All Access:

Ohio’s Community Health Centers
Ohio Association of Community Health Centers

Professional organization representing Ohio’s Federally Qualified Health Centers (FQHCs) & FQHC Look-Alikes (FQHCLA)

*Commonly referred to as Community Health Centers*

- The LARGEST primary care network in the country!
- 55 Community Health Centers in Ohio
  - 330+ locations statewide
  - 69 of Ohio’s 88 counties
- Healthcare home and family doctor for more than **780,000 Ohioans** annually (2018 preliminary data)
Community Health Centers

- **Mission**: To provide accessible, comprehensive, and quality primary health care services to medically underserved communities and vulnerable populations

- **Cornerstones**
  - Independent, non-profit or public community-based
  - High-quality and affordable primary care and preventive services
  - Open to all regardless of insurance status or ability to pay
  - Must serve a high-needs, medically underserved area or population (MUA/MUP)
  - Governed by the community (>50% board members must be patients)
Required Services

- **Primary, Preventive, Enabling**: Provided onsite or through established written agreements and referrals

  - Mental Health
  - Substance Abuse
  - Pharmacy
  - Immunizations
  - Well Child
  - Gynecology
  - Obstetrics
  - Family Planning
  - Pre/perinatal
  - Preventive Dental
  
  - Diagnostics
  - Screenings
  - Specialty
  - Case Management
  - Health Education
  - Outreach
  - Transportation
  - Translation
  - Emergency Medical Services
Community-Driven Services

- Centering Pregnancy/Parenting
- Occupational Therapy
- Podiatry
- Chiropractic
- Vision
- Community Health Workers
- Food/Clothes Pantry
- Grocery Store
- Spiritual Care
Health Centers & Value-Based Care

- *American Journal of Public Health research* study found FQHCs **save**, on average, $2,371 (or 24%) in total spending per Medicaid patient when compared to other providers.

- Researchers found FQHC Medicaid patients had lower use and spending than non–health center patients across all services, including:
  - 22% fewer specialty care visits
  - 33% lower spending on specialty care
  - 25% fewer inpatient admissions
  - 27% lower spending on inpatient care
  - 24% lower total spending
Types of Providers & Visits

- **Providers**
  - Family Physicians
  - General Practitioners
  - Internists
  - OB/GYNs
  - Pediatricians
  - Dentists
  - Psychiatrists
  - Optometrists
  - Physicians Assistants
  - Nurse Practitioners
  - Certified Nurse Midwives
  - LISWs
  - Nurses
  - Dental Hygienists

- **Visits**
  - Medical
  - Dental
  - Mental Health
  - Substance Use Disorders (SUD) including Opiates
  - Vision
  - Enabling

Ohio CHCs employ more than 5,460 FTE total staff
Patient Income

Income as % of Federal Poverty level (FPL)

- 100% and below
- 101-150%
- 151-200%
- Incomes over 200% FPL
Patient Insurance Status

- Medicaid
- Medicare
- Private
- None/Uninsured

(Medicaid occupies the largest share of the pie chart.)
**Stated Priorities**

- Medicaid
- Primary Care Workforce
- 340B Drug Pricing Program
- Infant Vitality
- MAT/SUD Treatment
- School-Based Health Centers
- Tele-health

**Access**
MAT/SUD Treatment

- With the expansion of Medicaid, our ability to reach more behavioral health and SUD patients, including opiate addiction, has dramatically increased:
  - More than 75% of Ohio’s Community Health Centers have integrated Medication Assisted Treatment (MAT) into their primary care practices
    - easy access
    - effective and efficient (treating whole person, accountable provider, singular chart)
    - less stigma
  - 340B is essential to sustainability too
- There are 9 dually-certified FQHC/CMHCs
# Telehealth: Value Perspectives

<table>
<thead>
<tr>
<th>Patients</th>
<th>Communities</th>
<th>Primary Care Providers</th>
<th>Specialists</th>
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<tbody>
<tr>
<td>- Accessibility: care when and where they need it&lt;br&gt;- Affordability: reduces travel time, expense and time away from work/family&lt;br&gt;- Timeliness: reduces wait time to access specialists&lt;br&gt;- Integrated and coordinated care</td>
<td>- Keeps patients local whenever possible&lt;br&gt;- Promotes rapid diagnosis and treatment linked to improved patient outcomes&lt;br&gt;- Improves outcomes and therefore improves health of population</td>
<td>- Promotes coordinated care&lt;br&gt;- Maintains primary relationship with patient&lt;br&gt;- Promotes greater patient satisfaction&lt;br&gt;- Generates revenue – visit reimbursement&lt;br&gt;- Access to education&lt;br&gt;- Working at top of scope</td>
<td>- Extends reach to patients&lt;br&gt;- Increases patient volume, maximizes time and efficiency, working at top of scope&lt;br&gt;- Reduces documentation redundancy by using common EMR platform with PCPs&lt;br&gt;- Promotes coordinated care</td>
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Primary Care Workforce Shortage

- AAFP: “the U.S. is not only facing a shortage but also a maldistribution of primary care physicians. This deficit is of particular concern given that access to health insurance will likely increase substantially, the elderly population continues to grow, and many rural, poor, and minority communities remain medically underserved. However, fewer medical school graduates are choosing primary care as a specialty today than in the past.”

- FQHCs uniquely poised to teach, inspire, and put to work our next generation of primary care providers by exposing students to rich clinical experiences in our network of advanced, modernized primary care settings
  - Choose primary care
  - Stay in Ohio
  - Work in underserved areas
Primary Care Workforce Shortage

3,076 Students Precepted

1326 | Medical | 43%
1097 | Advanced Practice Nursing | 35%
384 | Dental | 12%
158 | Behavioral Health | 5%
111 | Physician Assisting | 3%

343,204 Student Clinical Hours

4/5 Student Experience Evaluation Score

92 Health Professional Programs
72 Schools/Universities

The Ohio Connection | School must be in Ohio or the student’s state of legal residence must be Ohio if enrolled in an out-of-state school
Questions

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