

Proposed Community Health Center Expansion Act



Community Health Centers
Meeting Nevada's Most Pressing Health Needs

EXHIBIT W

Health Care

Document consists of 17 slides

☒ Entire document provided.

A copy of the complete document is available through the Research Library
(775/684-6827 or e-mail library@lcb.state.nv.us). Meeting Date: May 9, 2006

The Challenge



We must do better.
We can do better.

Access – Unmet Needs



2003	NV	US
Number of residents without access to primary care provider	443,131	36,048,131
Percentage of residents without access to primary care provider	20%	12%
Percentage of children who did not received medical and dental prevention care visits	53.2%	41.2%
Percentage of children whose care does not meet medical home definition	65.5%	53.9%

Source: 2006 Access to Community Health Databook - NACHC

One of the Nation's Great Success Stories



Note: data based on national averages
Source: 2006 Access To Community Health Databook - NACHC

A Unique Model of Health Care



Better Use of Preventive Care

Health Centers increase the use of preventative health services, such as immunizations, Pap smears, mammograms, and glaucoma screening among the patients they serve. Low-income, uninsured health center patients are much more likely to have a usual source of care than a typical uninsured person.

Management of Chronic Illness

Health centers meet or exceed nationally accepted practice standards for treatment of chronic conditions. The Institute of Medicine (IOM) and the General Accounting Office (GAO) cite health centers as models for screening, diagnosing, and managing chronic conditions such as asthma, diabetes, cardiovascular disease, depression, cancer, and HIV/AIDS.

Reduction of Health Disparities

A landmark study by George Washington University credits health centers for reducing racial and ethnic disparities in key areas such as infant mortality rates. Both the IOM and the GAO have recognized the success of health centers in removing the barriers to care that low-income people often confront.

A Unique Model of Health Care



Quality

Health centers meet rigorous industry and regulatory standards in safety, effectiveness, patient care, and efficiency. Recognizing the track record of health centers in chronic care management, electronic patient registries and performance measures, the IOM has called for the selection of 40 Community health Centers across the country to develop national models of practice for the delivery of “stellar” primary care for the 21st century.

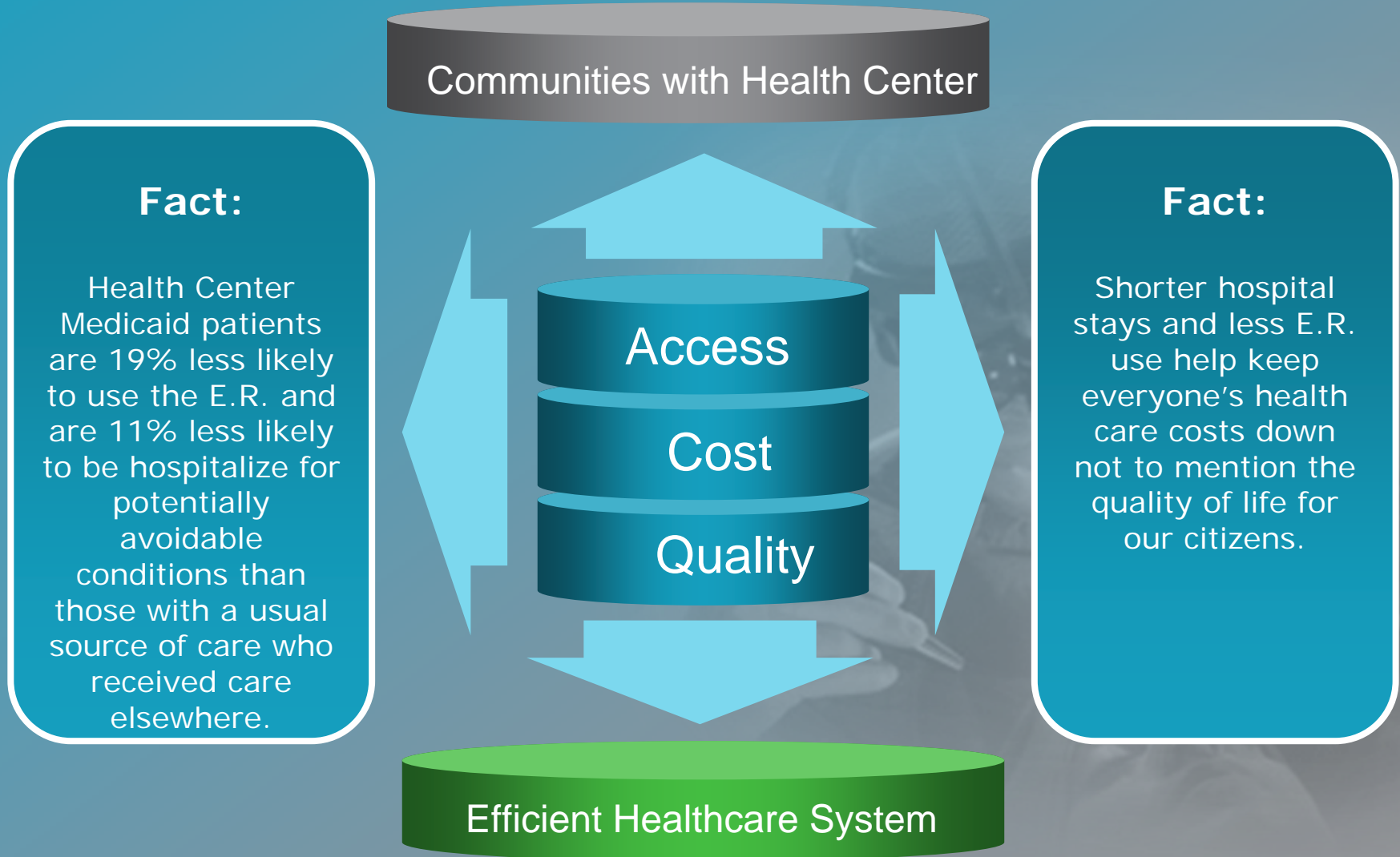
Fewer Infant Deaths

Infant mortality rates have been reduced by up to 40 percent in communities with a health center. Health centers are linked to improvements in the use of prenatal care and reductions in low birth weight.

Cost-Effective Care

Independent studies confirm that health centers are cost-effective because they improve access to primary care for the uninsured and reduce emergency room visits and hospital stays. Uninsured people who live near a health center are less likely to have an unmet medical need, less likely to postpone or delay health care, and less likely to visit an emergency room or stay in a hospital which helps to keep everyone's health care costs down.

A Unique Model of Health Care

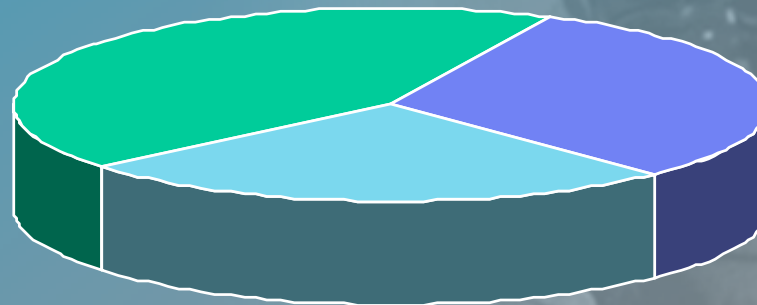


A Unique Model of Health Care



Health Center Revenues Reflect Partnership & Investment

**Public Health
Insurance**
43%



Federal Grants
26%

Other
31%

- State & Local Funds
- Patient Fees
- Private Insurance
- Private Contributions

Note: data based on national averages
Source: 2006 Access to Community Health Databook - NACHC

Medicaid Savings



30%

\$3 Billion

2 to 1 Return

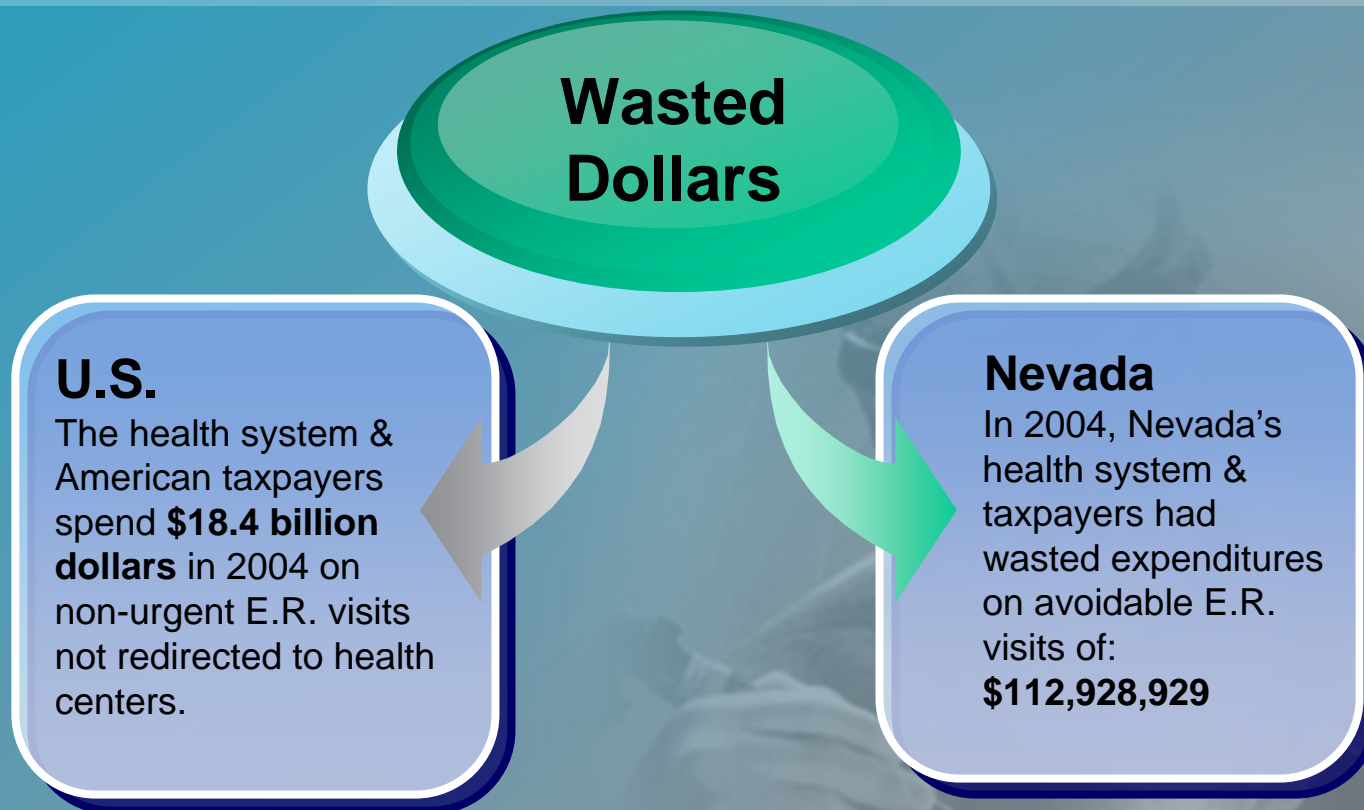
Health centers
save the
Medicaid
program at least
30% in annual
spending for
health center
Medicaid
beneficiaries

Health centers
already save
almost
\$3 billion
annually in
combined
federal and
state Medicaid
expenditures

In other words,
every dollar
invested in
health centers
produces nearly
a two-dollar
return for the
Medicaid
program

Note: data based on national averages
Source: 2006 Access To Community Health Databook - NACHC

Emergency Room Cost Savings



2004

	NV	US
Wasted expenditures on avoidable E.R. visits	\$112,928,929	\$18.4 Billion

Support Our Unique Model of Health Care



Proposal: Creation of a state-funded Community Health Center Expansion Act

*Modeled after Illinois Public Health 410 ILCSS66

Support Our Unique Model of Health Care



Proposed Community Health Center Expansion Act

Appropriate funds to be used exclusively for FQHCs or FQHC Look-Alikes as designated by US Health & Human Services

Award funds through a grant process partnering with the PCA. Successful grantees will receive funding for 3 years

Use funds for purchase of equipment, upgrading ancillary services, construction or renovation of clinic space to expand capacity

Use funds for case management, referral services, hiring staff, expanding hours, enhancing IT operations and other needs

A Few of Today's Expansion Needs



1

Increase patient service capacity such as Health Access Washoe County's (HAWC) Primary Care Expansion into the North Valleys of Washoe County

2

Increase school-based patient service such as Nevada Health Centers Inc.'s purchase of a modular facility for the C.P. Squires Elementary School expanding current services in Clark County

3

Increase OB/GYN patient service such as capital investment of renovation to Nevada Health Centers, Inc.'s current OB/GYN Las Vegas facility.

A Few of Today's Expansion Needs



4

Update technology such as electronic billing & records systems linking Health Centers, hospitals, HMOs with greater incentives to manage primary care

5

Support upgrading ancillary services in the Health Center to save on the high cost such as \$50 to X-ray at the CHC compared to the much higher cost in the E.R.

6

Increase services by expanding Health Center staff to include after hours and Saturdays with a direct cost savings of the high cost of E.R. visits throughout the urban and rural areas of Nevada

A Few of Today's Expansion Needs



7

Support incentives for healthcare professions serving in Nevada's rural healthcare system creating a competitive package to maintain physicians, dentists and other healthcare professionals.

8

Support Northwest AZ Regional Health Center in expansion efforts to serving Nevada residents in the fast growing north-east corridor of Clark County (Mesquite/Overton)

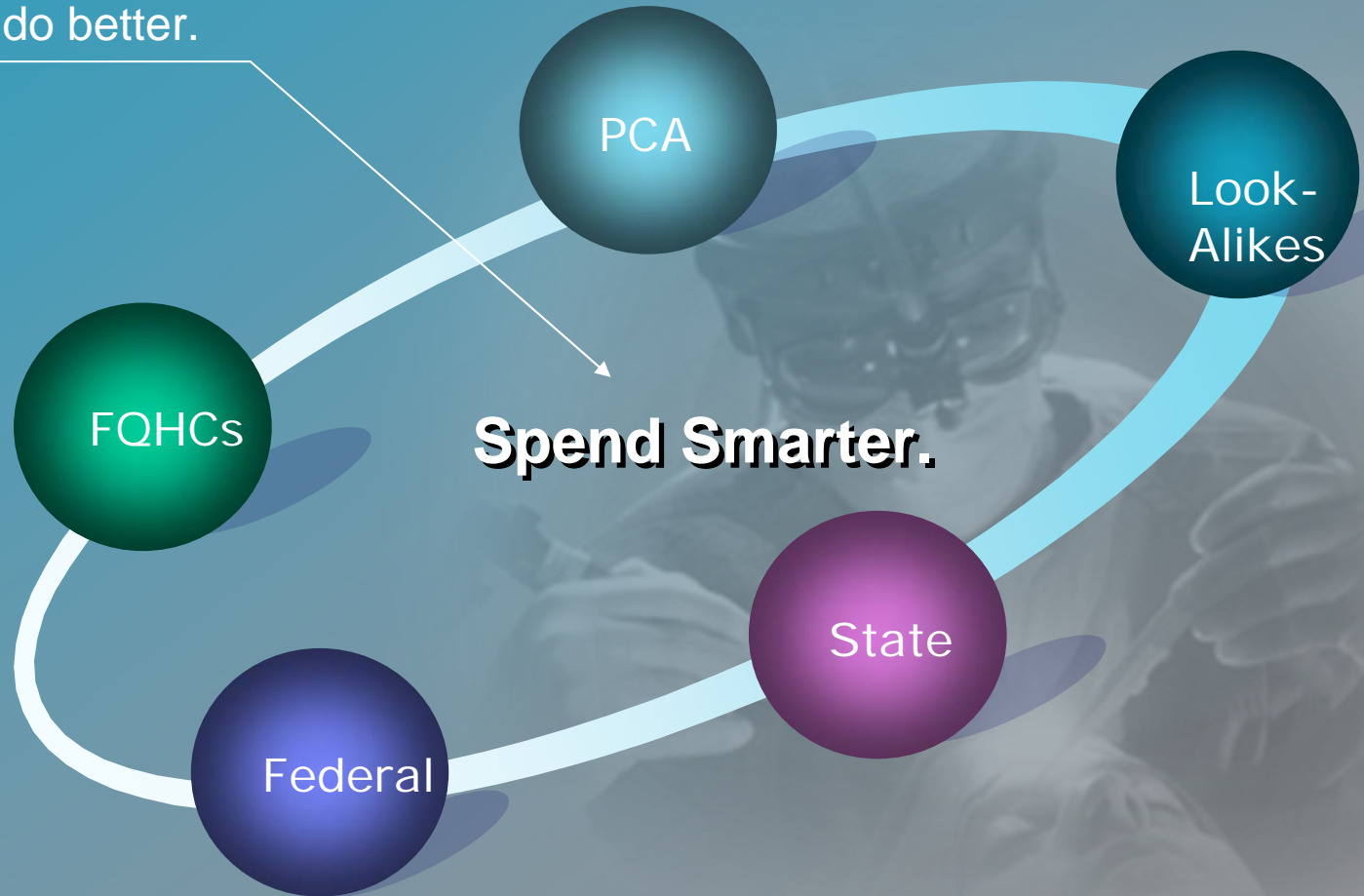
9

Improve Medicaid & Nevada Check-Up application process through development of an online interactive process allowing increased enrollment of qualified uninsured residents of Nevada.

Partnership for Success



We must do better.
We can do better.



Thank You !



Great Basin Primary Care Association
Patricia Durbin, Executive Director