Overview of the Nevada Primary Care Association and Federally Qualified Health Centers in Public Health

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Agenda Item VII C (HEALTH CARE)
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Who We Are, What We Do

- The Nevada Primary Care Association is the federally-designated primary care association for the state of Nevada.
- A non-profit membership organization serving Section 330 and prospective Federally Qualified Health Centers (FQHCs), tribal health centers, other primary clinics, and community health providers.
- Our mission: To advocate for, broaden and strengthen the health center network.
- Our goal: To provide our membership with current and accurate information necessary to service Nevada's population, including underserved and low-income residents.

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Who We Are, What We Do

- We are dedicated to assisting health centers and other community health providers with the implementation of solid business practices and community responsive programs in an effort to improve service delivery effectiveness and efficiency.

- Our work is based on maximizing resources, developing a strong intersection between medical care and public health at the community level, and using sound business sense in developing capacity to serve those who do not have access to mainstream health care.

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Health Centers in Nevada

- Presently 8 Federally Qualified Health Centers, or Community Health Centers, operating 33 clinical sites statewide
- CHCs are in Reno, Sparks, Carson City and Las Vegas metropolitan areas as well as in rural and frontier counties
- CHCs provide primary, behavioral and oral health care
- CHCs provided health care services to 88,962 Nevadans in 2016
- CHCs provide health care to *every* person that seeks treatment

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Who We Are, What We Do

Other Programs and Services:

- Teen Pregnancy Prevention
  - *Promote safe, supportive sexual and reproductive health education to reduce unplanned pregnancies and sexually transmitted infections among adolescents 12-19 years of age through evidence-based education programs and community outreach.*
- Patient-Centered Medical Homes
  - *PCMH is an approach for providing comprehensive, coordinated primary care to adults, youth and children of all ages. It facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family. PCMH is emerging as a key strategy to improve health outcomes, reduce total costs, and strengthen primary care.*
- Veterans Choice Program
  - *To improve VA's ability to deliver high-quality health care to Veterans, the Veterans Choice Program expands options for eligible Veterans to use non-VA health care from eligible non-VA entities and providers through the Program. NVPCA is proud to announce that most Nevada Federally Qualified Health Centers have signed contracts in place with the VA third party administrators.*
- Special Populations
  - Special Populations are defined by HRSA as: Veterans, Migrant and Seasonal Farm workers, Homeless, Native Americans, clients living in temporary housing and clients living with HIV. Special Populations provide Health Centers with unique problems and unique opportunities to serve the community.

Who We Are, What We Do

Other Programs and Services (cont'd)

- Integrated Care
  - *Integrating services into the primary health care model can improve the health of patients on a holistic level. Integrated health care encourages tight-knit care teams and strong referral relationships.*
- Emergency Preparedness
  - *CHCs are required by HRSA to have an emergency plan in place. The NVPCA collaborates with the National Association of Community Health Centers (NACHC). California Primary Care Association (CPCA) and a National Emergency Preparedness Coalition to provide trainings and information related to emergency preparedness and training.*
- Technical Assistance
  - *NVPCA provides technical assistance on issues from data mapping and analysis to quality improvement.*
- Training
  - *NVPCA provides on-demand webinars and training events.*
- Outreach and Enrollment
  - *NVPCA works with CHCs and other community organizations who conduct outreach and education on health insurance and the Affordable Care Act (ACA). Community Health Centers provide direct enrollment services and Medicaid assistance referrals to uninsured Nevadans.*

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Initiatives and Success Stories – Community Health Alliance

Let's Go! CHA – Fighting Childhood Obesity:

- Began in October 2016, favorable results so far, reducing BMI in participants
- Simple message: practice **5-2-1-0** every day
  - **5** or more servings of fruits and vegetables
  - No more than **2** hours of screen time
  - **One** hour or more of physical activity
  - **Zero** sugary drinks, more water
- Healthy Weight Program
  - For CHA children ages 5-17 who want to improve their health and have aged out of WIC
  - Six-month program includes:
    - Six nutrition and wellness classes
    - Access to a care team including a pediatrician, registered dietician, child psychologist, and cultural mediator
- Partners with Food Bank of Northern Nevada to provide fresh produce to each family with every Healthy Weight Program appointment

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Initiatives and Success Stories – Community Health Alliance

Integrating Oral Health and Primary Care

- National Network for Oral Health Access advocates that health centers integrate oral health with pediatric primary care to:
  - Address problems of childhood dental disease
  - Reduce long-term costs
  - Help ensure access to oral health services
- In October 2017, CHA launched its Hygienist in Pediatrics Program
  - Each parent and child seeing a pediatrician for a well-child visit offered the opportunity to see a dental hygienist
  - Children can receive primary medical care and oral health care the same day

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Initiatives and Success Stories – Community Health Alliance

CHA Center for Complex Care

- Opened in 2015, CHA's Center for Complex Care is a patient-centered medical home to better assist patients with complex needs by providing more intensive primary care
- Patients are identified from medical records as having multiple chronic medical conditions and behavioral health issues, are offered a start with a new care team
- Care teams have smaller patient panels with longer appointments

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Chronic Disease

2016 Profile of Chronic Disease in Nevada's FQHCs

- Data compiled from 4 FQHCs (Community Health Alliance, Northern Nevada HOPES, Nevada Health Centers and First Person Care Clinic), which combined serve about 85% of patients.
- Assessed the following chronic conditions:
  - Diabetes
  - Pre-Diabetes
  - Hypertension
  - Obesity
  - Tobacco Use
  - Cardiovascular Disease
- Data analyzed for current rates, future risk, and co-morbidity factors by gender, age, and race/ethnicity.
- Can better manage chronic diseases by adapting health center processes, maximizing Meaningful Use of Electronic Health Records, and emphasizing team-based care.

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Funding

- The 2016 FQHC Revenue Detail table shows each revenue source total and as a percent of total revenue. About 80 percent of revenue comes from Medicaid, the health center program grant, private insurance (which only became significant with ACA subsidies), and state grants, which come largely from federal contributions.

- The federal government has made a substantial investment in increasing access to health care for the state's underserved populations.

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Funding – 2016 FQHC Revenue Detail

Revenue Source		
• Medicaid	$22,809,895	31.14%
• BPHC CHC Grants	$18,396,238	25.12%
• Private Insurance	$10,198,441	13.92%
• State Government Grants/Contracts	$7,576,043	10.34%
• Medicare	$4,336,806	5.92%
• Self-Pay	$3,827,633	5.23%
• Foundation/Private Grants/Contracts	$2,131,744	2.91%
• Local Government Grants/Contracts	$1,124,419	1.54%
• Other Revenues	$757,981	1.03%
• Ryan White Part C	$635,123	0.87%
• Medicare/Medicaid EHR Incentives	$505,750	0.69%
• Non-Medicaid CHIP	$457,638	0.62%
• Ryan White Part G	$440,385	0.60%
• Capital Improvements Program Grants	$42,060	0.06%
• GRAND TOTAL	$73,240,156	100.00%

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Primary Care Access

- CDC's Behavioral Risk Factor Surveillance System
  - Answering "No" to "Do you have one person you think of as your personal doctor or health care provider?"
    - 2014: 35.2%
    - 2016: 30.8%
  - Answering "Within the past year" to "About how long has it been since you last visited a doctor for a routine checkup?"
    - 2014: 63.8%
    - 2016: 69.1%

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Primary Care Access

- CDC's Behavioral Risk Factor Surveillance System
  - Answering "Yes" to "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?"
    - 2014: 17.3%
    - 2016: 16.0%
- Area Health Resource File/American Medical Association
  - Ratio of population to primary care physicians
    - 2012: 1,777:1
    - 2014: 1,750:1

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Primary Care Access

- Opportunities for improvement
  - Continue state investment to increase the number of clinic sites among existing and new FQHCs throughout the state
  - Incentivize collaboration between FQHCs and medical schools to expose Nevada-trained providers to underserved populations
  - Targeted outreach to residents eligible for Medicaid or subsidized plans but not currently enrolled

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Federal Issues

- FQHC Funding
  - CHCs would lose 70% of federal funding
  - Smaller CHCs could close
  - Larger CHCs could close clinical sites
- Prevention and Public Health Fund
- Changes to Medicaid

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NVPCA Advocacy Agenda

- Ongoing commitment to FQHCs
  - Nevada receives the smallest amount of HRSA grant dollars per capita than any other state.
  - Nevada also receives the fewest grant dollars per Medicaid recipient.
  - Nevada has the second smallest share of residents served by an FQHC.
  - Nevada has the smallest share of Medicaid recipients served by an FQHC.

- Professional workforce
  - Shortage of primary care providers

- Ongoing investment in public health, healthcare reform
  - “Triple-aim” based innovations to help bridge public health and clinical care.
  - Integrated, value-based, emphasis on wellness, prevention and continuity of care.
  - Expanding and improving PCMH, including payment reform and the use of data sharing to further value-based payment reform.

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Thank You

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