

Lower Lights Christian Health Center, Dr. Dana Vallangeon, CEO
Testimony on HB 49 - House Finance Subcommittee on Health and Human
Services
March 16, 2017

Good afternoon Chairman Romanchuk, Ranking Member Sykes and members of the House Finance Subcommittee on Health and Human Services. My name is Dr. Dana Vallangeon. I am a family physician, who still sees patients part time, and the CEO of Lower Lights Christian Health Center. Thank you for this opportunity to provide testimony on House Bill 49.

Since 2002, Lower Lights has been providing cutting edge integrated whole person care to over 14,000 patients in Central Ohio. Our focus is comprehensive primary and preventative care in 7 medically underserved neighborhoods in Franklin and Union Counties. Quality primary care – including adult care, pediatric care, prenatal and GYN care encompassing prevention, acute care and chronic disease management is provided to all who need it regardless of their ability to pay. In addition, LLCHC provides fully integrated behavioral health services, dental, vision, optometry, pharmacy, nutritional counseling, social work, financial eligibility, and spiritual care services to our primary care patients. It is a truly transformative model of cost effective care producing quality outcomes and changing the lives of our patients. LLCHC was the first community health center in Franklin County to become a Patient Centered Medical Home through NCQA.

In 2016, LLCHC staff consisting of 130 providers and support served our 14,000 patients with nearly 60,000 visits. Many of our patients (over 85% of them) are less than 200% poverty level. Removing barriers to care and engaging patients as partners in their care are our specialties.

Ohio made the right choice to extend Medicaid health insurance coverage to some of our most vulnerable citizens. I see the impact of our patients being connected to health coverage each and every day. At LLCHC, we have seen a reduction in uninsured patients from 55% to 18% with most of those individuals benefitting from Medicaid coverage. This has allowed those individual and our providers to focus on much needed preventive care, attain better control of their chronic diseases with more consistent visits and increased ability to access and comply with needed medications, and to diagnosis and stabilize many comorbid mental health conditions. All this benefit is just in our previously existing uninsured patient base. LLCHC has also seen the increase in patient volume of close to 25% in the last 2 years and increase in visits to our sites of over 30% in just the last year. Many more individuals are getting the care they need in the right place --- our community health center. This is saving on a daily basis much more costly emergency room visits and hospital or mental health hospital stays. Medicaid expansion has allowed LLCHC to be able to fund patient advocates in local hospital emergency rooms for the sole purpose of advocating with patients who are not connected with primary care and making appropriate primary care linkages for them. It has also allowed us to place similar staff in a local charter school system to work with the school staff and families to improve the primary care utilization of the students and families. Lastly, LLCHC has been able to leverage community support to develop and collocate a nonprofit grocery store at its largest site to make access to

affordable healthier food possible for patients, staff and the surrounding Franklinton neighborhood. All of this has been largely possible due to our ability to grow and meet the demand for access to care that has come along with the successful expansion of Medicaid.

On a personal note as a physician, I have had the opportunity over the last several years to personally see the benefits that having Medicaid coverage has afforded many of my patients. One example of this is in the life of a 28 year old male who had not seen a doctor since he was a teen. He came to LLCHC homeless and jobless due to mental health and substance abuse issues. He had also developed some significant medical issues. He had avoided care due to pride over not wanting a bill he could not pay. Our financial eligibility staff met with him on his first visit and assessed him eligible for Medicaid and presumptively enrolled him. He complied with visits, evaluations, and care. His medical problems stabilized over several visits. His mental health and substance abuse issues were diagnosed and treated. He received dental care for the first time in years. After 12 months as our patient, he was a changed man. He currently is employed, in stable housing, sober from heroin for over 6 months and feels like he has his life back. This is one of story after story that I and LLCHC staff have been privileged to see occur in the last few years. Sure it was happening even before Medicaid expansion, but it is happening much more frequently and with much less drain on the provider and patient to get there.

At LLCHC we are focused on quality health outcomes at the lowest cost. We believe that providing a patient-centered medical home for primary and preventative care drives necessary system change. This change is significantly harder to accomplish when there are a large number of uninsured.

Furthermore, **the extension of the Medicaid program has further allowed our health center to integrate behavioral health into our primary care model.** We have been able to significantly increase the number of behavioral health staff and ancillary care managers and patient advocates to work on social determinants of health with our patients. It has also afforded us the opportunity for LLCHC to be on the front line treating members of our community that are struggling with opioid abuse.

LLCHC's MAT (medication assisted treatment) program provides suboxone treatment in an outpatient setting, but more than that by primary care physicians who already know and regularly see the patient for all their medical needs. This is combined with intensive outpatient substance abuse counseling and recovery groups and for many of our patients also combined with appropriate mental health care for bipolar disorder or other mental health diagnosis. All this happens seamlessly and collectively in the same LLCHC system of care. We are also screening for substance abuse at every primary care visit.

LLCHC over time with this model will have the capacity to treat 800-1,000 opiate addicts. This would be cut to roughly 100 if Medicaid expansion is lost. Overall, LLCHC would be forced to reduce our patient and visit volume by 40% but likely behavioral health services outside of MAT would have to reduce by 50%. This would be a tremendous loss of capacity for our patients and community.

Sustainability of our patient-centered model of care relies on a vibrant workforce. That is why the FQHC Primary Care Workforce Initiative was created (commonly referred to as PCWI). PCWI, housed at the Ohio Department of Health, helps to alleviate the challenge of recruiting and retaining quality providers and expose students to advanced primary care in Community Health Center practices. If we connect Ohioans to coverage without increasing primary care capacity – hence reliance on the Emergency Departments and/or other costly settings for non-emergency care – we have done nothing to improve patient outcomes or bend the cost curve.

As introduced, funding for PCWI will be cut by 10%. At LLCHC, we were able to increase by 30% the number of students rotating with us. Any cut to this program will hinder the momentum we've gained. LLCHC has already recruited students who have been with us as a nurse practitioner student as part of PCWI. It is critical to maintain long term in our health centers if they are to be safety net providers. Interfacing directly with students in training is the single most effective way to impact their choice of practice settings but also to guarantee the community health centers in the state have their own pipeline for workforce development and a decreasing number of provider vacancies.

We respectfully ask that our PCWI line item be restored and the added mandate allocating funds away from PCWI be struck so that we can continue to teach, inspire and put to work the next generation of primary care providers.

Thank you again for this opportunity to testify on HB 49 and its impact on Lower Lights Christian Health Center and the patients and community we serve. Thank you for your dedication and service to Ohio, its citizens and its community health centers. I am happy to answer any questions you have at this time.