MARYLAND ENVIRONMENTAL ASSESSMENT: FINAL RETREAT

August 14, 2007

Prepared by
Mid-Atlantic Association of Community Health Centers

AGENDA

- Overview of the Agenda, Timetables, and Ground rules.
  - Review Bureau of Primary Health Care goals for the environmental assessment
- Review of the Environmental Assessment and Information Gathered
  - Review the Maryland priority area;
  - Review the methodology for data collection;
  - Review case studies.
- Moderated Discussion for Priority Setting;
  - PEST Analysis
  - Identify Priority Areas;
  - Identification of potential options, strategies and action Items;
  - Determine Responsibilities;
  - Identify Resources Needed;
  - Determine Timeline.

WHY WE ARE HERE

- The purpose of the Environmental Assessment is to identify opportunities and threats that have or will likely impact the underserved and the health centers.

- The final goal of this retreat is to identify a reasonable number of priorities for the health centers and the PCA to undertake, as an industry, and to discuss strategies and actions related to these priorities.

WHY WE ARE HERE

- By the end of the day we should have:
  - Identified priority strategic issues;
  - Identified our action steps based on our strategic options;
  - Defined roles and responsibilities.
  - Identified needed resources
  - Outlined our timeframes for completion;

PRIORITY AREA

- Identified in the EA Kick-Off Meeting held in March 2007, in Annapolis Maryland.

- *What potential sources for service expansion/increasing revenues for community health centers exist around different service strategies, uninsured risk pool and emergency department diversions*

METHODOLOGY

- Case Studies;

- Identification of potential models through contacts with other state PCAs;

- Surveyed FQHCs to identify priority areas for service models;

- Qualitative Interviews and data collection;

- Report Generated.

FINDINGS

- Five different service models emerged appropriate for FQHC review.
  - Hospital/Health Center Relationships
    - Increase Patient Base
    - Increase Medicaid Patients in Payor-Mix
  - Finance and Redesign
  - Small Business Health Insurance Plans
  - Uninsured Risk Pool
- Two other models emerged that were determined not appropriate for Maryland health centers.

Case Study 1

Heart of Texas CHC

Key Points

- Improved their payor-mix by partnering with hospital to have an Immunization Nurse visit each new mom that is not private insurance to encourage follow-up care with the health center
- Splits the salary of 2 on-site Medicaid enrollment officers with state Medicaid office to capture Medicaid eligible patients.

- ROI
- Increased their Medicaid babies by 90% and improved health incomes for moms and babies
- 100% increase in children 1-5 as a result of follow up calls
- Refer to page 8 of the report for performa analysis

Case Study 2

North Hudson Health Center

Key Points

- Increased patient base through partnership with 3 local hospitals
- Health center contracted with hospital to provide Peds and OB docs to see all patients in the ER. Those without a medical home were referred to FQHC for follow-up care.
- Hospital shared the cost for the docs in the hospital

- ROI
- In scenario 1 NHHC increased patient base from 28,000 to 46,000 in 4 years
- Docs were able to retain 80-90% of the infants delivered in the hospital

Case Study 3

- ## White River Rural Health Centers, Inc
Key Points

Redesign	Finance

•Optimizing Care team eliminating waste (matching skill sets with tasks)
•Decrease in Costs and Expenditure
    Improved Supply Chain
    New Inventory / ordering   procedure
•Increased patient & employee satisfaction
    98% employee retention rate
	•RVU analysis resulted in $80K annual revenue increase
	•Improve coding resulted in a $25K annual revenue increase
	•Self Pay Collections increased 42% - 77% due to employee incentive program
	•Provider coding training resulted in a 36% increase in billable service

Tips from WRRHC: *Prioritize your action plan focusing on incremental changes that will lead to a system transformation success*

Case Study 4

CoverTN - state sponsored insurance product for small businesses
Key Points

- **Fully endorsed by the Governor**
- **Premium evenly divided between the state, employer and employee**
- **Purposefully designed to be simple**
- **Controlled growth. Initially only offered to companies with <25 working more than 20 miles**

- **ROI**
- **Too soon to determine. It is a full risk product for the 3rd party administrator, BCBS of Tennessee**
- **An assessment to be conducted by the state by April 2008**

Case Study 5

**New Jersey FQHC Expansion Program**
Key Points

- **Program provides reimbursement for the uninsured along with dollars for FQHC expansion**
- **.53% of DSH monies allocated to the program**
- **PCO administers the program**
- **Required "buy-in" from all key stakeholders e.g. legislators, PCA/FQHCs and community**
- **Program is now a bill, no longer a line item**

- **ROI**
- **Program funding has grown from $10mil to current $40mil**
- **Reimbursement is $98 per visit compared to $0**

KEY OBSERVATIONS

- Each service model requires concentration in a particular area ie, ER diversion models require a solid collegial working relationship with local referring hospitals, development of a small business insurance plan requires working closely with the local Chambers of Commerce and the community.

- Given what we know about our environment where do you see yourself partnering?

- Business opportunities exist with stakeholders, including non-traditional groups. Health centers interested in diversifying their patient base and payer mix should actively seek out and investigate these opportunities.
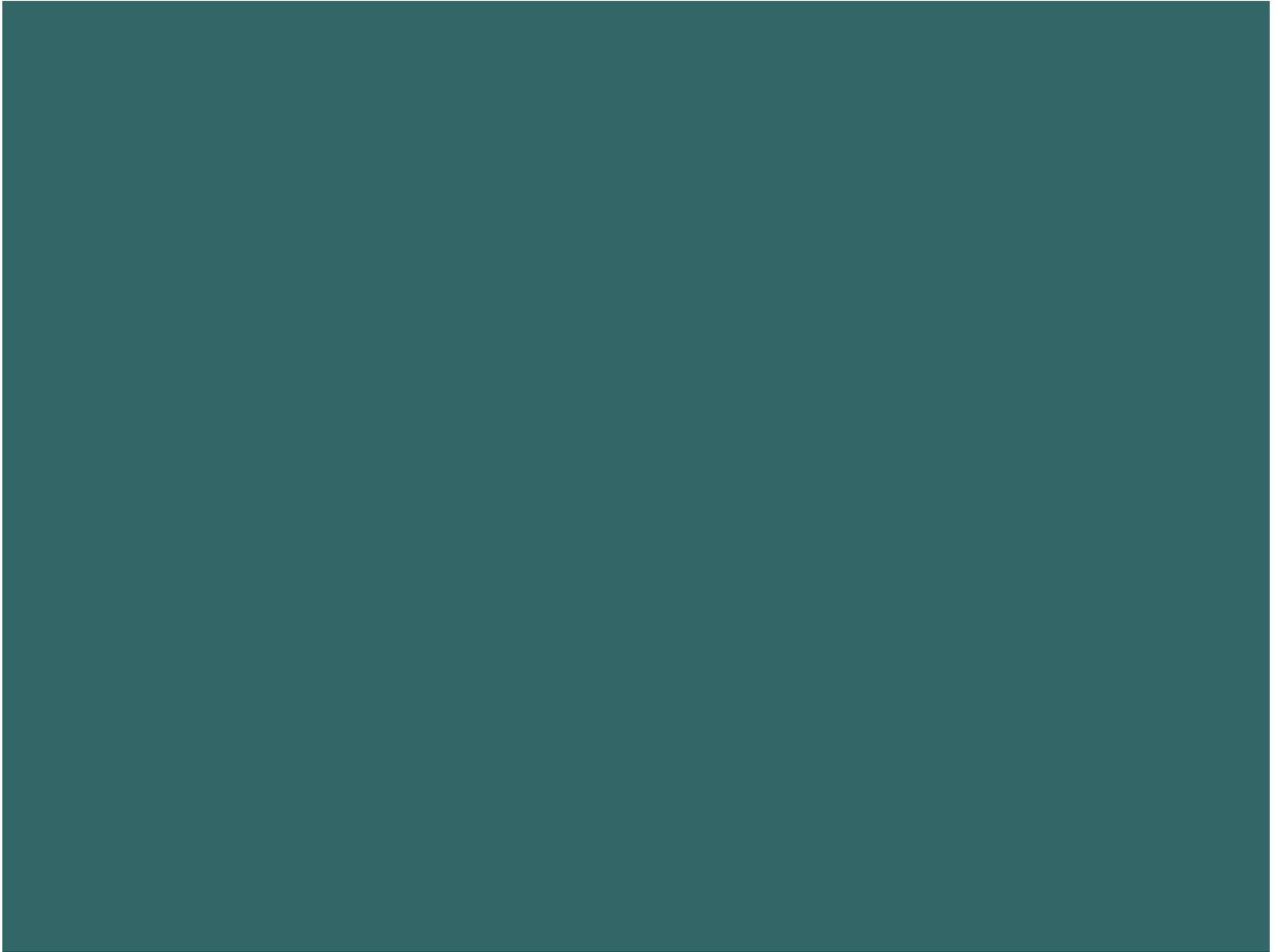
PRIORITY SETTING

- The purpose of this next part of the retreat is to use the case study review to determine priority areas to be addressed by the health center industry in Maryland.

- Goal is to come to a consensus on critical issues and resources that can be devoted to making an impact on our industry, develop strategic actions, delegate responsibilities and determine timelines for actions.

P.E.S.T ANALYSIS

- ## Political Factors
  - **Good relationships with state legislators and important policy committees**

- ## Economic Factors

- ## Socio-Economic Factors
  - **Rapidly increasing Latino population**
  - **Increasing Uninsured population**

Technology Factors
  - **Electronic Medical Records**

PEST: QUESTIONS TO CONSIDER

- How does the political, economic, socio-economic, and technology factors impact the un/underserved? Health center services? Health center reimbursement or payor-mix?

- What political, economic, socio-demographic, and technology factors do you have influence or control over? What do you not have influence or control over?

PRIORITY ISSUES

- Based upon our discussions so far, using the note-cards provided, please write 1 to 2 priority areas that you think should be focused on.

- Consider the following:
  - What are the priorities found in the PEST to address in the short term?
  - In the long term?

EXAMPLE PRIORITY ISSUES

- 1. Business Opportunities – small businesses, hospitals/health center partnerships;

- 2. Policy and Advocacy work – higher level involvement with legislators and working groups, legislative or policy driven agendas;

- 3. Improved Operations – CQI & access redesign programs to improve capacity and overall operations.

Example Strategic Actions

- Plans/Technical Assistance for Finance Redesign
- Identify Revenue Source to Advance EHR Technology

TIMELINE FOR COMPLETION

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Resources

THANK YOU!

MACHC would like to thank everyone who attended today's retreat. Your ideas and commitment to the environmental assessment process has been invaluable.