



Center for
Health
Innovations

**Planning and Delivering
a Better Health System
The Role of CHWs in
Primary Health Care Teams**

Mission

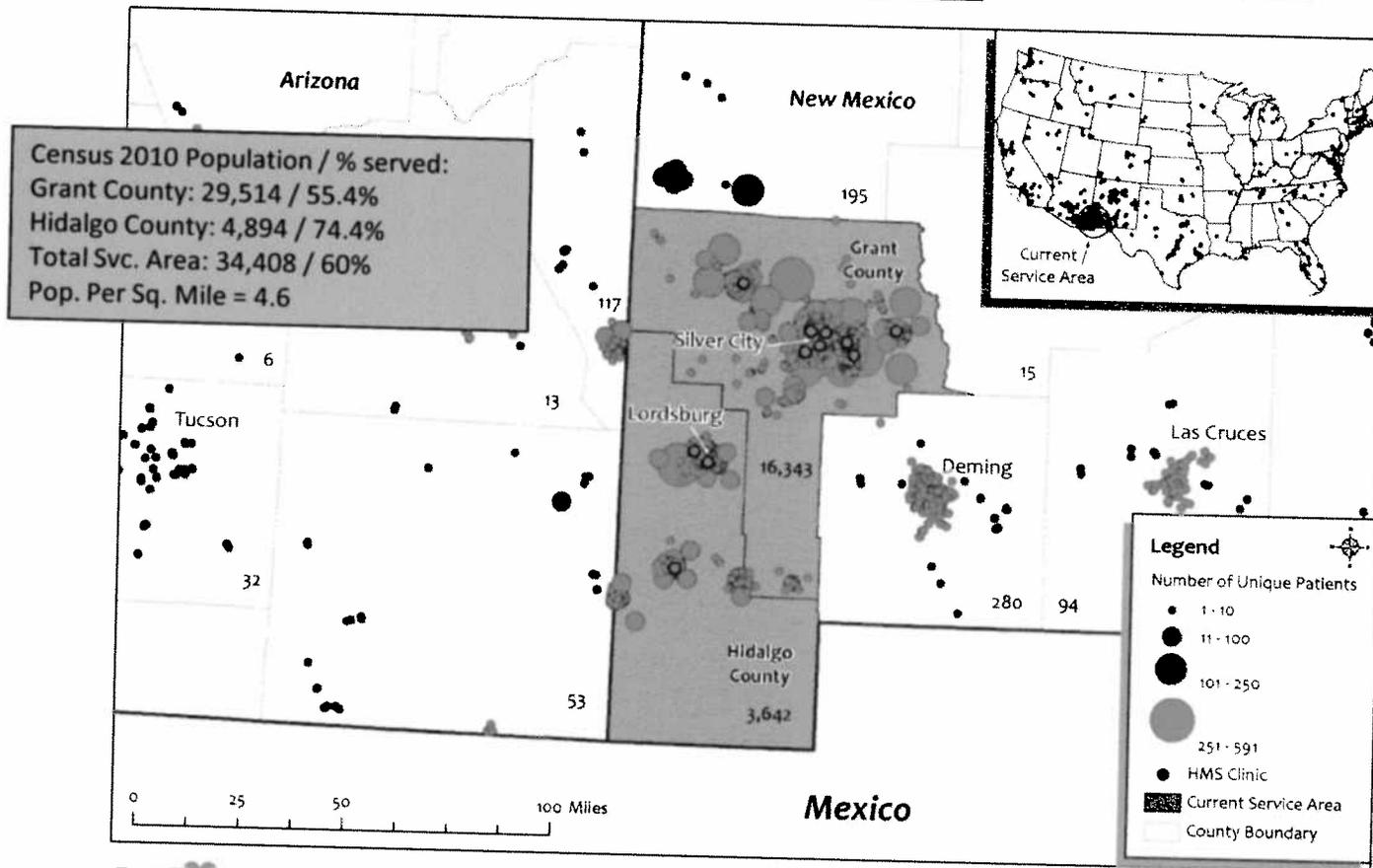
**Hidalgo Medical Services is a non-profit health care
and community development organization
that improves the quality of life of the people of the Southwest.**

Vision

**HMS is a recognized leader in medical, dental, mental health
and family support services for everyone in Hidalgo County and the
southwest, as well as a national model for sustainable frontier health
services and community development**

Patient Origin Map

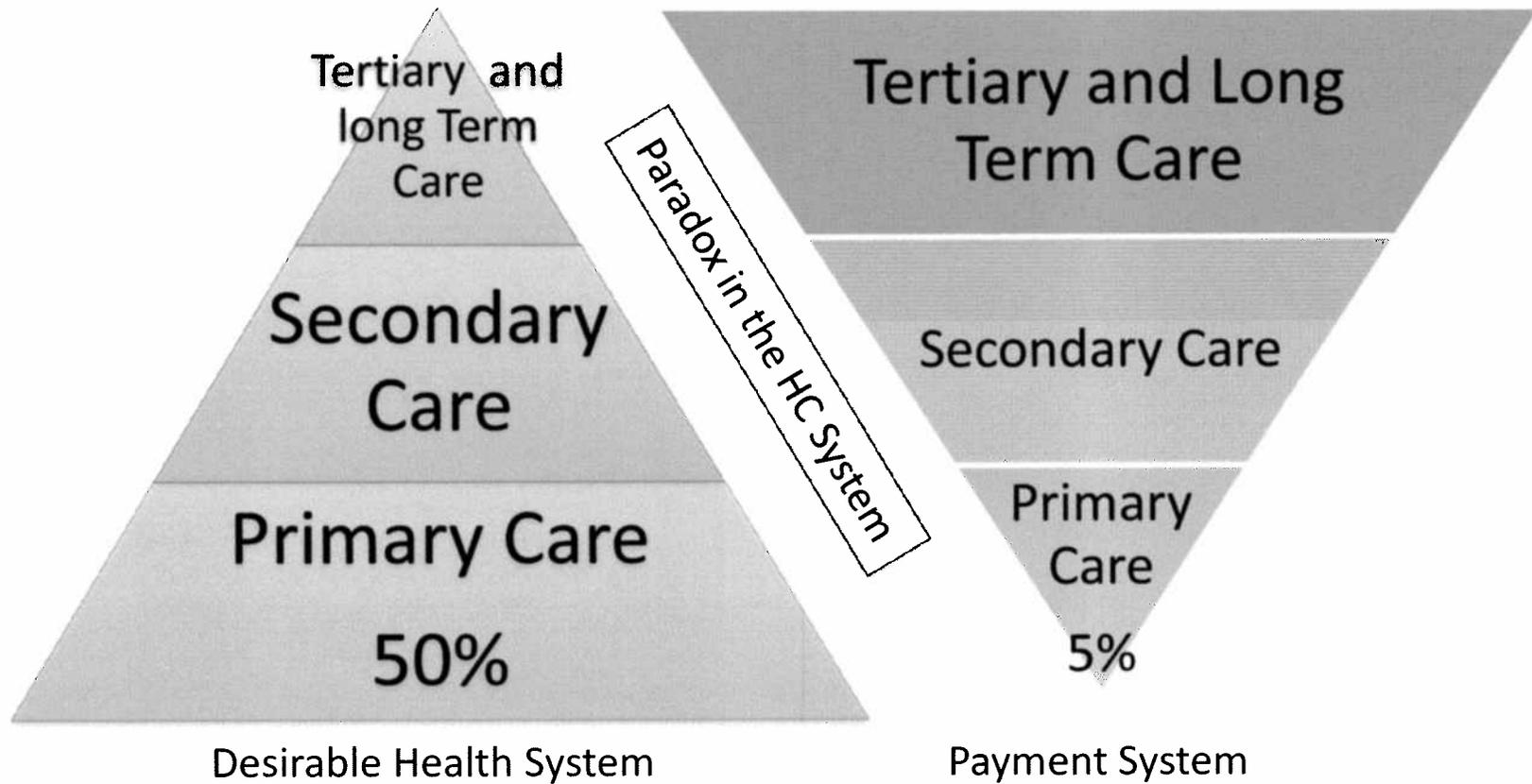
Hidalgo Medical Services: Unique Patient Residences and Number per County



Created: March, 2011

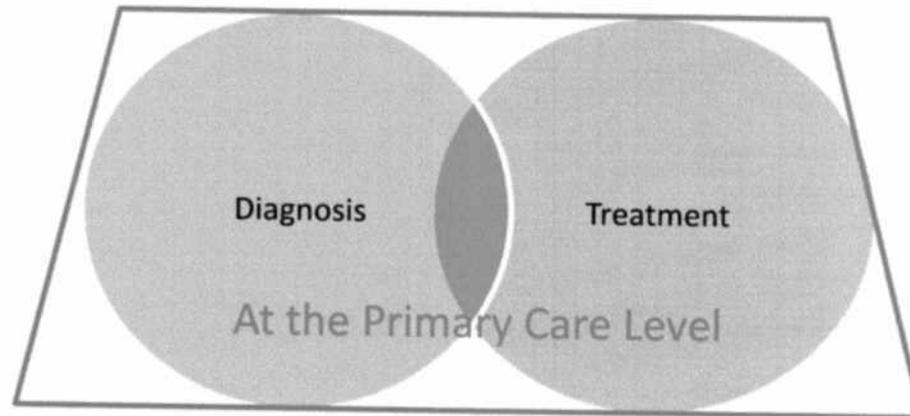
Note: The number of unique patients is displayed in each County; to be counted, a patient must have had an office visit (medical, dental, or behavioral) since April, 2009; in total, HMS has seen 21,397 unique patients that fit these criteria

Recent Systems Thinking Financing View

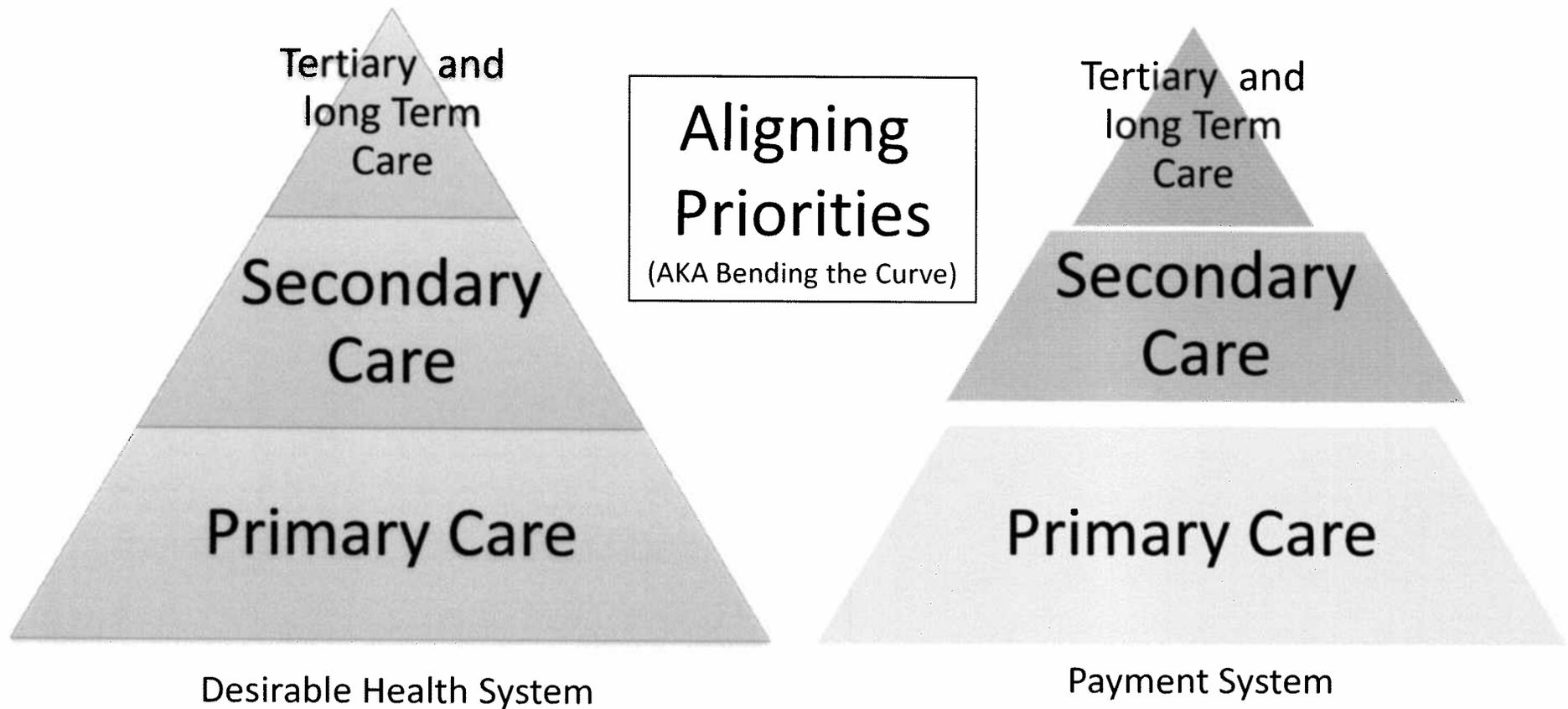


Primary Care = Medical Diagnosis and Treatment Services
at the First place people enter the health System

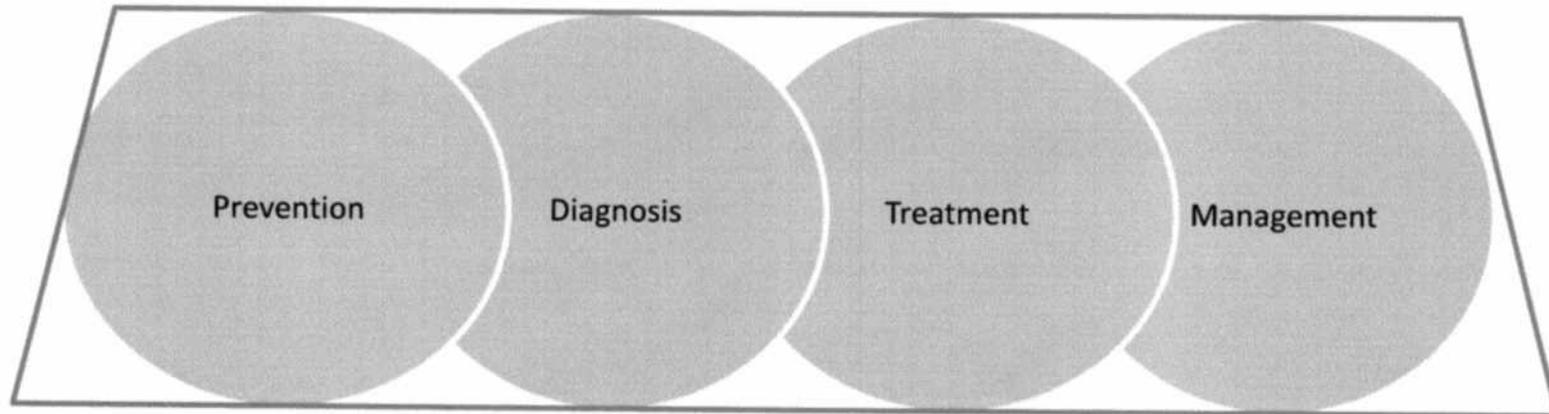
Recent Thinking Defines Primary Medical Care as
Diagnostic and Treatment Services at the First
Place People Enter the Health System
Delivery View



Future Systems Potential Financing View



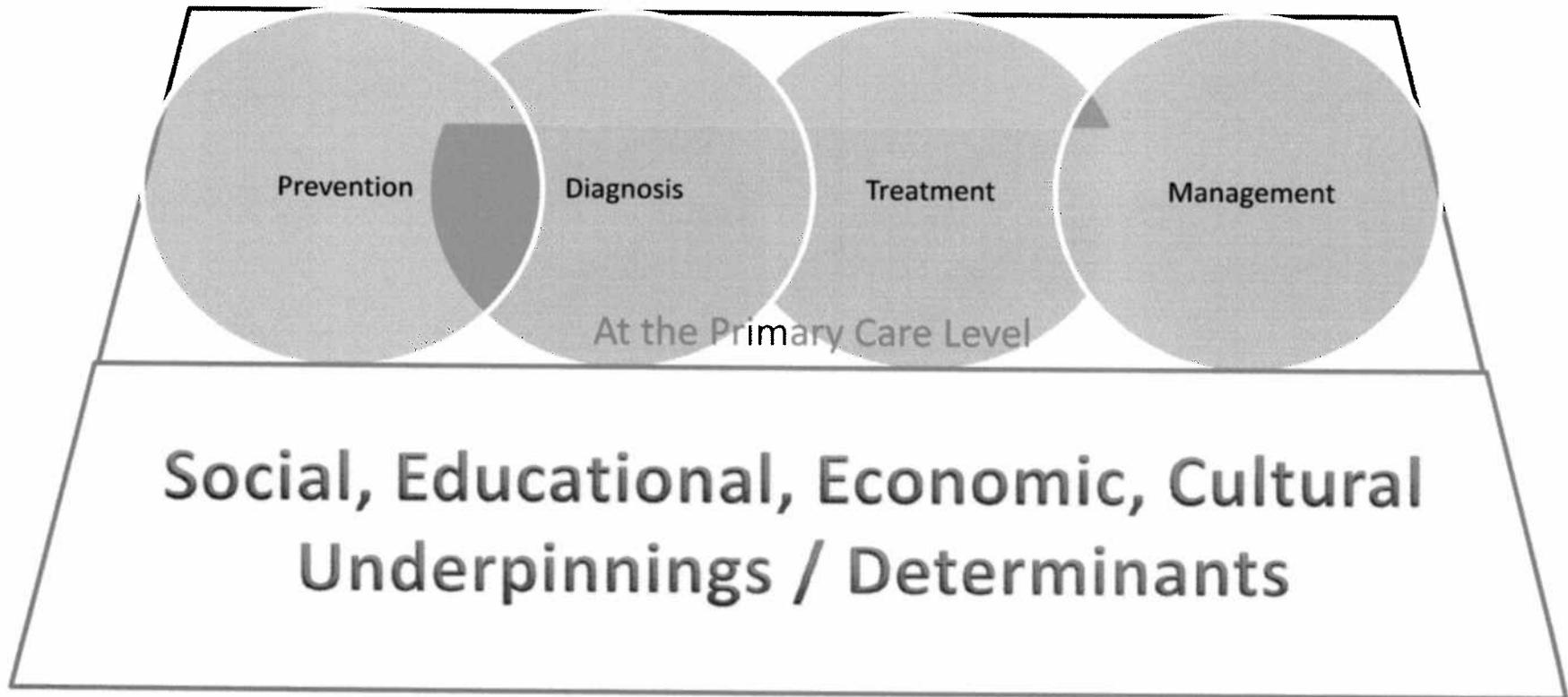
PC TEAM Design Prioritizes a
Desirable **MEDICAL** Delivery System
Focused On:
Improved Health Outcomes
Reduced Costs



At the Primary Care Level

Intentional Design Further Prioritizes a Desirable HEALTH System

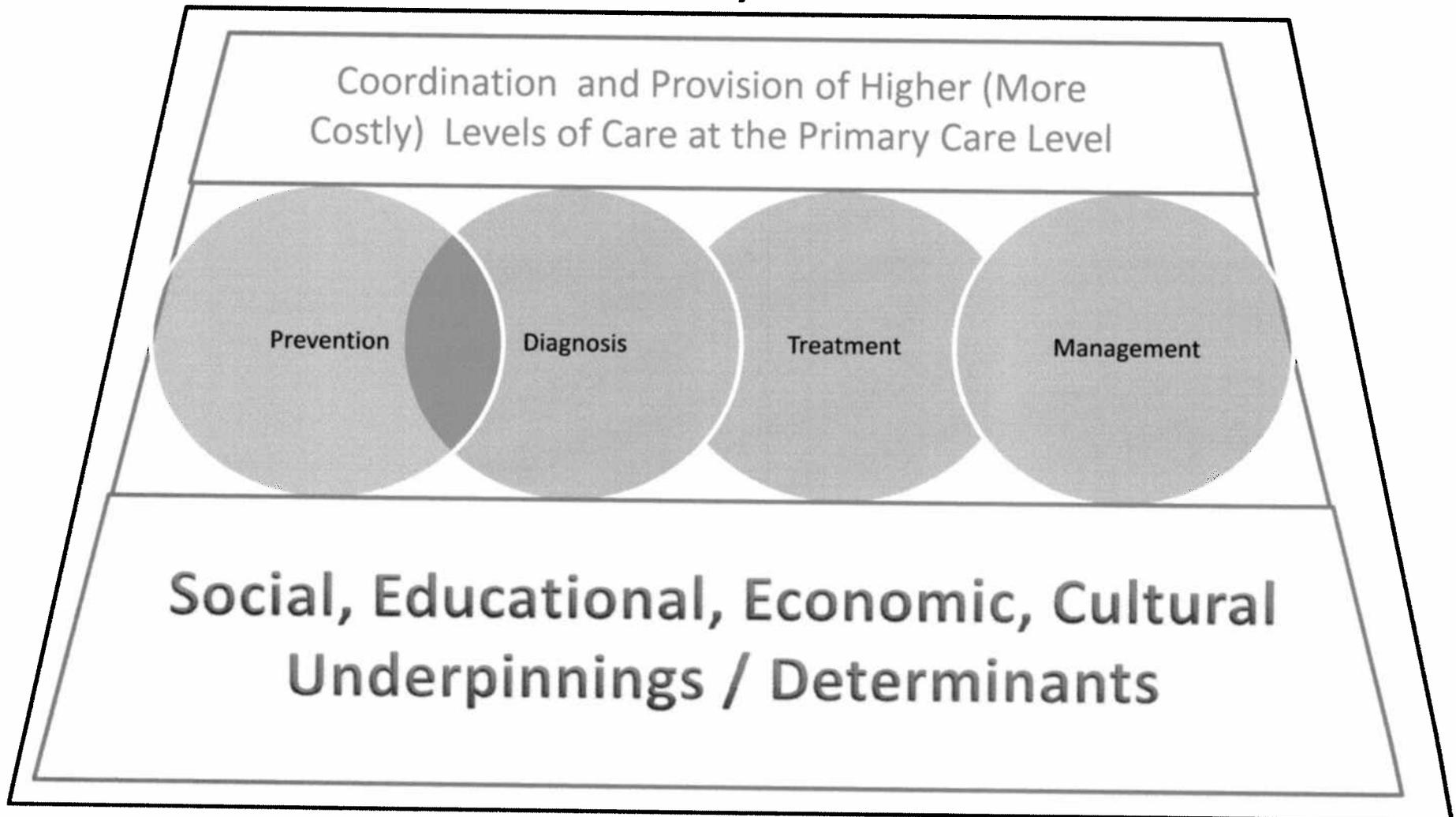
Coordination of Higher (More Costly) Levels of Care
At the Primary Care Level



The ACES Example – One Reason Why Social Determinants of Health are Important

- Adverse Childhood Experiences Studies show a dramatic relationship between ACES (abuse, neglect and disordered home environments) and long term health outcomes
 - Greatly increased risk of chronic illness e.g.: COPD, cancer, ischemic heart disease, stroke, diabetes, serious mental illness, substance abuse, teen pregnancy, and suicide
 - Exposure to ACES reduces life expectancy by up to 20 years (ACES score ≥ 6)

Financing Needs to Support an Advanced PCMH Investment Strategy Or Primary Care 3.0



Social Determinants

Material
Deprivation
(Poverty)

Psycho-Social
Stress
(Econ.
Insecurity)

Unhealthy
Lifestyles
(Poor Diet)

Lack of Social
Cohesion
(Inequality,
Chronic Stress)

Morbidity and
Mortality due
to Nutrition

Morbidity and
Mortality due
to Heart
Disease,
Violence

Morbidity and
Mortality due
to Chronic
Diseases

Morbidity and
Mortality due
to Heart
Disease,
Violence

Poor Health Outcomes

High Health Costs

**Bending the Health Care Cost Curve
(North Carolina)**

The George Washington School of Public Health
August 9, 2011

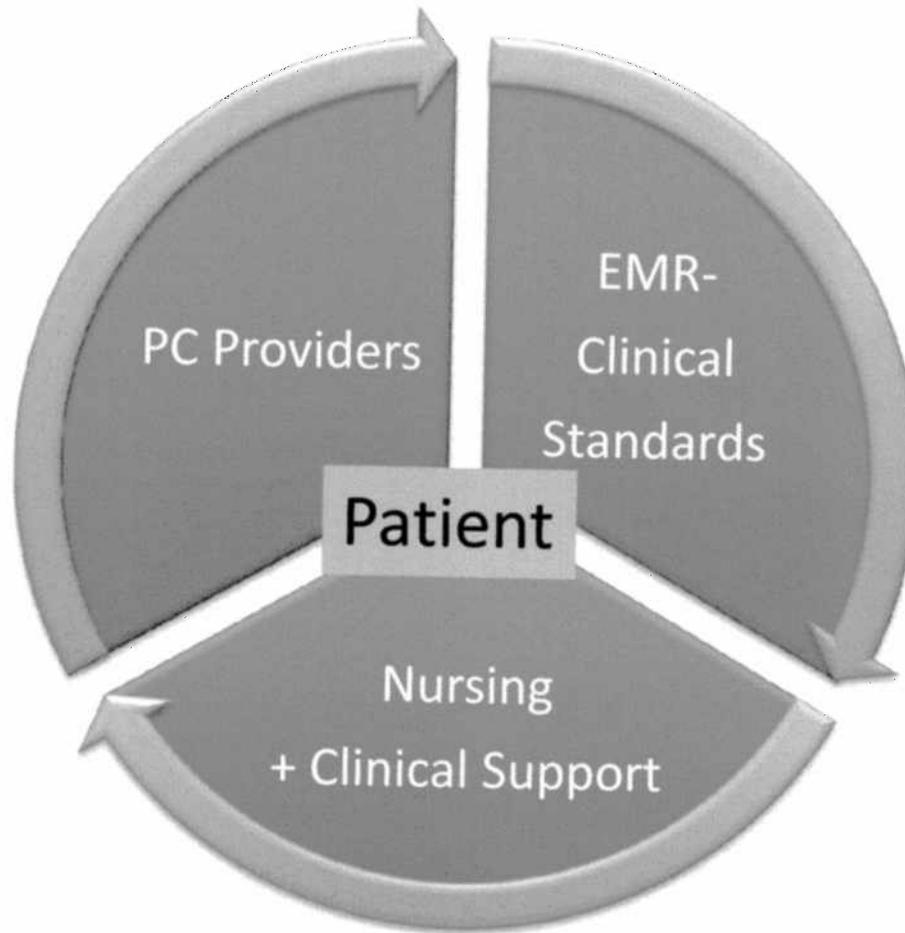
“After controlling for various socioeconomic characteristics, model 1 shows **(community) health center users saved \$3,759 in total (health care) expenses and \$1,266 in ambulatory care expenses** as compared with non-CHC users.

When health behaviors and other health conditions such as diabetes, asthma, hypertension, and cardiovascular disease (CVD) were added, model 2 shows the savings remain substantial, with an average savings of \$3,437 in total expenditures per user and \$1,211 in ambulatory care expenses.”

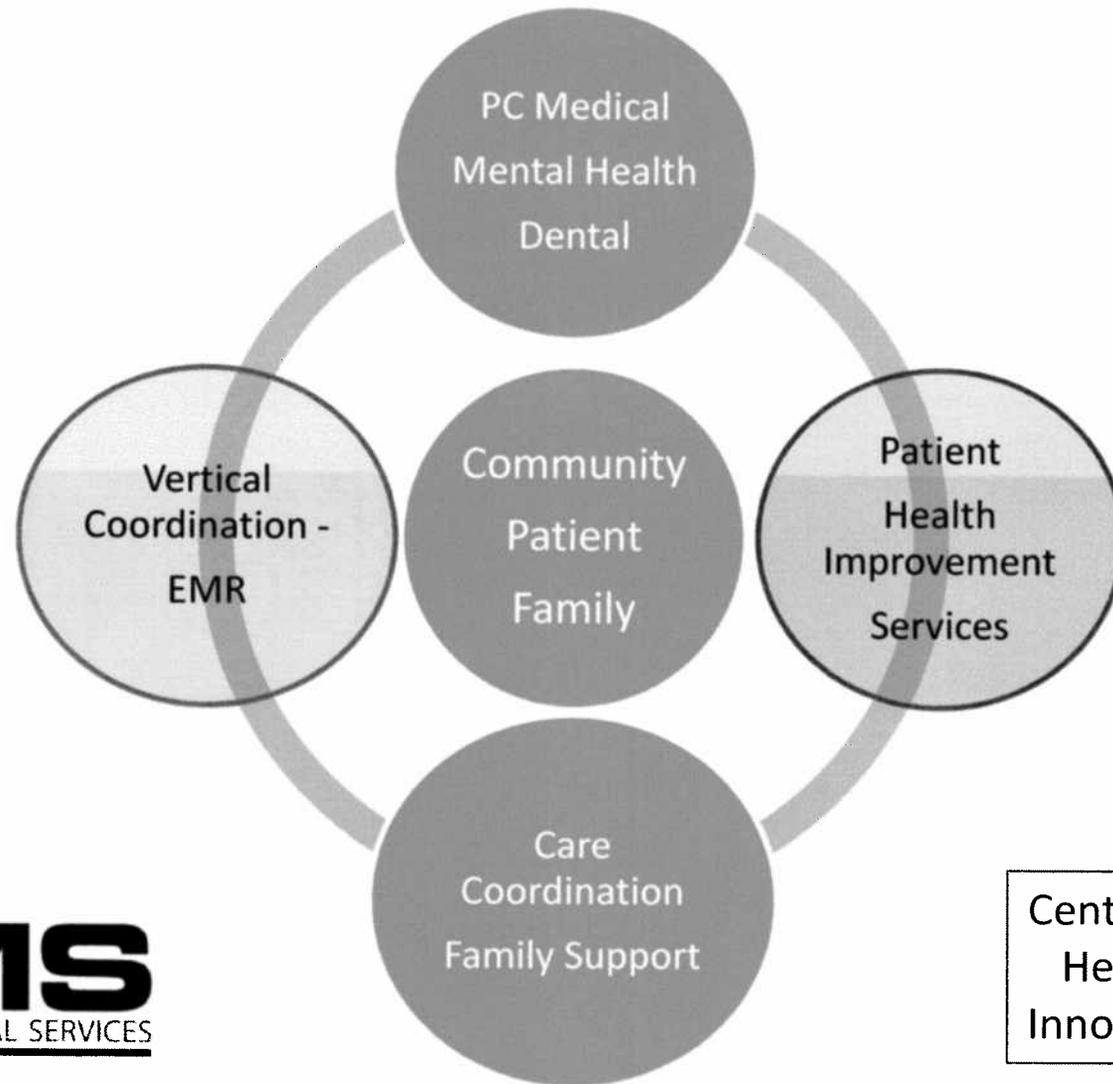
“Our findings indicate that patients served by North Carolina’s health centers cost an average of 62 percent less annually across all types of care than do patients with the same health status and demographic characteristics served in other ambulatory care settings”.

Note: CHCs typically provide more preventive services, outreach, other support services for patients and health center personnel lack an incentive to maximize revenues that might be found in those settings in which personal income is tied to the volume of procedures furnished.

General Medical Model PCMH

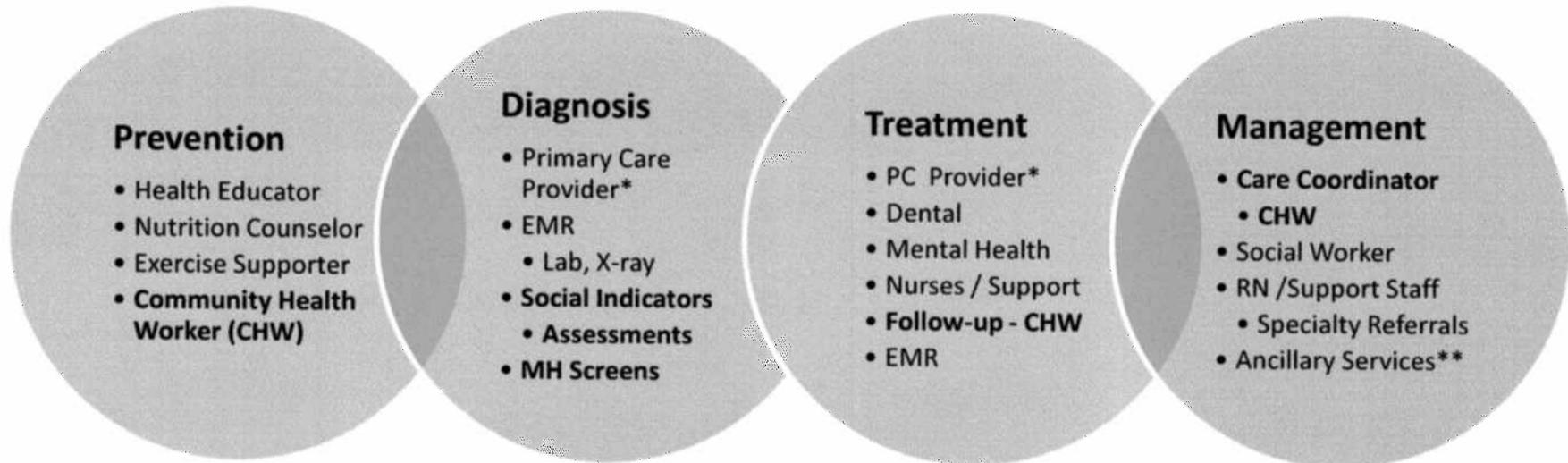


Advanced Primary Care Model



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Advanced PC Team: Situational

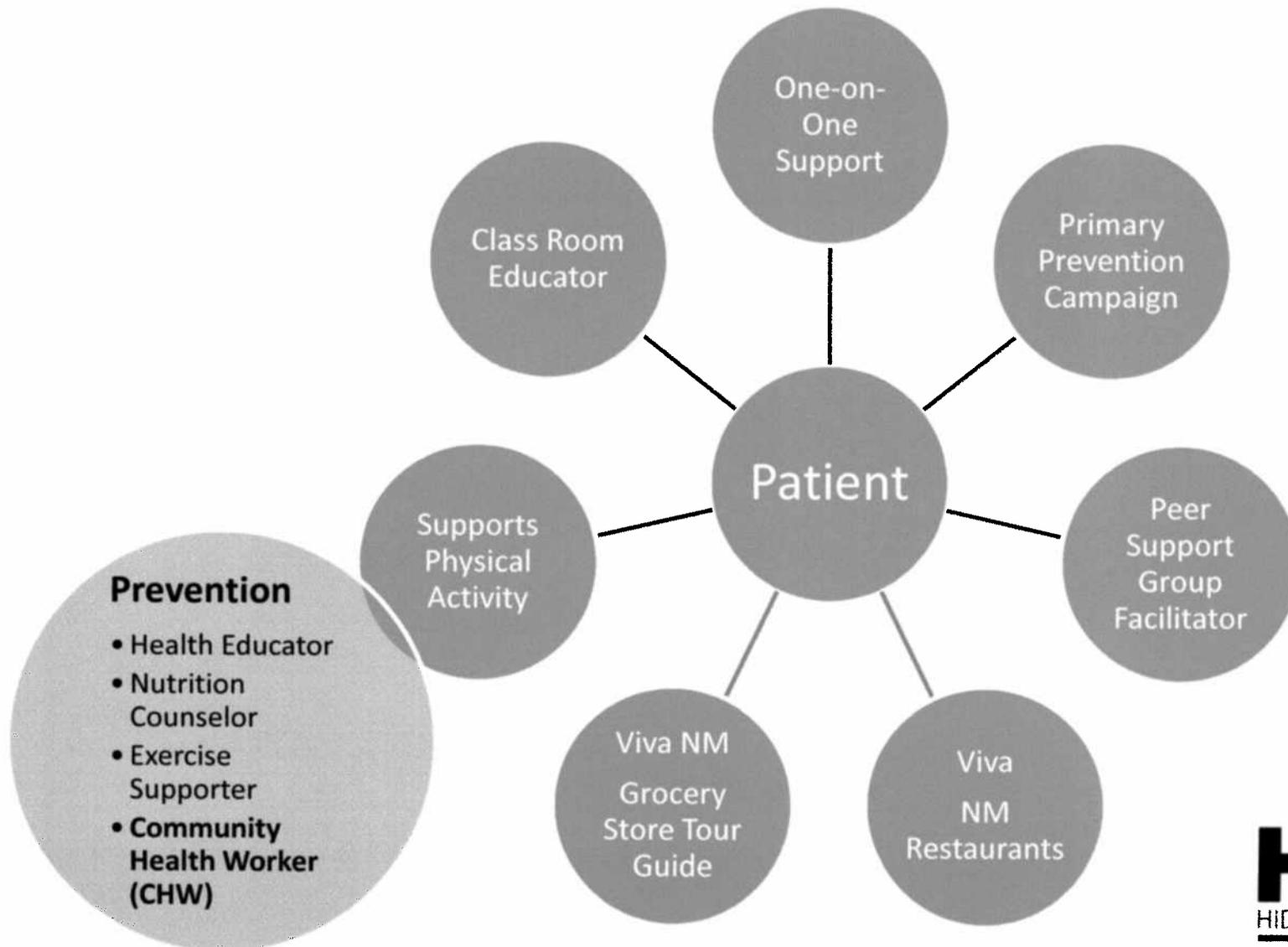


*Primary Care Provider: Physicians, PAs, Nurse Practitioners, in Family Health w/OB, General Pediatrics, General Internal Medicine and Nurse Midwives

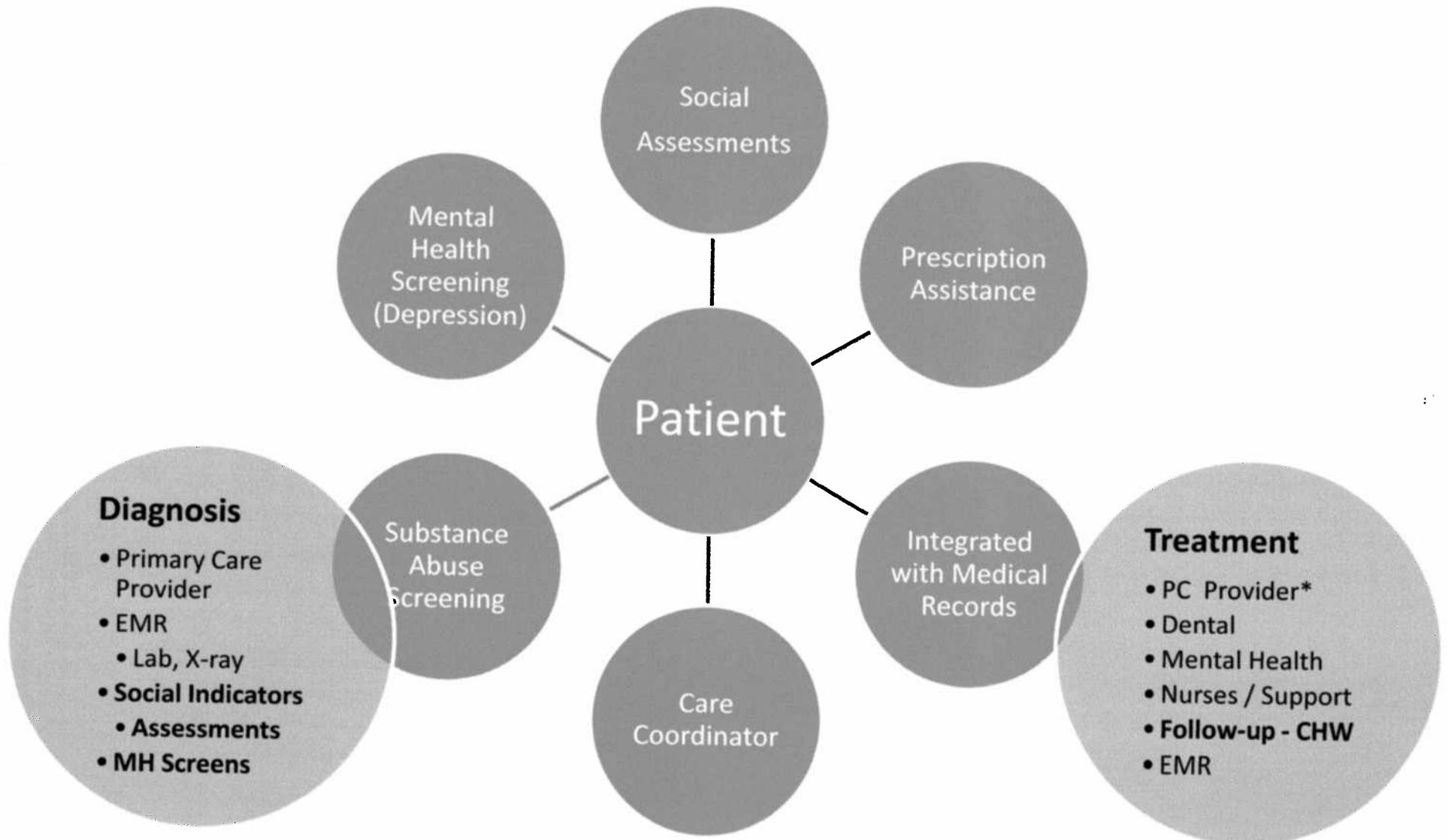
** Ancillary Services: The Therapies = Physical, Occupational, Speech, etc.

CHW Role in Advanced PC Team

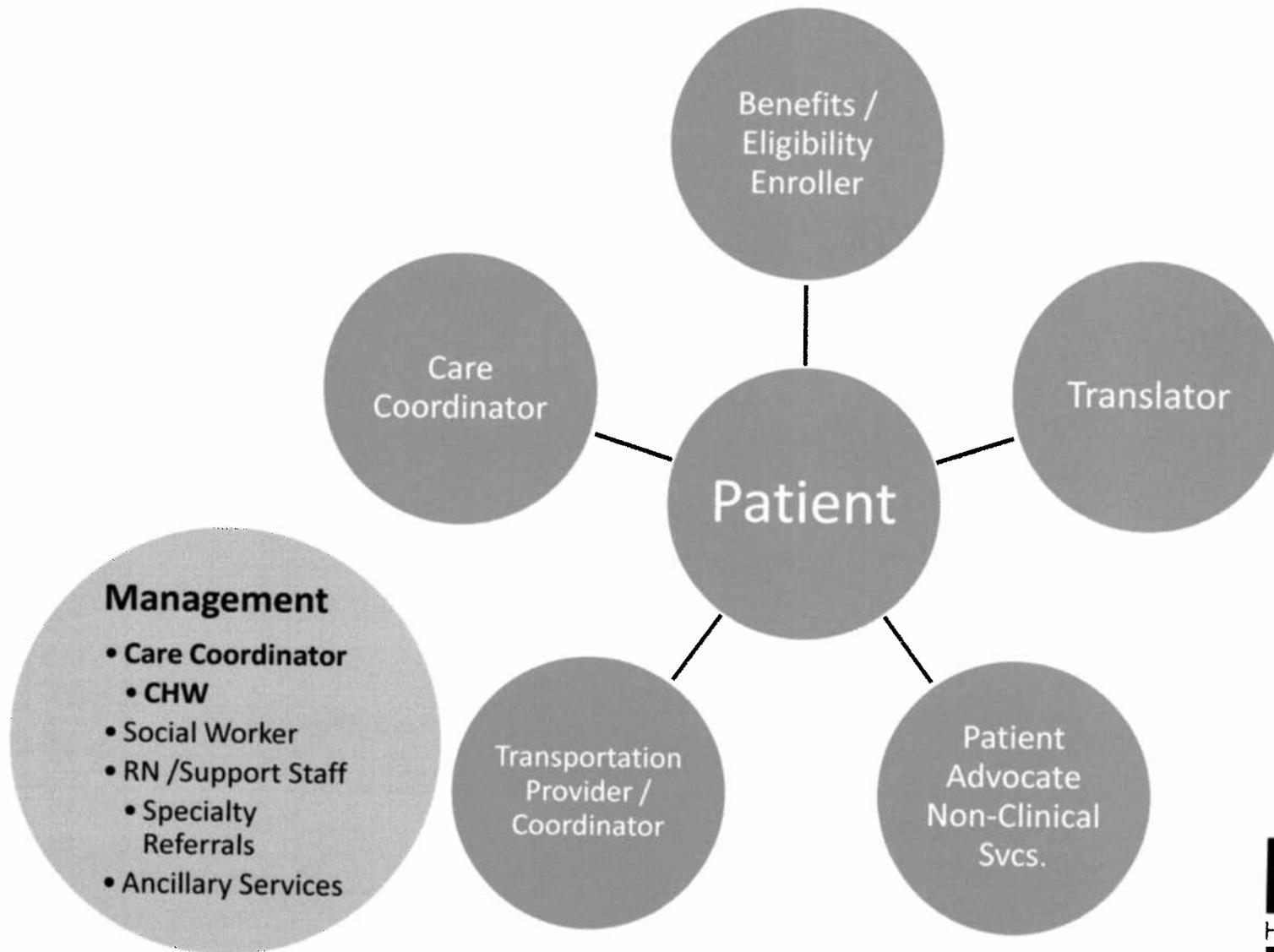
Prevention and Hands On Change Support



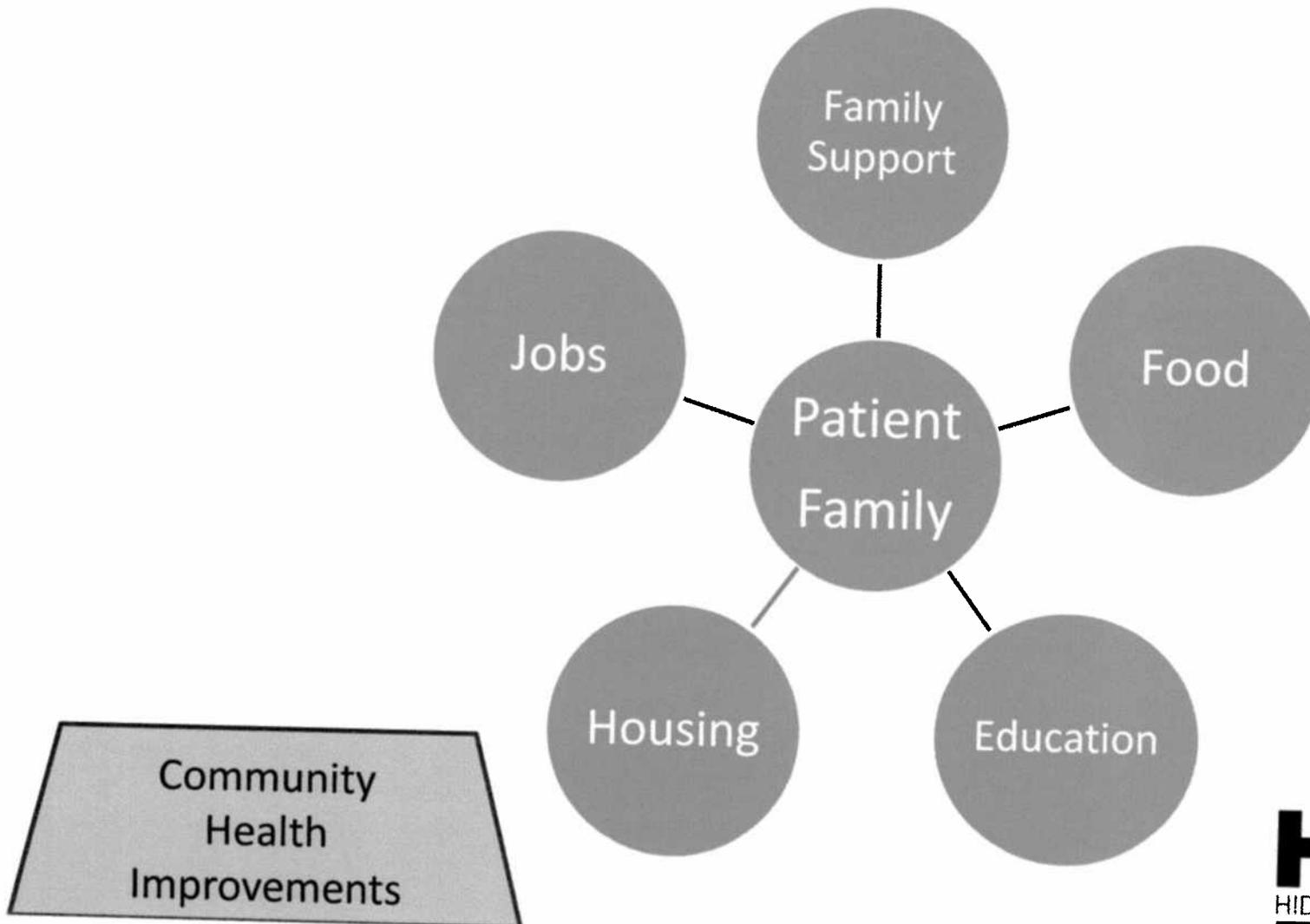
CHW Role in Advanced PC Team Diagnosis and Treatment Support



CWH Role in Advanced PC Team Beyond the Exam Room Door

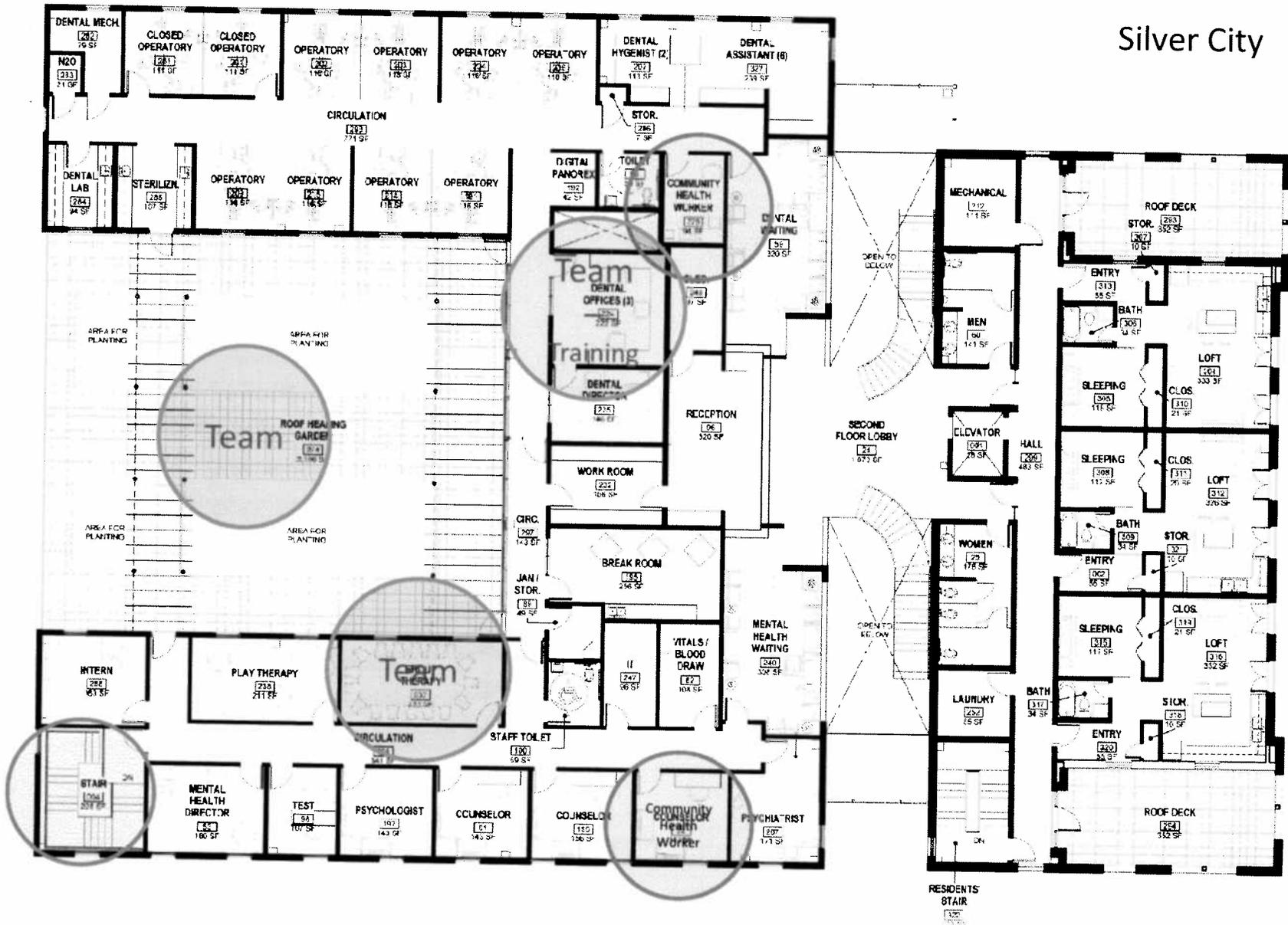


CHC and CHW Role in Social Determinants



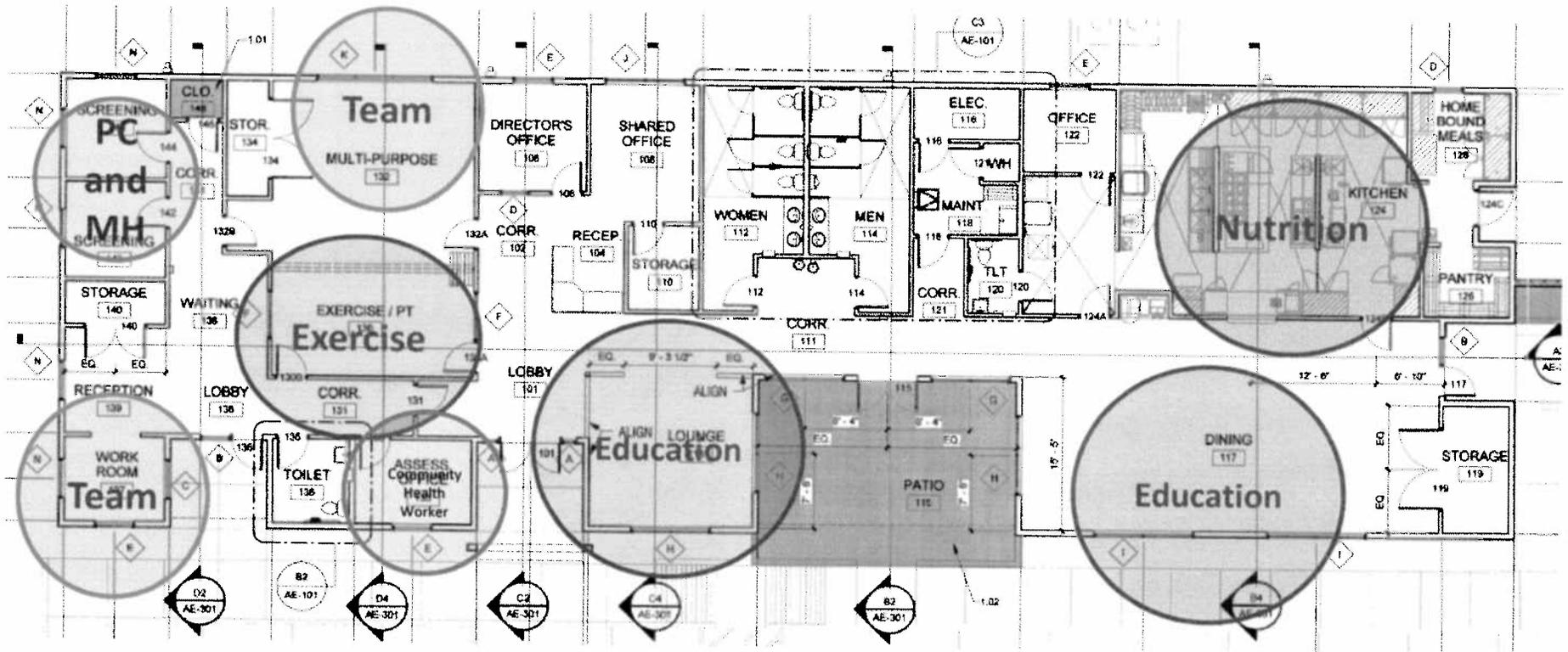
HMS-Integrated Services 2nd Floor Plan

Silver City



HMS – Senior Wellness Center

Lordsburg



Why We Think This Works

- Improvement in population health requires addressing socioeconomic determinants of health, including ... inequality and primary care availability and access – Barbara Starfield
- HMS – CDC REACH U.S. Cooperative Agreement – “LA VIDA” reduced average HBA1c levels in 500 Hispanic patients with Diabetes from 8.4 to 7.6 now a CEED / Legacy CDC dissemination program in NM, AZ and Missouri

PLUS.....

There's More

- REACH Model Extensions
 - HMS – ACF/OPHS Grant – “GUTS” – Teen Parent Support.
 - NM Repeat Teen Pregnancies 22% / Guts 10.8%
 - Teen HS Drop Out Rate 8.6% after one year 5.4%.
 - HMS – **Molina “Care Coordinators” Contract**
Reduced cost of most expensive Medicaid patients 62%. Capitation payment method.
 - HMS Contract to spread to other CHCs pending
 - NIH / REACH into Hypertension
 - Hidalgo Plan Acceptance

Partners in Development

- University of New Mexico
Office of Community Health and RWJ
Center for Health Policy
 - Program Thinking
 - Evaluation
 - Workforce
 - Funding
- **Molina**
 - **Grant Support**
 - **Care Coordination Development**
- Local Governments
 - Facilities - Other
- Gila Regional Medical Center –
- Institute for Healthcare Improvement
- Foundations
- Federal Grants
 - CDC REACH COOPERATIVE AGREEMENT
- Health Action NM
- Health Councils
- The Wellness Coalition of SW NM
 - AmeriCorps Program (Youth and Community Development)
- Boot Heel Youth Association
- National Center for Frontier Communities
- Others

HMS Involvement Nationally

- **Institute for Health Care Improvement (Winter 2010)**
- **CDC REACH Technical Assistance Conference (Spring 2011)**
- **Institute of Medicine – Integrating Public Health and Primary Care Workgroup (Spring 2011)**
- **National Rural Health Association (Spring 2011)**
 - **Frontier Partners Workgroup**
 - **Expanded Primary Care Committee**
 - **National Rural Health Workgroup**
 - **Multicultural Health Conference**
- **National Academy for State Health Policy (Summer 2011-Spring 2012)**
 - **Role of Safety-net Providers under Health Care Reform**
- **National Association of Community Health Centers (NACHC)**
 - **Workgroup on PC Workforce Development**

PC Team Financing Needs

- Continue payment concepts that ensure cost restraint. Focus investment incentives (Payments) to the Advanced Primary Care environment
 - FQHC: Medicare and Medicaid, Horizontal System Incentives
- Eliminate Barriers to Payments for Comprehensive Services
 - Complex coding requirement / gerrymandering reimbursement by diagnosis
 - Ex. MH services for chronic pain patients requires a psychological diagnosis rather than medical
- Build Infrastructure to Address Health Disparities and Inequities in an advanced PC Setting – CHWs, Care Coordination Contracts for services with Medicaid MCOs, Global Fees
- Demonstration Proposals – Hidalgo Plan
 - Creating Responsibility / Accountability for Cost and Outcomes at the Primary Care Level

THE ACA Context

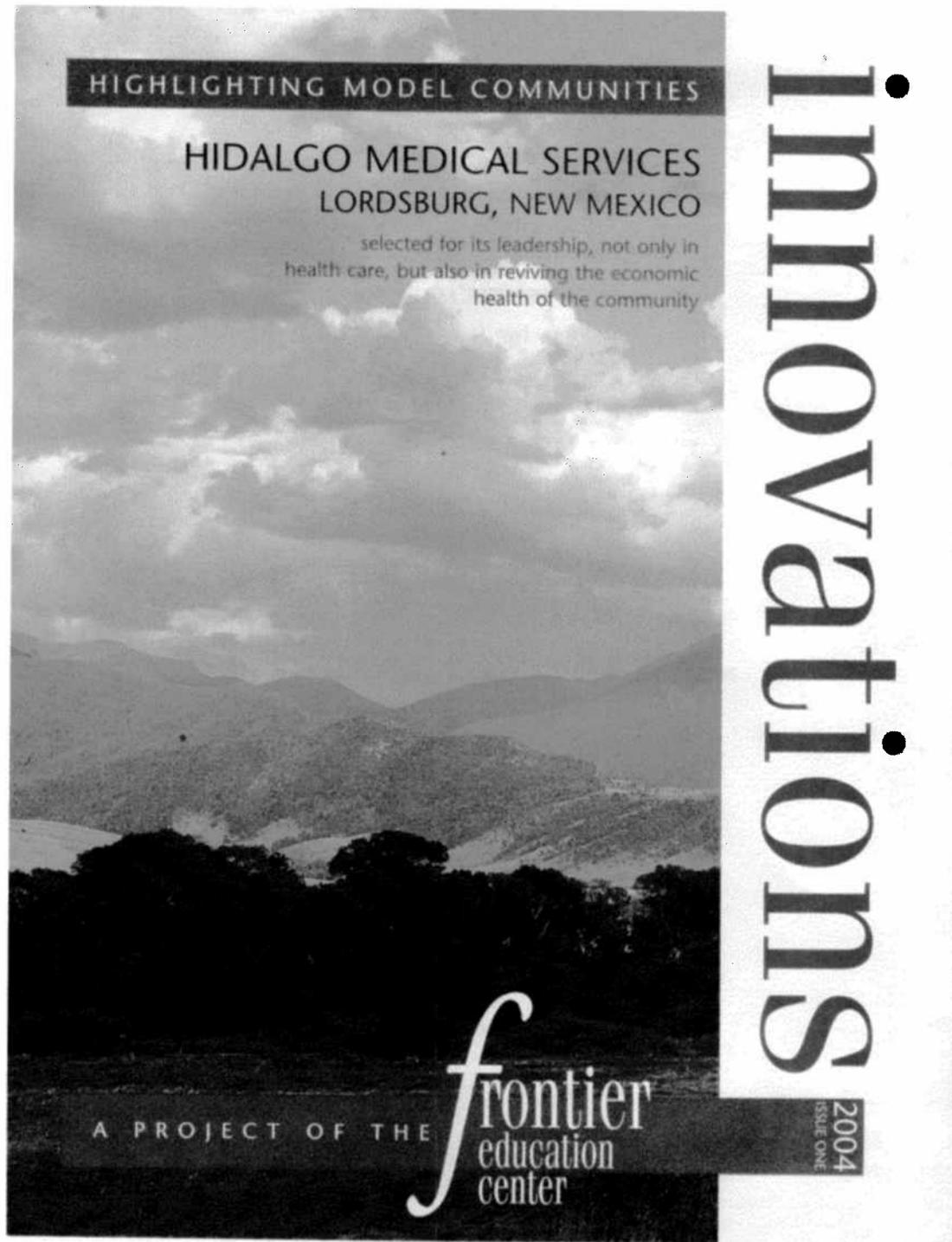
ACA:

- Supports the PCMH (Medical) Model
- Supports the Medical Approach to ACOs and places the resources in High Cost / Low Yield Environments
- Creates Office of Innovation

THE HMS Plan:

- Puts Accountability in the Right Place – The Advanced Primary Care environment
- It Puts the Incentives for Improved Health and Reduced Cost in the Right Place
- Suggests that Rural Communities can create change
- It Offers an Option to the Current Unaffordable Health Care System

Thank
You



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HIDALGO MEDICAL SERVICES