

NMPCA Primary Care Clinics Status Update and Policy Issues

Prepared for Legislative Health and Human Services Committee

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New Mexico
PRIMARY CARE
ASSOCIATION

New Mexico's Primary Care Safety Net

Over the past 50 years with the help of

- ▶ Federal
- ▶ State
- ▶ Local
- ▶ and Community Support

New Mexico has built one of the
nations finest primary care safety nets
in the nation.

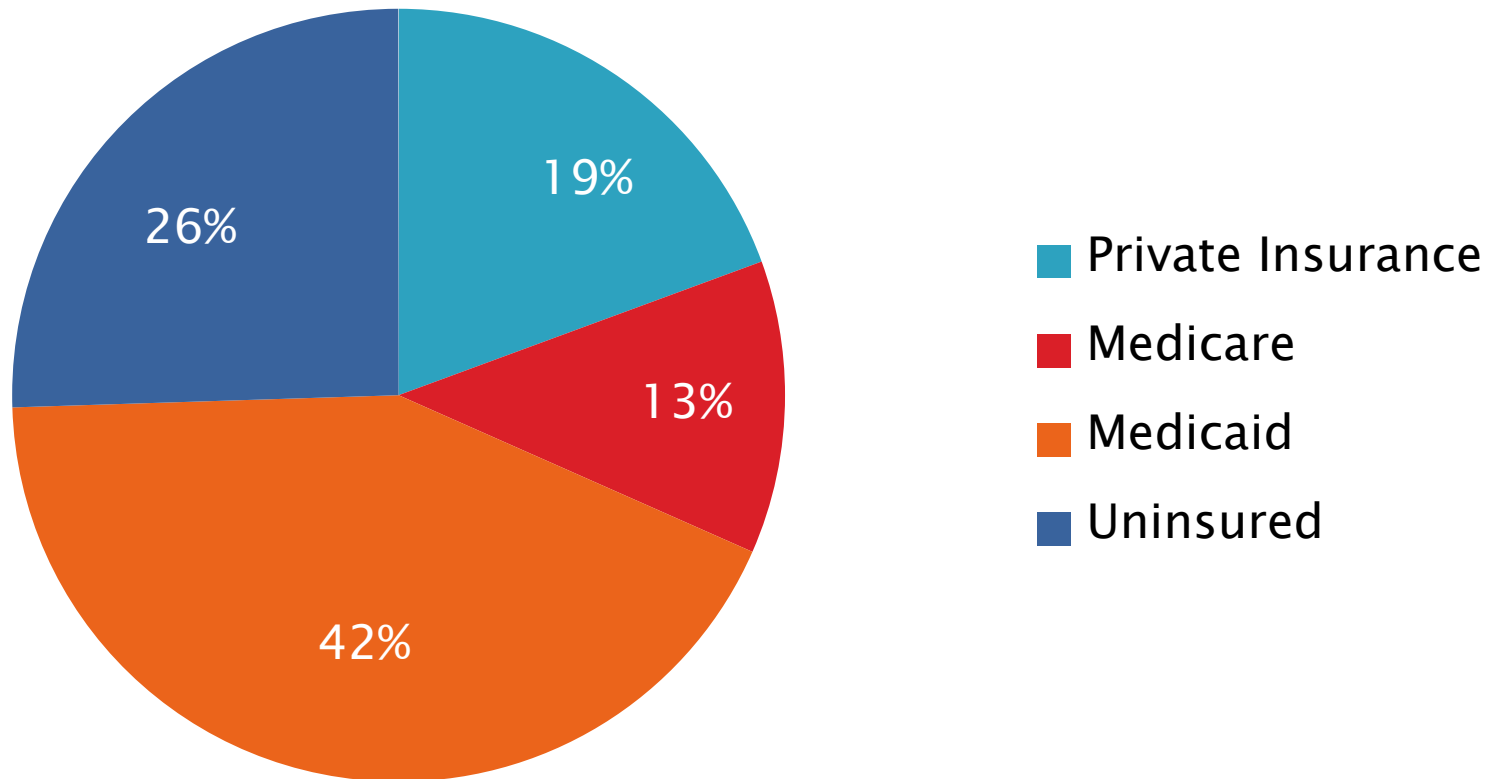
In 2017 Primary Care Clinics Served over 1 in 6 New Mexicans

- ▶ 92,200 Uninsured (1 in 3 of NM's Uninsured)
- ▶ 153,400 Medicaid (1 in 5 of NM's Medicaid patients)
- ▶ 46,200 Medicare
- ▶ 71,200 Private Insurance
- ▶ 363,000 Total Patients

In 2017 Primary Care Clinics Provided almost 1.7 million Visits

- 363,000 total patients
 - 19,500 migrant/seasonal farmworkers
 - 15,500 homeless patients
 - 14,000 school-based patients
 - 6,900 veteran patients
 - 3,400 prenatal care patients
- | | |
|--|------------------|
| • Medical Visits | 933,000 |
| • Dental Visits | 265,350 |
| • Mental Health Visits & Substance Abuse | 383,230 |
| • Health Ed./Case Mgmt. | 97,300 |
| • Vision/Other | 8,620 |
| Total Visits | 1,687,080 |

NM Health Center Patient Insurance Status 2017



Capacity and Workforce – 3,340 Full Time Jobs – \$215 Million Payroll

- ▶ Since the implementation of the ACA, the safety net has expanded capacity and is now serving 45,000 more patients than were seen in 2013.
- ▶ FQHCs alone have hired an additional 95 full time physicians, Mid-level practitioners and dental clinicians since January 2014. 136 new Behavioral health clinicians and therapists have been hired, many as a result of the departure of the Arizona companies in southern New Mexico.
- ▶ In 2017 the FQHCs employed 1172 clinicians – 935 FTEs. So while recruitment is always challenging, our clinics with the excellent assistance of NMHR and Dr. Harrison's staff have done reasonably well in recruitment. Clinics in Pecos, Tierra Amarilla, Ft Sumner, Las Cruces, and other communities

Primary Care Clinics Serve New Mexico's Most Vulnerable 2017 Patient Poverty Status

- ▶ **77 % Below 100 % Federal Poverty**
- ▶ **90% Below 150 % Federal Poverty**
- ▶ **95% Below 200 % Federal Poverty**

The Clinics Serve 37% of all New Mexicans living below 200% of the FPL

80 % of the Clinic sites are in rural areas

▶ Number of Sites Delivering

▶ Medical Services	107
▶ Dental Services	52
▶ Behavioral Health Services	83
▶ School-based Health Clinics	<u>40</u>
	282

Note: 161 Physical Locations – some Dental & Behavioral health services co-located with Medical



Services to the Uninsured 2017

FQHCs Only

▶ Total Charges*		\$63,671,691
▶ Sliding Fee Discounts and Write-offs (70%)		\$44,863,043
▶ Additional Pharmacy Discounts		
◦ 340B	10 Million	
◦ Manufacturers Indigent	6.2 Million	\$16,200,000
Total Discounts to Uninsured		\$61,063,043

*Note: FQHCs provided \$115,196,829 in uncompensated care to all patients. The Charges to Cost Ratio was 1:1. The patients were charged \$1.00 for each dollar spent on providing services.

New Mexico's Primary Care Clinics Are Focused on Quality & Improved Outcomes

- ▶ For 40 Years Federal Funders (DHEW now DHHS–HRSA) have required that the clinics monitor quality and strive to improve health status
- ▶ Today clinics work with HRSA, DOH, HSD, UNM, the CDC, MCOs and others to monitor dozens of critical health indicators and outcome measures

Tools for Improving Quality

Systems and Processes

- Patient Centered Medical Homes
 - 16 of 17 FQHCs have Achieved Certification
- Care Coordination
 - FQHCs have been leaders in the training and utilization of Community Health Workers, Case Managers/Care Coordinators
- Data aggregation, report development and analysis, benchmarking, interventions are critical to improving outcomes

Health Information Technology Challenges

- ▶ Health Information Technology (HIT) is very complex and very expensive to implement correctly and utilize efficiently
- ▶ Hardware, software, and systems can be out of reach financially, especially for smaller clinics
- ▶ Even when acquired it can be very difficult to find and recruit the staff to manage HIT effectively
- ▶ One solution is to pool expertise and share it at a network level

Health Information Solution

NMPCA Health Center Controlled Network

- ▶ Thirteen New Mexico FQHCs in Network and 3 in Utah
- ▶ NMPCA is Hosting and Providing IT support for 8 FQHCs electronic records in a secure facility
- ▶ NMPCA manages a data warehouse and facilitates multi-site data aggregation, analysis, and interventions

Health Information Solution

NMPCA Health Center Controlled Network

- ▶ IT support and full IT management is available to members
- ▶ Network provides report writing, and super and end user training
- ▶ Network employs 4 Registered Nurses, 6 IT Professionals, and 2 Informatics Professionals

Challenges for Primary Care Clinics

– General

- ▶ Costs of workforce, prescriptions, other healthcare costs
- ▶ Regulations / complexity
- ▶ New payment methodologies
- ▶ Integrating Behavioral Health
- ▶ Meeting the opiate epidemic challenge

Challenges – State

- ▶ State/Local Funding reductions
 - RPHCA General Funding has been cut by \$6 million (over 50% since FY2016). Fortunately with increased Medicaid revenue clinics have been able to absorb the cuts without cutting capacity
- ▶ Taxation of Non-Profits
 - Has the Potential to devastate the clinics
- ▶ Loss of Medicaid and other Insured Patients
 - In 2017 80,000 New Mexicans (3.8%) lost insurance coverage

Summary

Although Many Challenges remain New Mexico's Primary Care Clinics are:

- ▶ Seeing more patients and providing more services than ever
- ▶ Providing better quality care and have the tools and technology in place to make it even better
- ▶ Have the potential to use telehealth, both telephone services like the lamentably defunct NAL and use telemedicine within our own systems to provide telehealth visits with primary care providers

Summary

- ▶ Have bi-partisan support for primary care at the federal, state and local level
- ▶ Are benefiting from the recognition that primary care and the effective use of care coordination and case management have the greatest potential to solve our health care crisis
- ▶ Enjoy cooperation, coordination, collaboration and support at many levels, e.g. HRSA, HSD, DOH and MCOs