Testimony of
THE COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT
(CHC*ACT*)
Before
Insurance and Real Estate, Public Health and Human Services Committees
regarding H.B. 6305 an Act Concerning Implementation of the Sustinet Plan
Presented by
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February 14, 2011

The Community Health Center Association of Connecticut (CHCACT) has the privilege of working with all fourteen Federally Qualified Health Centers (FQHCs) in Connecticut. FQHCs provide critical access to and high quality primary care and preventive services to patients in underserved areas of our state regardless of ability to pay. To give you some idea of the scale of their work as an essential component of Connecticut's health care delivery system, it is important to note that in 2009 FQHCs cared for over 283,762 unduplicated users at almost 350 sites across the state. This represents an increase of 70% since 2001 due to expansion of the number of centers and sites of service. Patient visit volume has increased 9% each year since 2003 to over one million visits last year for medical, dental and mental health services.

Connecticut health centers have been making many changes in order to be ready to step up to the challenge of caring for more Connecticut citizens as the demand for access to health services has grown steadily. Health centers have increased their office and clinical space, purchased new equipment, expanded their hours and hired more clinical providers. The timing could not be better as data shows that the health centers' medical user population grew by almost 9% between 2006 and 2008, and dental users grew by 8% between 2006 and 2008.

In many ways the proposed Sustinet plan aligns perfectly with the FQHC model—a model which has already distinguished FQHCs as one of the most successful DHHS programs. Section 11 of the bill addresses most of the attributes of the primary care/preventive model FQHCs have been using for many years.

Comprehensive, coordinated care: FQHCs are one stop shopping for patients and families because they integrate medical, dental, and mental health services as mandated by federal requirements for federally qualified health centers. FQHCs are also mandated to provide the translation services and transportation for their patients and conduct outreach to underserved populations in need of their services. An indicator of the increased need for coverage is the steady increase in applications processed by FQHCs. In 1998-2002 average number of applications approved per site per quarter was 40. In 2004/05 the average per site per quarter increased to 90. By early 2008 this number had increased to 117 applications on average per site per quarter. In 2010, FQHC outreach staff processed over 3000 applications for HUSKY A, HUSKY B, HUSKY A adults, and pregnant women over the age of 21--- and the average number of applications processed per site per quarter reached 128. In 2009, CHCACT was funded by CMS under CHIPRA to launch a major effort to enroll eligible but uninsured children in Connecticut. Nine FQHCs are using this CHIPRA funding to reach 29,000 children in Connecticut who are eligible but unenrolled.

Their public education, outreach and care coordination include a host of non-medical services referenced in Section 11 for housing, nutrition and domestic violence. Connecticut has long complied with the federal requirement that an outstationed eligibility worker be located at every FQHC[1]. In addition to assisting patients complete applications for health insurance they assist with applications for numerous other programs---patient assistance programs for medications, food stamps (SNAP) and WIC to name a few.

Patient centered medical home: FQHCs are already aggressively developing provider capacity to achieve meaningful use and to document their PCMH practices for recognition. They are receiving financial assistance from the federal government not only in incentive payments as Medicaid providers but also as eligible entities to receive recognition services under the HRSA Patient-Centered Medical/Health Home Initiative (PCMHH Initiative) because they receive funding under the Health Center Program authorized in section 330 of the Public Health Service Act (42 U.S.C. 254b). The PCMHH Initiative encourages health centers to undertake and document the practice changes that will enable them to gain recognition from the NCQA Patient-Centered Medical Home (PCMH) program. To promote quality improvement, the PCMHH Initiative provides access to survey-related education, training, and technical assistance resources that highlight the benefits of seeking recognition and common barriers to success. The fee for gaining NCQA PCMH recognition is waived for health centers that participate in HRSA's PCMHH Initiative. [2]

Primary Care Case Management: PCCM has been adopted by the FQHCs in the areas where PCCM has been initiated. FQHCs are well suited to be able to implement PCCM because very often an entire family, in fact many generations of families, receive their care at an FQHC.

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[1] Code of Federal Regulations **§ 435.904 Establishment of outstation locations to process applications for certain low-income eligibility groups** requires agency must establish either—(i) Outstation locations at ....each Federally-qualified health center, as defined in section 1905(1)(2)(B) of the Act, participating in the Medicaid program and providing services to Medicaid-eligible pregnant women and children; or (ii) Other outstation locations, which include at least some, disproportionate share hospitals and federally-qualified health centers, as specified under an alternative State plan that is submitted to and approved by CMS if the following conditions are met:(A) The State must demonstrate that the alternative plan for outstationing is equally effective as, or more effective than, a plan that would meet the requirements of paragraph (c)(1)(i) of this section in enabling the individuals described in paragraph (b) of this section to apply for and receive Medicaid;

[2] Program Assistance Letter 2011-01 - HRSA Patient-Centered Medical/Health Home Initiative

Chronic Disease Management/Elimination of Health Disparities: FQHCs are well acquainted with evidenced based medicine. In 1998, the Bureau of Primary Health Care (a bureau of the Health Resources and Services Administration within DHHS) launched the national health disparities collaborative. Connecticut FQHCs were early adopters and high performers as part of this quality initiative ---which supported the adoption of best practices --particularly with regard to patient self management--that spanned ten years and embedded the chronic care model that is currently used in FQHCs.

Access to care: Federal regulations require that FQHCs provide coverage 24/7 however they rely on Access and Redesign innovations to implement advanced access scheduling to make the most of the FQHC expanded hours that were implement in 2008 in order to accommodate patients' needs/work schedules and maximize the use of providers and facilities.

At a time when Congress and the president are increasing the emphasis on FQHCs as a cost effective health care delivery system and when the emphasis on medical homes in increasing, Connecticut will be best served by pursuing its Sustinet plan and strengthening the statewide system of care that health centers offer Connecticut's children and families.

The FQHC model aligns with the Sustinet goals to slow the growth of health care costs, improve the quality of health care services and improve patients' health outcomes. On behalf of the patients and families currently served by FQHCs, we ask that the Committees consider the goals of the Sustinet not only as a way to improve the health of Connecticut citizens and contain the high cost of health care but also as a way to maximize the FQHC infrastructure which is so critical to public health in Connecticut.