Alameda Health Consortium Health Centers

- 8 private, non-profit, community-based organizations
- Economic engines in the community
 - 1,600 employees
 - Providing stable employment with benefits
- More than 70 locations
 - 26 comprehensive primary care sites
 - Additional sites: dental, mental health, school health centers, WIC, Supportive housing, ADHC, etc.

Health Center Characteristics

- Comprehensive health and related services (especially ‘enabling’ services)
- Open to all residents, regardless of ability to pay, with charges on sliding fee scale.
- Governed by community boards, to assure responsiveness to local needs
- Held to strict performance / accountability standards for administrative, clinical, and financial operations by federal, state, and county agencies.

Services Offered by Health Centers

- § Primary Medical Care
- § Preventive Health Care
- § Prenatal, Perinatal, & Newborn Care
- § Gynecological Care
- § HIV Care
- § Hearing/Vision Screening
- § Oral Health
- § Behavioral Health Services
- § Low-Cost Prescriptions (340b pricing)
- § X-Rays and Lab
- § Some Specialty Medical Care
- § Enabling Services

Enabling Services to Improve Access to Care

- § Eligibility & Enrollment
- § Case Management
- § Health Education
- § Interpretation/Translation Services
- § Outreach
- § Housing Assistance
- § Home Visiting
- § Parenting Education
- § Employment referral & counseling
- § Testing for Blood Lead Levels
- § Referrals and linkages to community resources

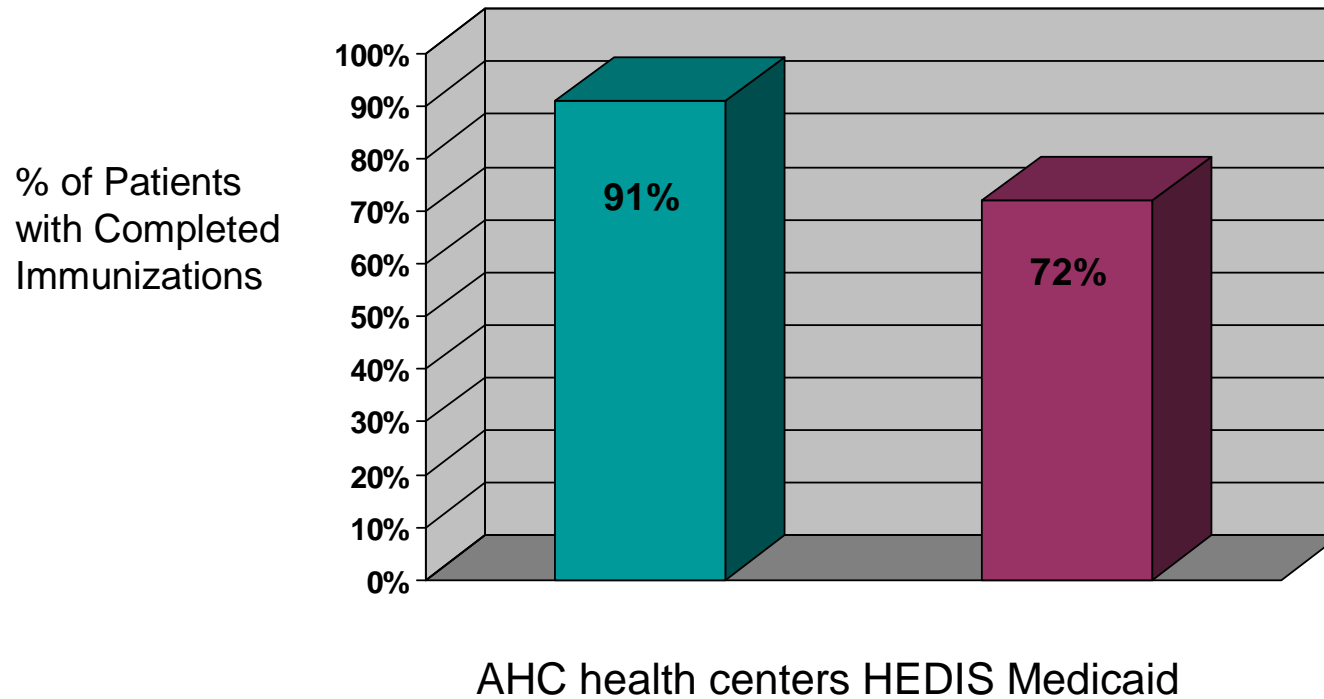
Community Health Centers: A Proven Cost-savings Model

Excellent Quality of Care and Higher Cost Effectiveness:

- Communities without a community health center spend \$1,200 per patient per year more than those with health centers.
- National studies show 24% lower overall costs, lower specialty referrals and hospital admissions
- AAH data: total cost of care for CHC members is 25% lower than other providers due to fewer hospital admissions and fewer ER visits

Quality – Indicators Immunizations

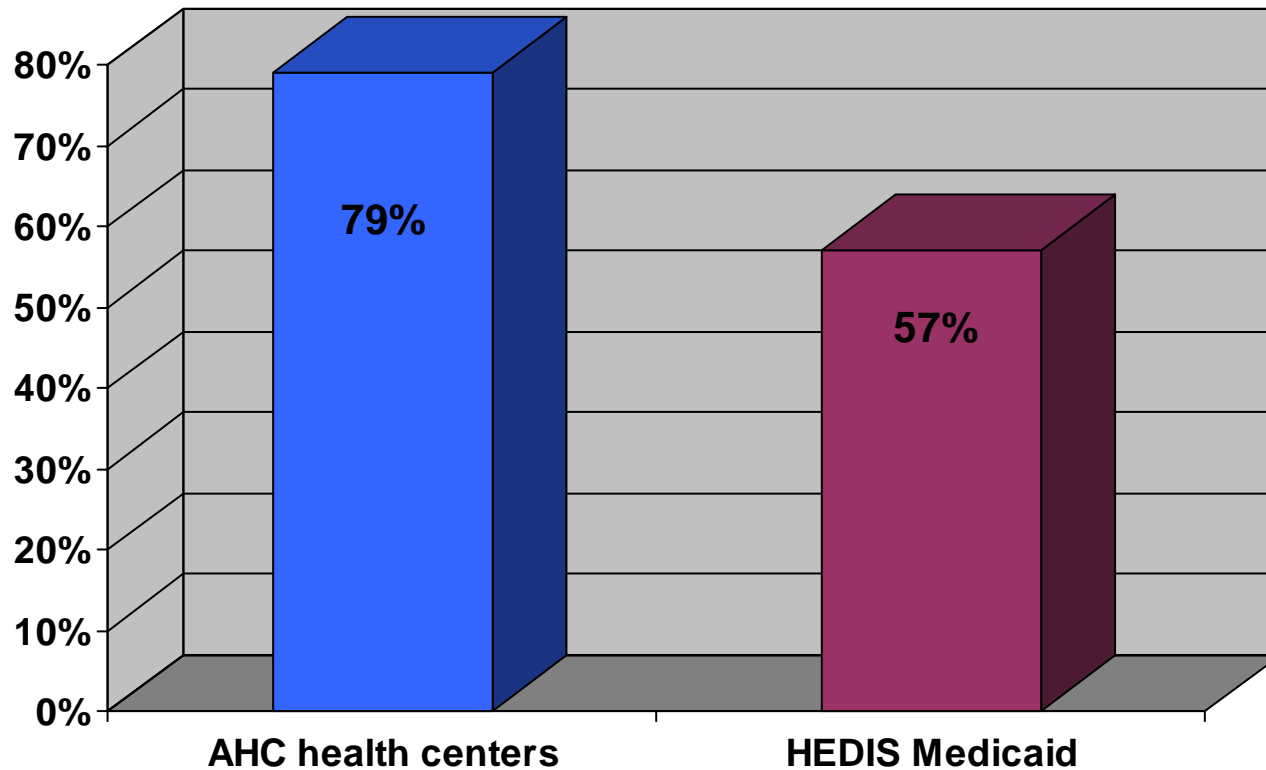
Immunization Rates for 2-Year Old Children



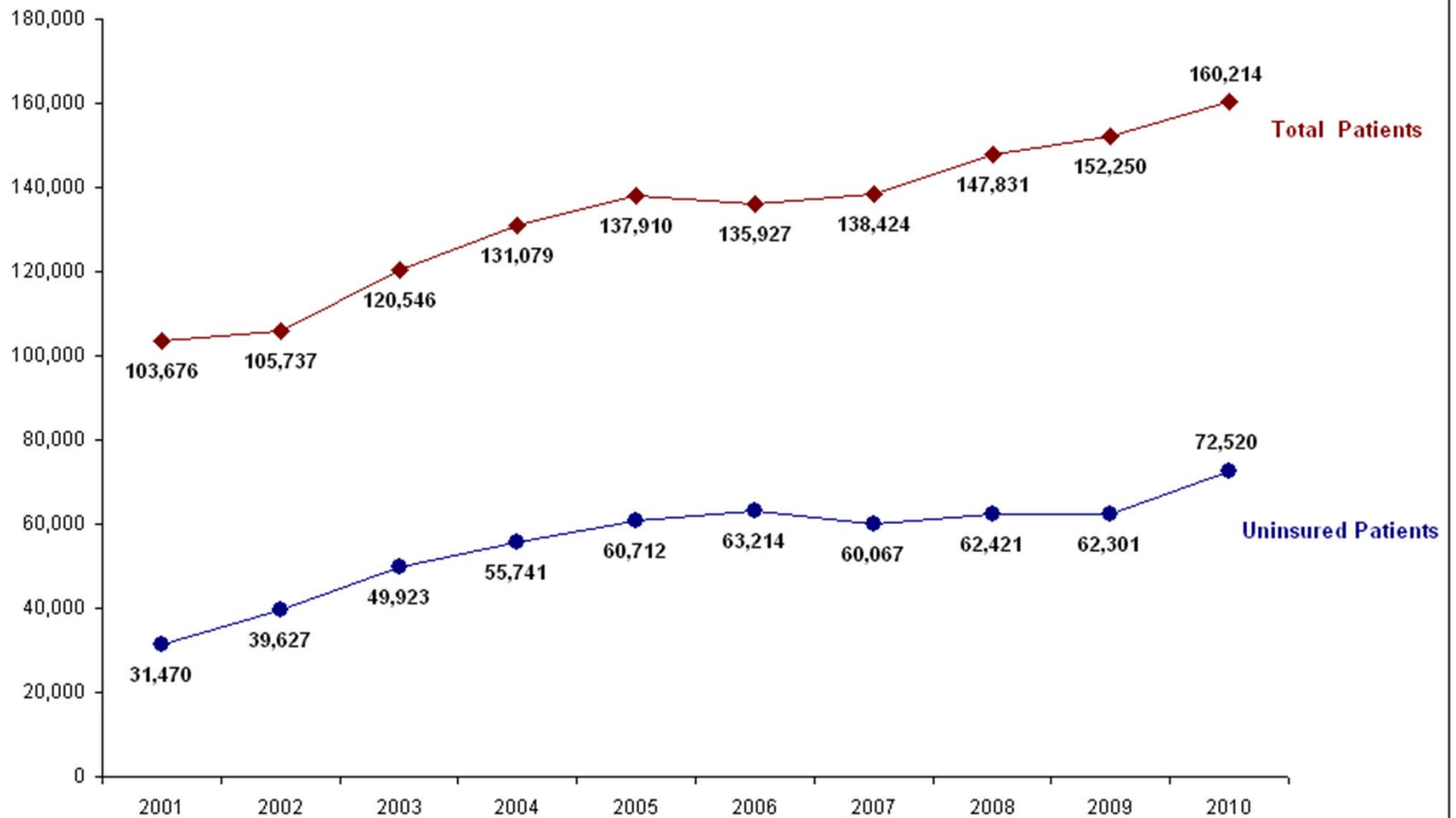
Quality Indicators – Diabetic Sugar Control

Diabetic Patients with HbA1c
less than or equal to 9.0%

% of Patients

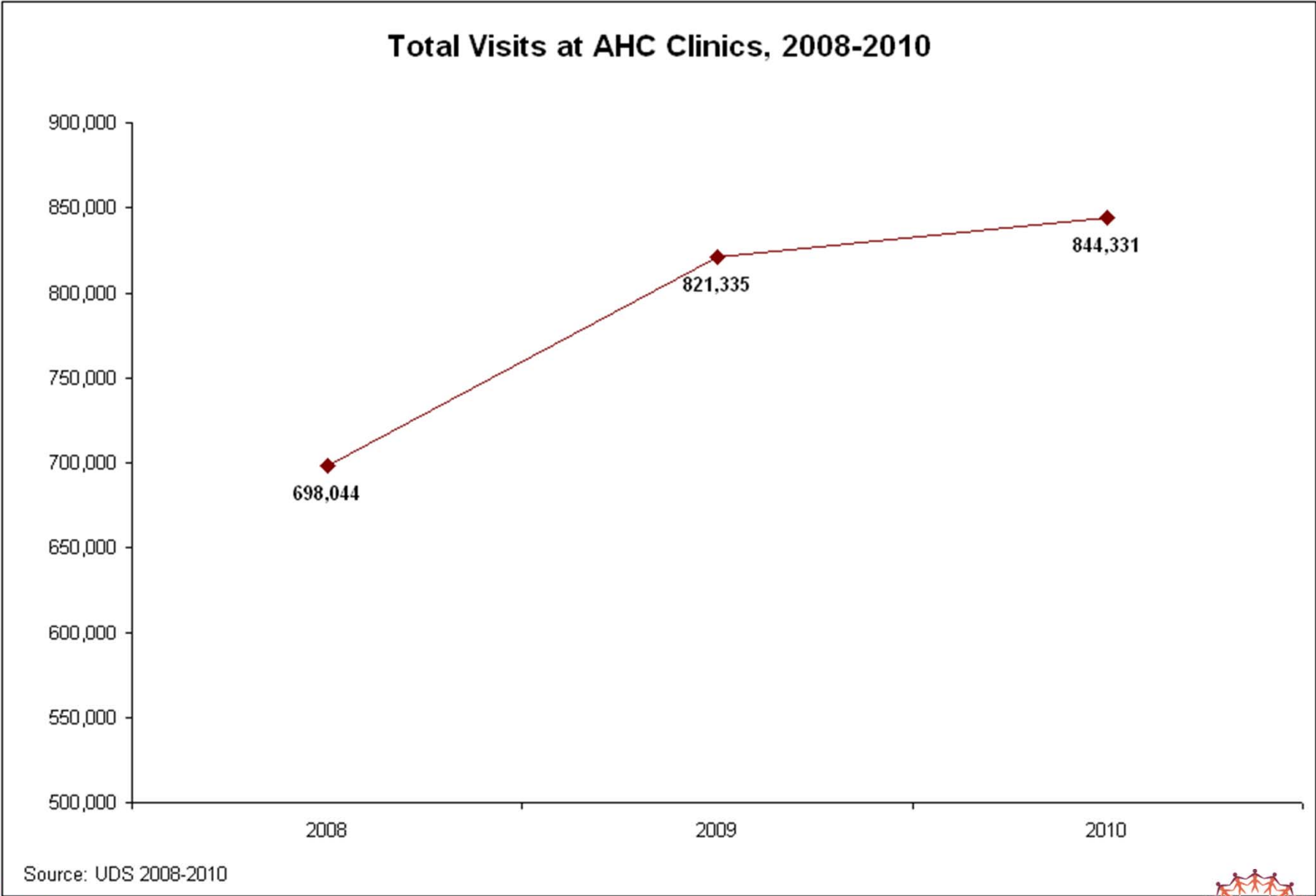


Total Number of Patients at AHC Health Centers, 2001-2010



Source: UDS 2001-2010. In years in which certain health centers did not report to UDS, the equivalent OSHPD report was used. Data reflects patients served at sites in Alameda County.

Total Visits at AHC Clinics, 2008-2010

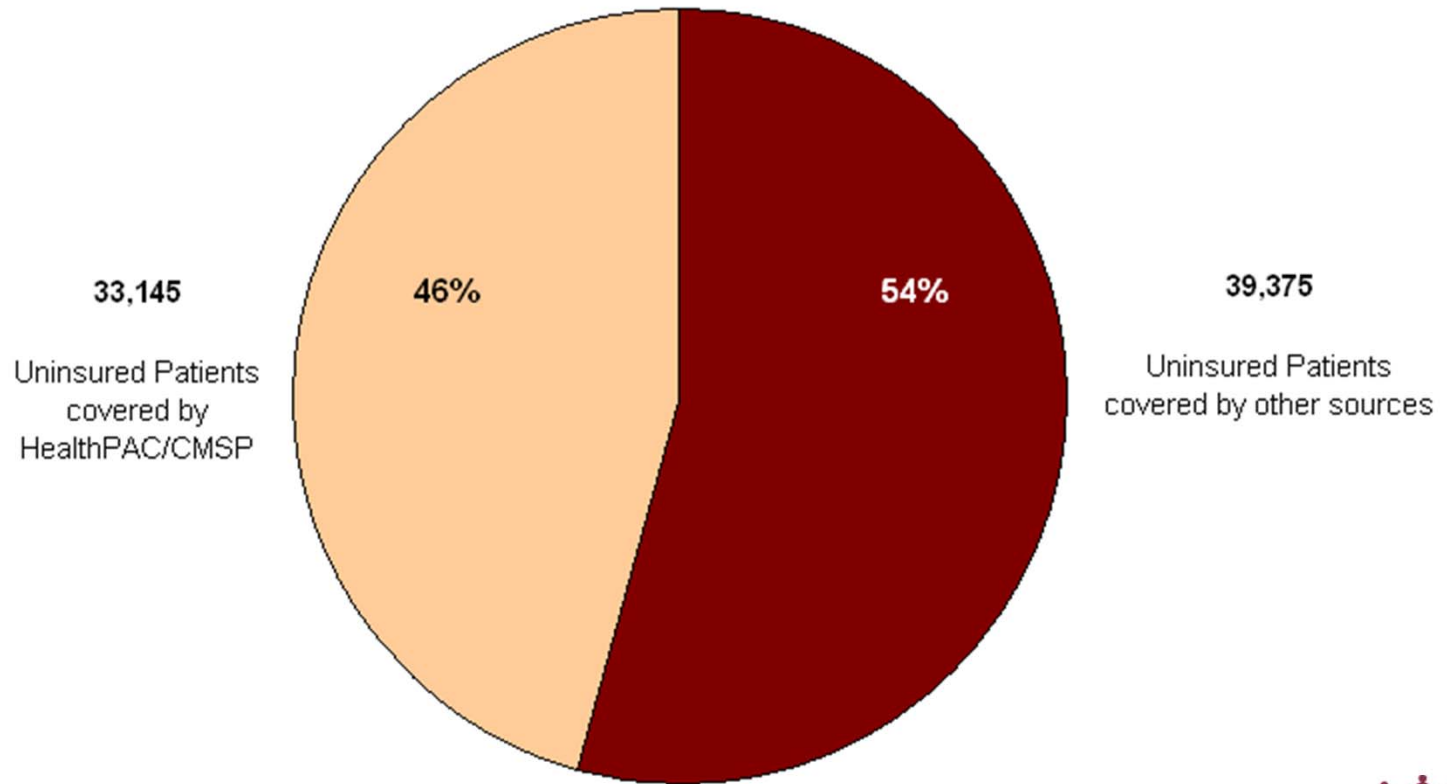


Source: UDS 2008-2010



Uninsured Patients at AHC Health Centers, 2010

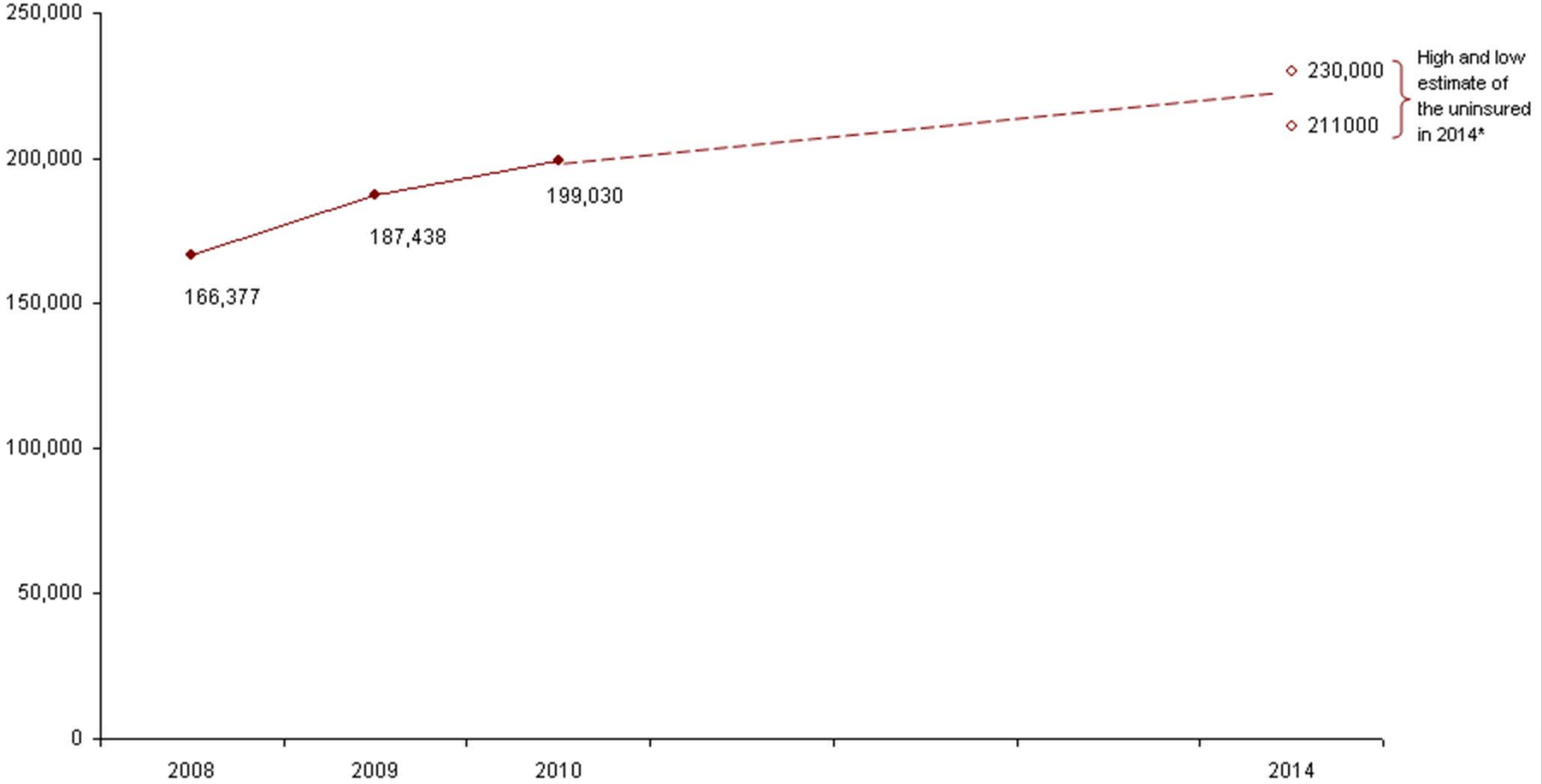
Total Uninsured Patients:
72,520



Source: UDS 2010, MICRS 2010-11



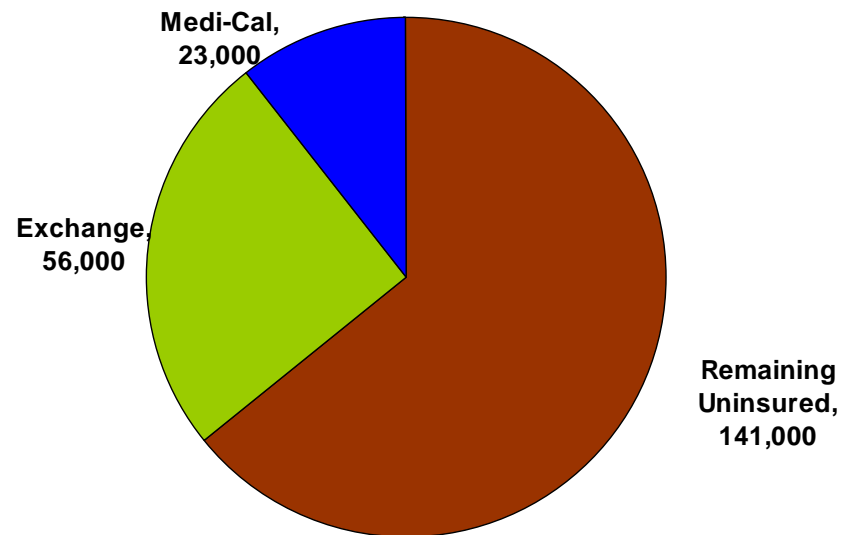
Uninsured in Alameda County, Projections to Health Reform



*Note: 2008-2010 American Community Survey, U.S. Census Bureau. 2014 estimates apply Urban Institute methodology to Alameda County. This methodology can be found in their report: "The Cost of Failure to Enact Health Reform: 2010-2020" March 2010.



Projection of Insured and Uninsured After 2014



Remaining uninsured will include people who are: eligible for but not enrolled in Medi-Cal or Exchange; ineligible for coverage because of their immigration status; covered by the affordability exemption.

How are we preparing for ACA?

1. Facility Expansions
2. Transforming Health Information Systems through EHR and HIE
3. Transforming Primary Care: Patient-Centered Health Homes
4. Accelerating Enrollment/Eligibility for Coverage

Facility Expansions

1. Expanding existing sites
2. Opening new sites
3. Non-traditional sites: schools, public housing, mental health agencies, etc.

Health Information Systems

EHR Transformative

- Electronic health record (EHR) systems are transforming primary care and health care in general
- All community health centers and ACMC will be using the same EHR; enabling improved care and better health outcomes
- Health Information Exchanges further improve care
 - We are founding member of HealthShare Bay Area
 - The HIE will pull together scattered silos of health information in one secure place for the entire region
 - We'll have a more complete picture of a person's health care as more providers sign up and upload information to the HIE
 - This will improve care and health outcomes and save money

Health Information Systems Financial Risks

- Similar to facility start-up costs, there is a negative financial impact
- Example: EHR implementation
 - During first month of implementation, provider productivity declines by 50% - dramatically reducing clinic revenue
- Yet EHRs are essential and critical to implementing the Affordable Care Act

Transforming Primary Care – Patient-Centered Health Home (PCHH)

- We're committed to ensuring that all low-income residents of Alameda County have access to a PCHH
- We are implementing national standards for PCHH
- Requires “empanelment” of all patients
- Using multi-disciplinary teams in the primary care setting (e.g. physicians, nurses, social workers, medical assistants, community health workers)
- Providing “whole person care” by integrating behavioral health services in the primary care setting
- Re-designing primary care to be more patient and family/caregiver-centered
- EHRs and HIEs are key in this work

Health Care Coverage

- We are also committed to expanding coverage
- Clinic enrollment/eligibility staff are stretched to the limits
- Across all health centers, we have 80 staff whose volume of work has skyrocketed
- Those 80 staff are responsible for ensuring that the bulk of our 160, 000 patients get coverage and keep their coverage
- One-e-App critical to our success
- Collaborations with County Health Care and Social Services Agencies have been critical.

Opportunities – Medi-Cal 1115 Waiver

- Increasing enrollment into HealthPAC for the uninsured
 - 71,000 total; 30,000 under Waiver
 - Providing more primary care and behavioral health care
- Increasing enrollment of health center patients into managed care plans
 - Seniors, people with disabilities, dually-eligible Medi-Cal/Medicare
 - 65,000 of our patients are now enrolled in a managed care plan



Where does all this work lead us?

- Increased access to primary care for patients
- Streamlined, coordinated care for all patients, through health center partnerships with:
 - Alameda County Health Care Services Agency, Behavioral Health Care Services
 - Alameda County Social Services Agency
 - Alameda Alliance for Health
 - Alameda County Medical Center
- Increased cost-effectiveness of primary care

Preparing for Health Care Reform

Primary Care Challenges

- Primary Care Work Force
- Support for capital expansions
- Support for expanding primary care in preparation for 2014
- Streamlining enrollment/eligibility processes
- Medi-Cal Cuts
- Remaining Uninsured

Primary Care Workforce

Health center recruitment challenges:

- Competitive salaries
- Need for bilingual/bicultural providers
- Need for providers to serve patient's with complex medical/social issues
- Need for providers who are committed to the community health center mission

Capital Expansions

- Space is a major limiting factor to serve more people. **Ideally each provider gets 3 rooms, allowing us to dramatically increase the ability to meet demand.**
- With adequate space—primary care providers, behavioral health providers, MAs—flow from room to room to see patients according to their needs without rushing patients.
- As community health centers, we constantly scramble for enough **space for groups**: behavioral care groups, prenatal groups, and other health education and group visits.

Capital Expansions – Financial Risks

- New facilities require clinics to take on on-going debt payment obligations
- Start-up challenges reduces cash flow for new sites
- 45% of our patients are uninsured; each new site creates financial strain of uncompensated care

Medi-Cal Cuts Undermine Our Ability to Prepare for 2014

- Growing State tendency to seek waivers to change the Medi-Cal program in a way that adversely affects vulnerable populations and Safety Net
 - Cutting benefits that are critical to our patients, e.g. adult dental
 - Proposing cuts to health center payment rates (PPS)
 - Pushing financial risk down to managed health care plans, which could further push risk down to primary care providers (e.g. pushing ADHC and IHSS responsibilities to managed care plans)
- As the State continue to cuts back on Medi-Cal payments and benefits, federal matching funds continue to be lost
- Our ability to open new sites and expand services are a threatened by Medi-Cal cuts



2014 – The Uninsured Will Still Be With Us

- Even after 2014, there will be a large number of uninsured who will still need care through the safety net:
 - Not eligible for Exchange subsidies and can't afford to buy insurance on their own
 - Not eligible for Medi-Cal or Exchange
 - Eligible for subsidies but still don't buy insurance
 - Quality for Affordability Exemption