

February 11, 2008

Minnesota's CHCs: A Medical Home For Refugee & Immigrant Communities

Purpose & Objective

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1. Explore the latest developments of “medical homes” in Minnesota.
2. Why Community Health Centers (CHC) are “medical homes” in Minnesota.
3. Highlight CHC approaches to eliminating health disparities.
4. Present health outcomes of the CHC model of care.



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Part One

What is a Community Health Center?

What is a

Community Health Center?

1. Not-for-profit corporation.
2. Located in a medically underserved area.
3. Provide comprehensive primary care.
 - Primary medical care, diagnostic laboratory and radiological services, preventive services, family planning, preventive dental services, “enabling” services
4. Sliding fee schedule for the uninsured.
5. Community-based board.

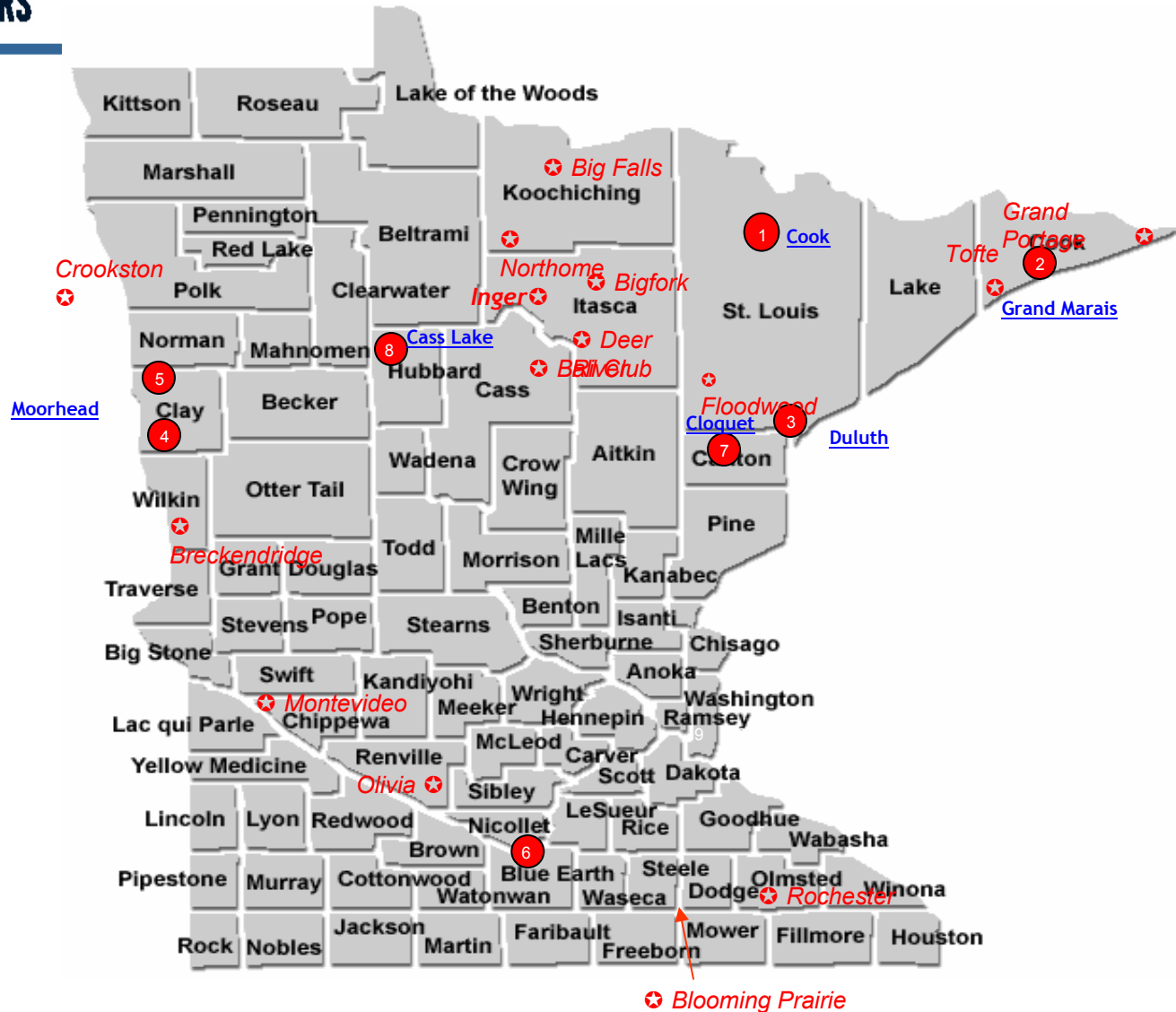
CHCs in Greater MN

Out-State MNACHC CHCs

1	Cook Area Health Services
2	Sawtooth Mountain Clinic
3	Lake Superior Community Health Center
4	Migrant Health Services, Inc.
5	Family HealthCare Center
6	Open Door Health Center

MNACHC Associate Members

7	Fond du Lac Tribal Health Services
8	Leech Lake Tribal Health Services



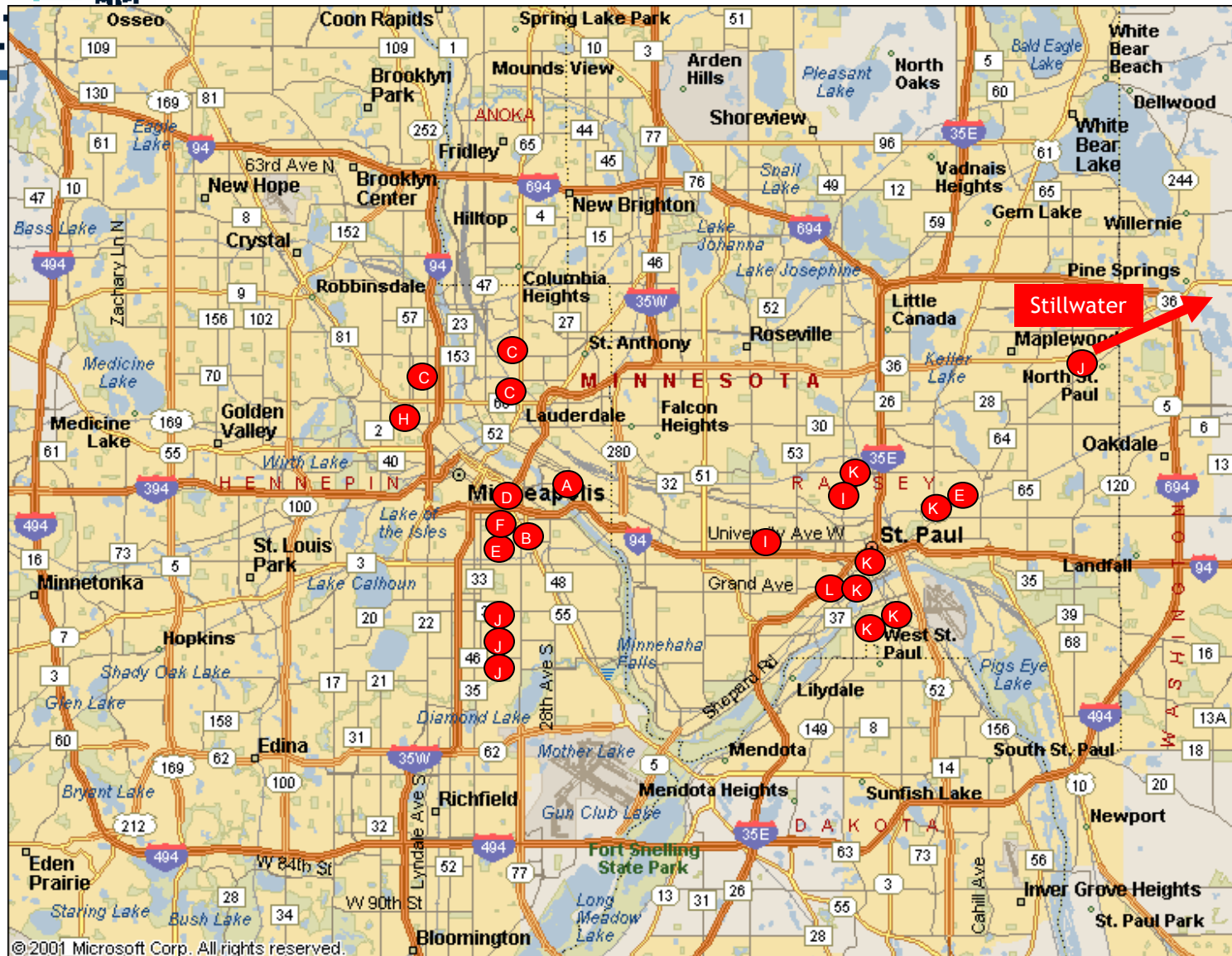
Metro CHCs

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A	Cedar Riverside People's Center
B	Community Univeristy Health Care Center (CUHCC)
C	Fremont Community Health Services
D	Hennepin County Health Care for the Homeless
E	Indian Health Board of Minneapolis
F	Native American Community Clinic
H	NorthPoint Health & Wellness Center
I	Open Cities Health Center, Inc.
J	South Side Community Health Services
K	West Side Community Health Services
L	United Family Practice Health Center





1 out of every 6 uninsured Minnesotan uses a CHC

Chart 1 - CHC, 2006

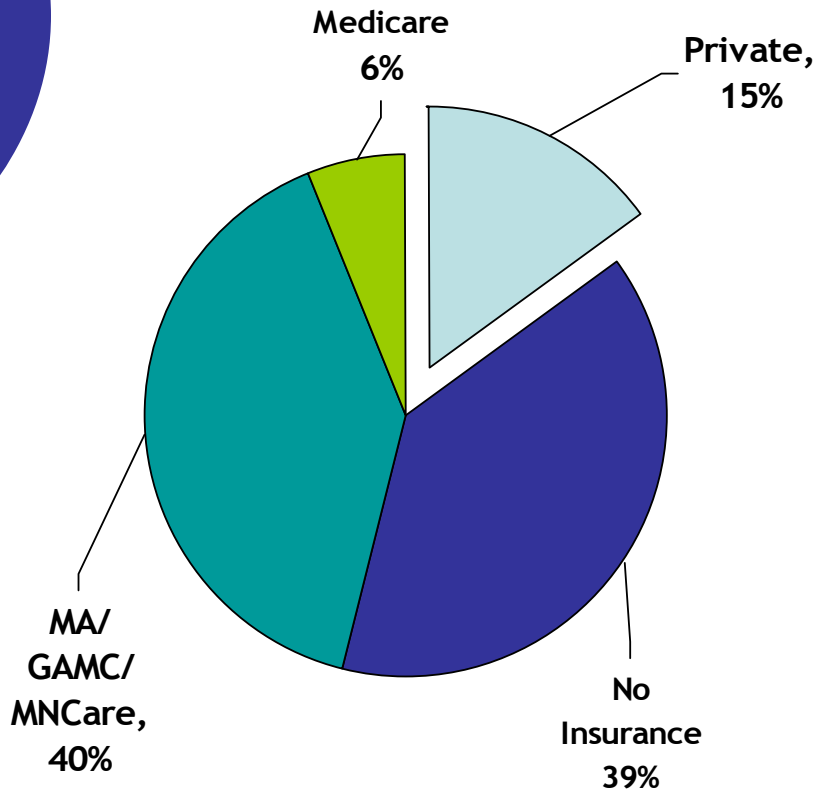
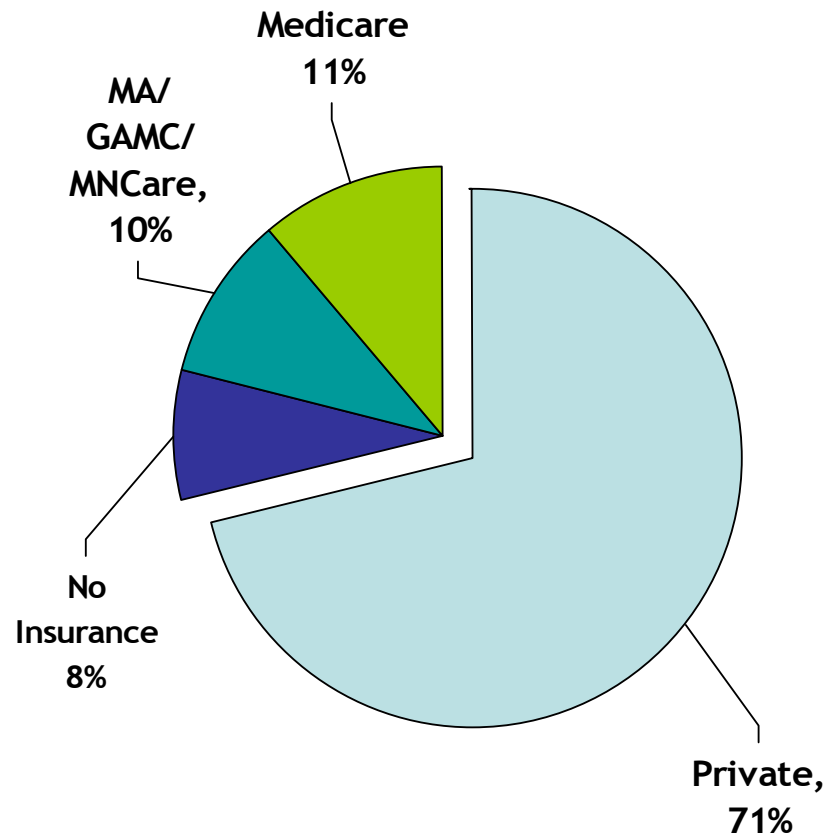


Chart 2 - MN, 2005





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“Medical Homes” In Minnesota

Part Two

Health Care Homes in Minnesota (proposed)

- Part of Health Care Access Commission's (HCAC) overall health care reform proposal
- **Philosophy:**
 - Long-term, trusting physician-patient relationship
 - Coordinate all health care and related services
 - Deliver primary care and disease management
 - Public reporting of quality, outcomes and costs
- **Target Population**
 - State health care program enrollees (Medicaid, MNCare).
 - Start with those who have, or are at risk of developing, complex, or chronic health conditions

Health Care Homes in Minnesota (proposed)

- Health Care Home Criteria:

- Long-term relationship with primary care provider.
- Interdisciplinary team.
- Care coordination, including social services.
 - Identifying patients with complex or chronic conditions
 - Disease management education
 - Patient advocate
- **Patients involved in decision-making process.**
- Use of health care information technology.
- **Appropriate cultural and linguistic care.**
- Evidenced-based medicine.
- **Enhanced access to care such as open scheduling, expanded hours and new communication methods.**

Health Care Homes in Minnesota (proposed)

• Other Recommendations:

- Health Care Home/Care Coordination Fee.
 - Average of \$50 per person per month
- Require state health care program enrollees to choose a primary care provider and complete a health assessment.
 - Patient incentive
- Expand funding for primary care provider and rural provider training programs.
- Explore scope of practice and licensure changes to implement medical home.



Part Three

CHCs as “Medical Homes” In Minnesota

Barriers to Care

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Language and Communication

Lack of Knowledge of
Navigating System

Differing
Medical Practices

Fear and Mistrust of System

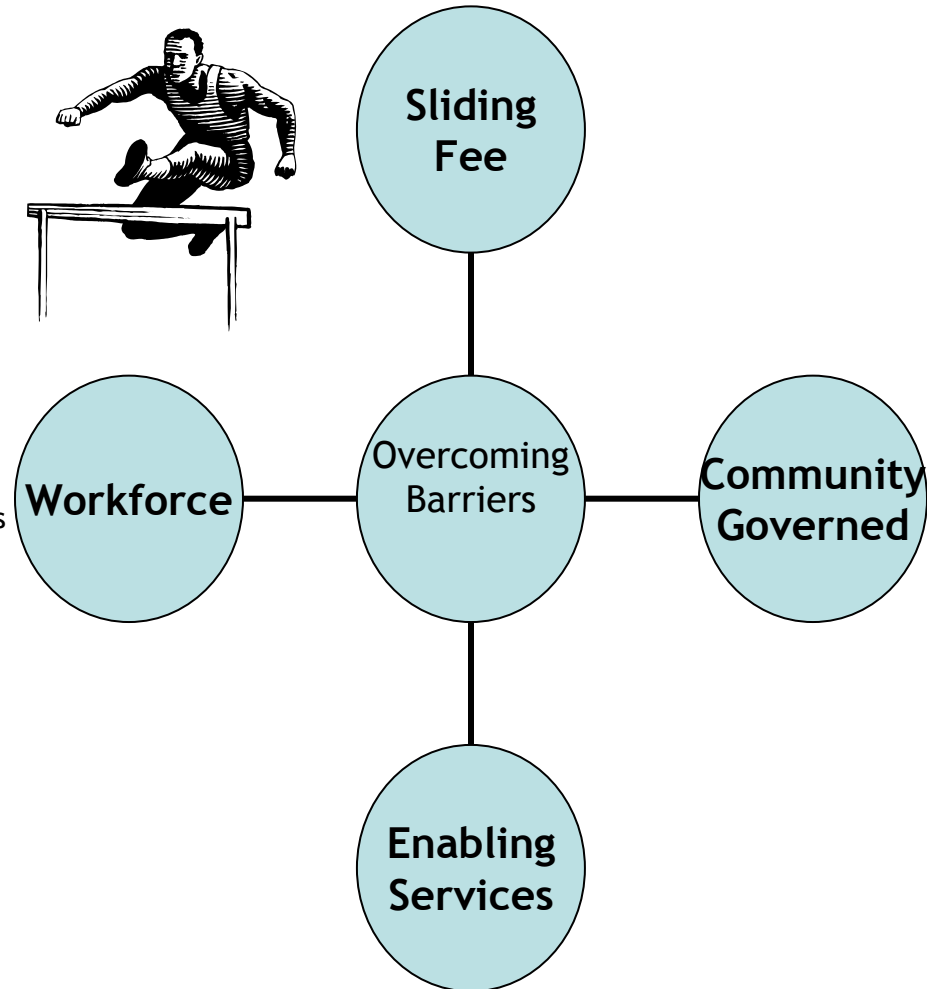
CHCs Responding to Barriers

Language and Communication

Lack of Knowledge of Navigating System

Differing Medical Practices

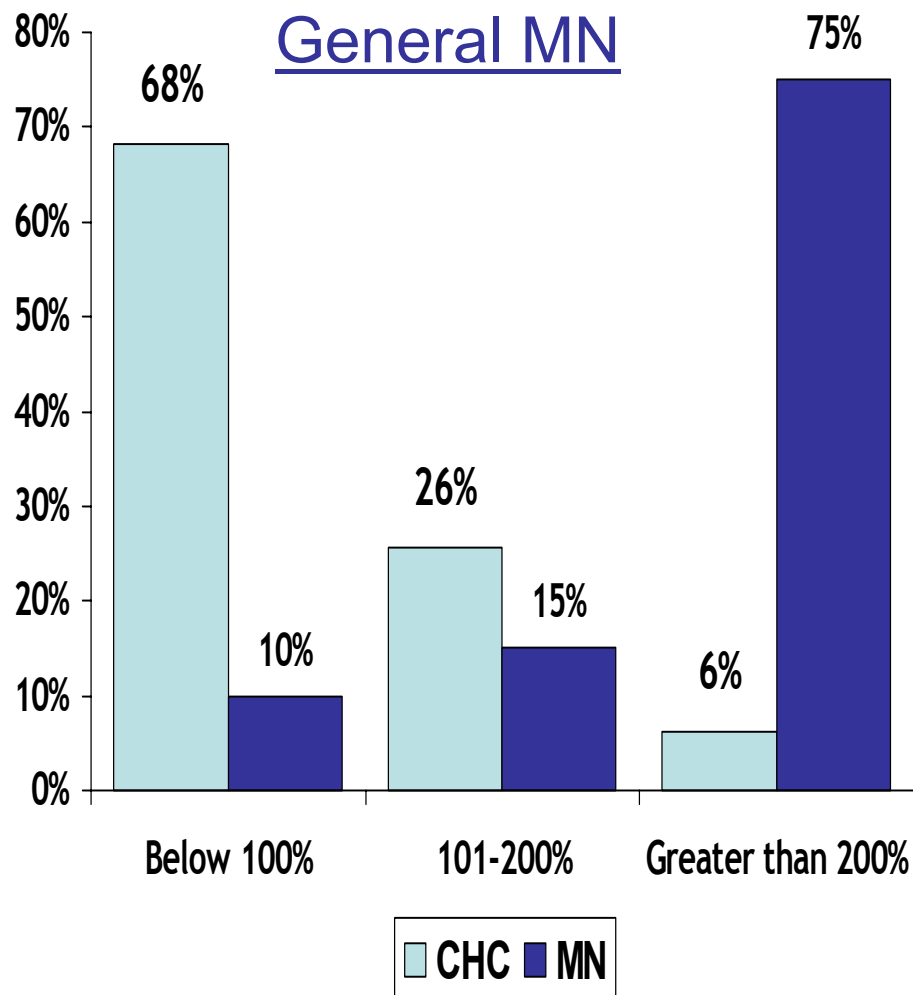
Fear and Mistrust of System



Poverty as a Barrier To Health Care

- Employer-based coverage not offered to many low-income workers.
- Securing time-off from work for medical appointments.
- Privately insured carry high-deductible plans - essentially uninsured for CHC visit.
- **CHCs response:**
 - Expanded evening and weekend hours.
 - Sliding fee schedule.
 - Eligibility assistance for MHCP.

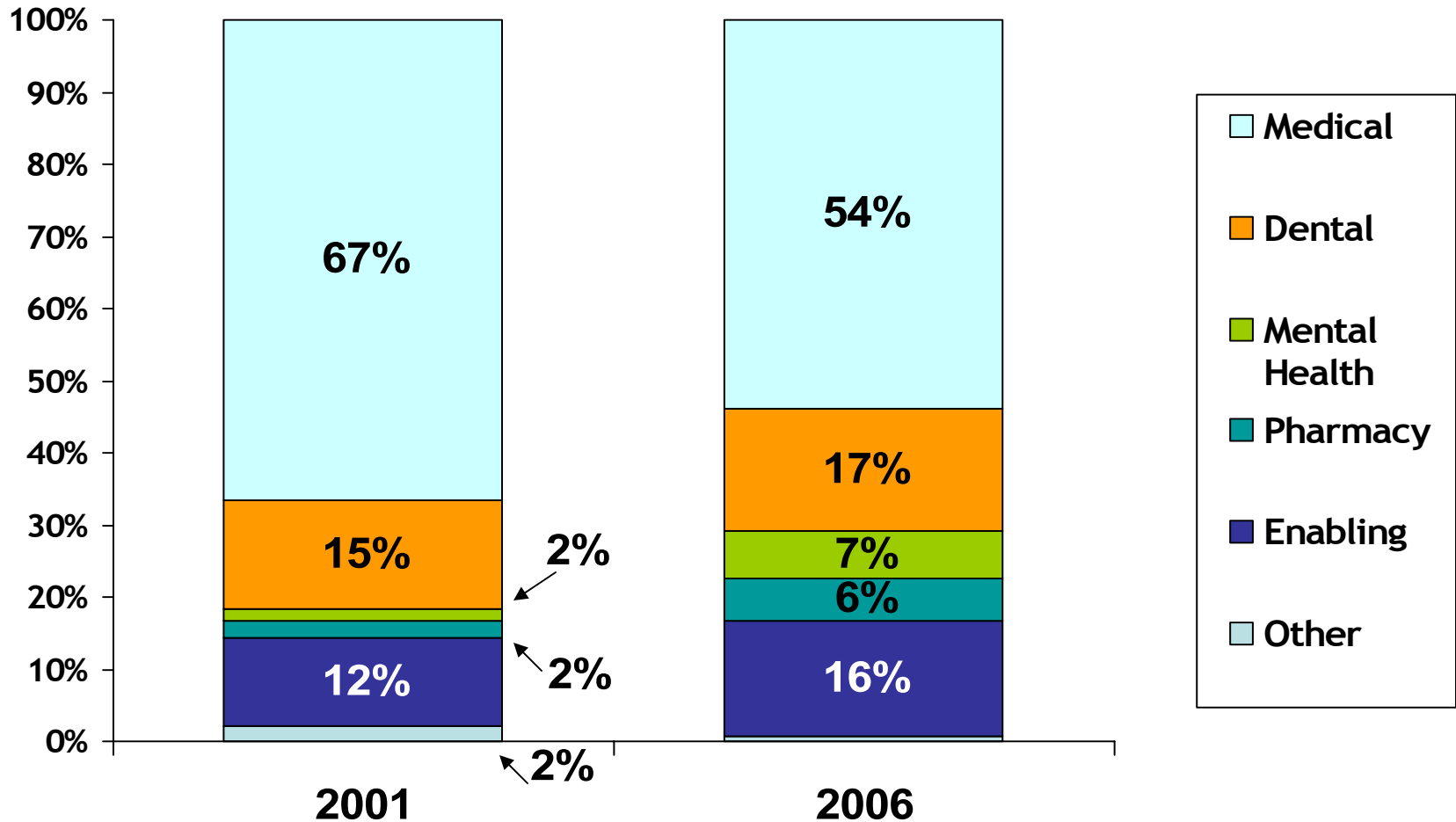
Chart 3 - CHC Patient Poverty vs. General MN



CHC Cost Areas, 2001 vs. 2006

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Chart 4 – CHC Costs, By Area, 2001 vs. 2006



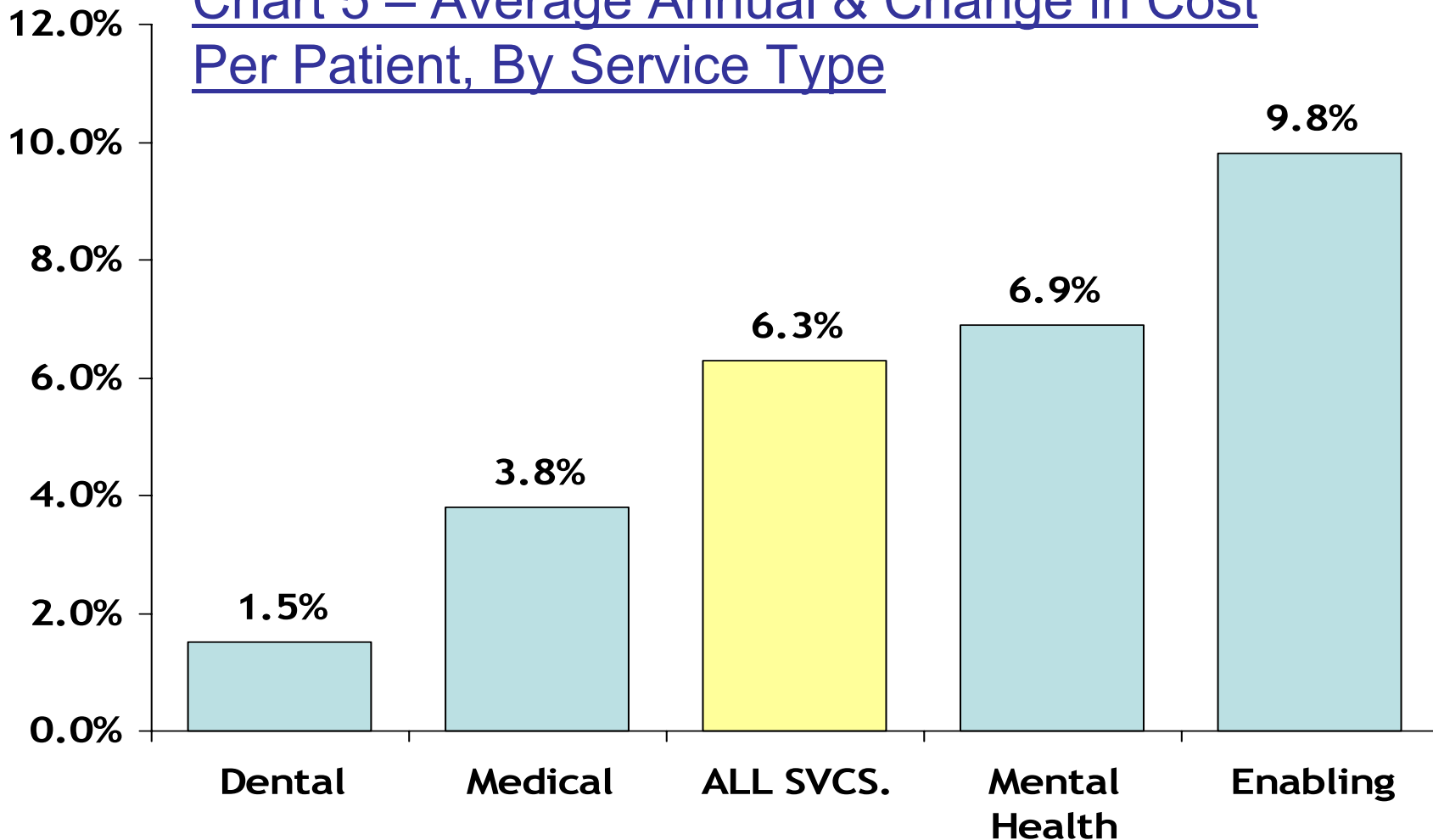
Source: BPHC 2006 & 2001 MN UDS Roll-Up



CHC Cost Per Patient, By Type of Service, Average Annual Change, 2001-2006

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Chart 5 – Average Annual & Change in Cost Per Patient, By Service Type



Enabling Services Key to CHC Success

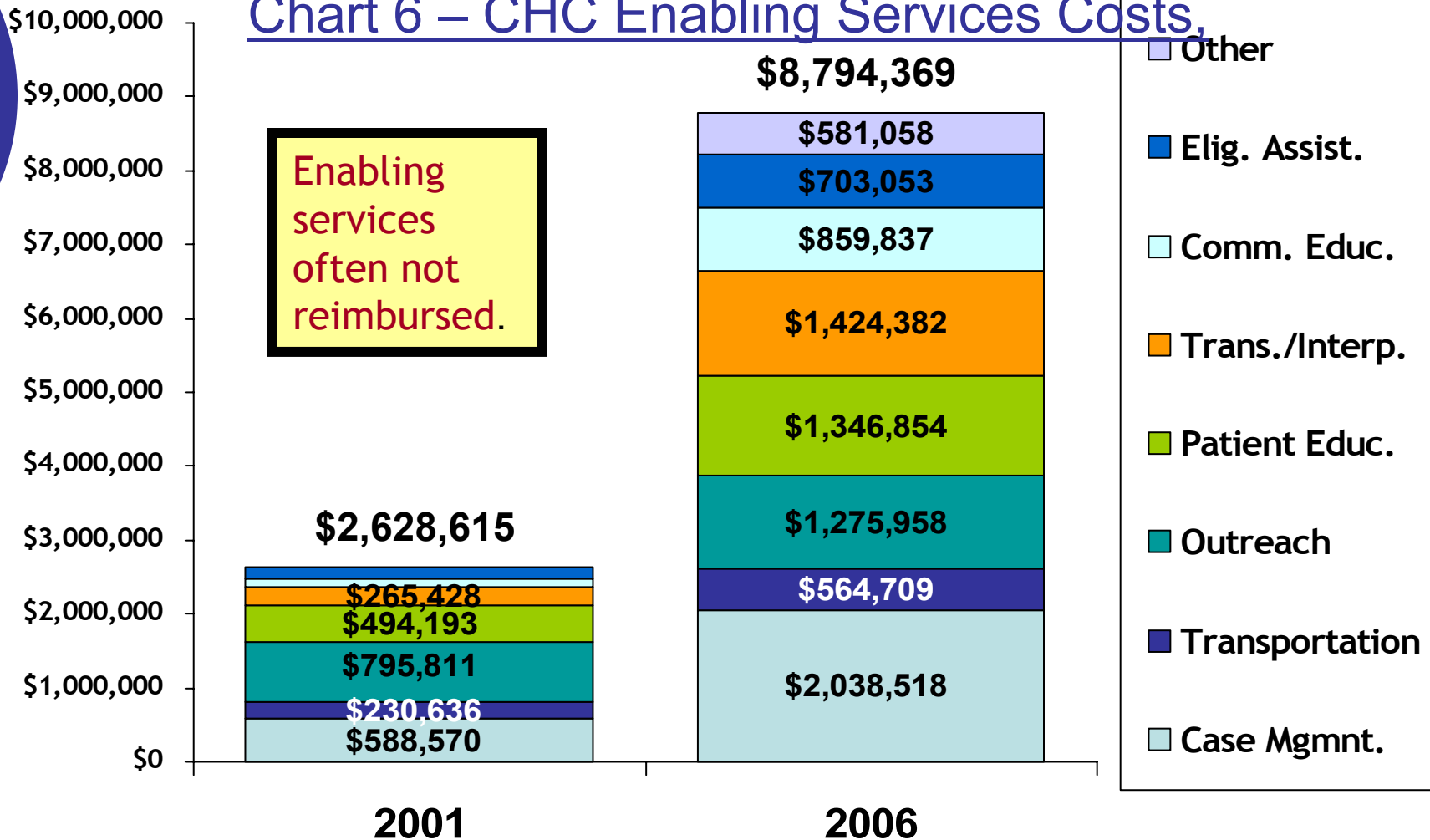
Enabling Service	Community Need/Benefit
Case Management	<p>Assist patients in navigating the health care system. Coordinate care for patients. Essential for patients with chronic conditions. Essential for patients who are not familiar with US system.</p>
Transportation	<p>Leading cause of missed appointments (urban and rural). Ranges from purchasing vans to reimbursing taxi fare.</p>
Outreach	<p>Concept of “primary care” may not be familiar in immigrant populations. Reliance on familiar medical practices/distrust of health care system (cultural or historical reasons). Health fairs, school-based clinics, alignment with other social service groups.</p>
Patient Education	<p>Nutrition services, certified diabetes educator.</p>
Translation/ Interpretation	<p>Address both general and medical literacy. 28.7% -- 42,443 - of CHC patients are “best served in a language other than English”</p>
Eligibility Assistance	<p>Public health care program enrollment. Immigration legal issues.</p>



Dramatic Growth in “Enabling Services”

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Chart 6 – CHC Enabling Services Costs,



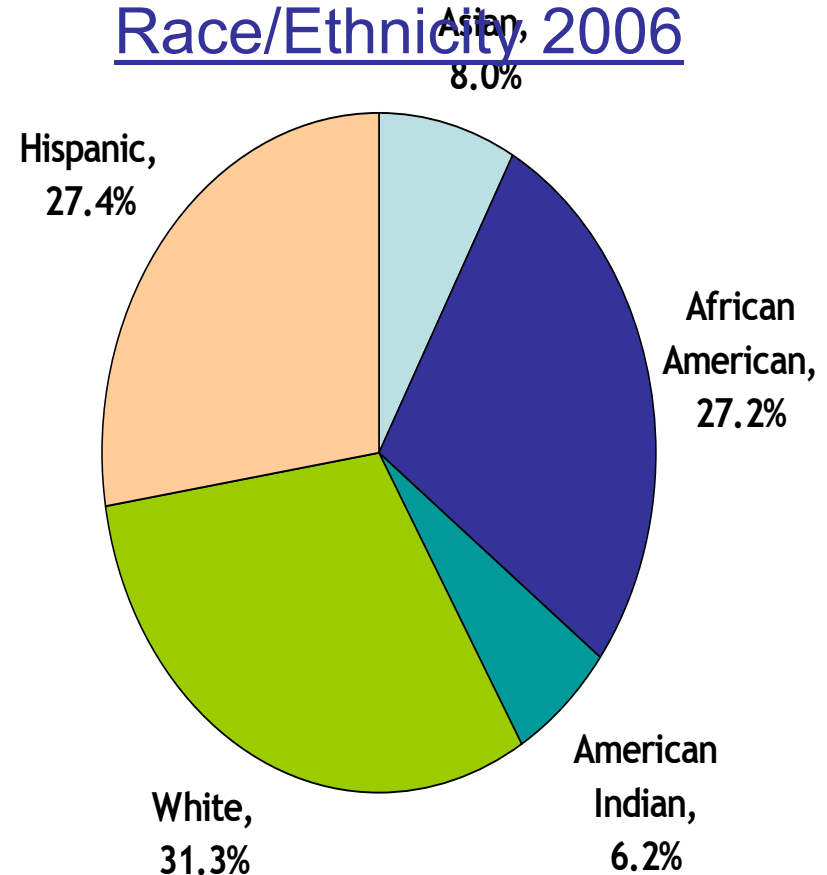
CHC WORKFORCE REFLECTIVE OF PATIENTS

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- Nearly 69% of CHC patients are non-white.
 - American-born
 - Foreign-born
- **CHCs response:**
 - Staff reflective of the communities served.
 - Physicians, NPs, PAs, Intake workers, front-desk staff.
 - **Oral Health Care - foreign-trained dentists.**
 - Cultural competency training.

Chart 7 – CHC Patient Race/Ethnicity, 2006



CHC Case Studies

Part Four



Migrant Health
Service, Inc.

*Serving the needs of migrant/seasonal
farm workers and their families*
*Sirviendo las necesidades de trabajadores
agrícolas emigrantes o temporales y sus familias.*



- MHSI partners with local YMCA.
 - Waived enrollment fee and adjusted annual membership fee.
 - Must visit YMCA a minimum of 8 times per month to receive discount.
 - 19 families, 77 individuals enrolled as of September 2007.
 - Leveraging other resources
 - Blue Cross Blue Shield Foundation funding
 - Fargo-Moorhead Area Foundation



**Migrant Health
Service, Inc.**

*Serving the needs of migrant/seasonal
farm workers and their families*
*Sirviendo las necesidades de trabajadores
agrícolas emigrantes o temporales y sus familias.*



- MHSI partners with local pharmacists.
 - Patients bring pre-stamped postcard to pharmacy.
 - \$10 payment for a 30-day supply of roughly 50 generic medications.
 - antibiotics, antihypertensive and diabetes medications
 - 50 local pharmacies included in the program



Migrant Health
Service, Inc.

*Serving the needs of migrant/seasonal
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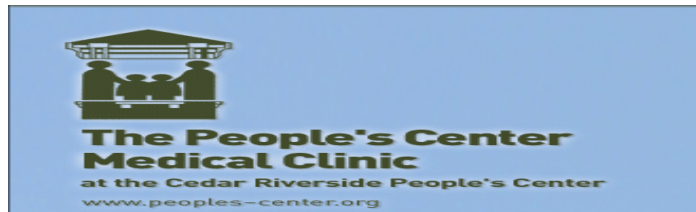


- MHSI partners with local pharmacists.
 - Benefits to the...
 - ...PATIENTS = affordability, adherence to regimen, continuity of care.
 - ...PHARMACISTS = low administrative cost, immediate payment.
 - ...MHSI = reduced administrative effort (phone calls to pharmacists, tracking vouchers), clinical monitoring of care.



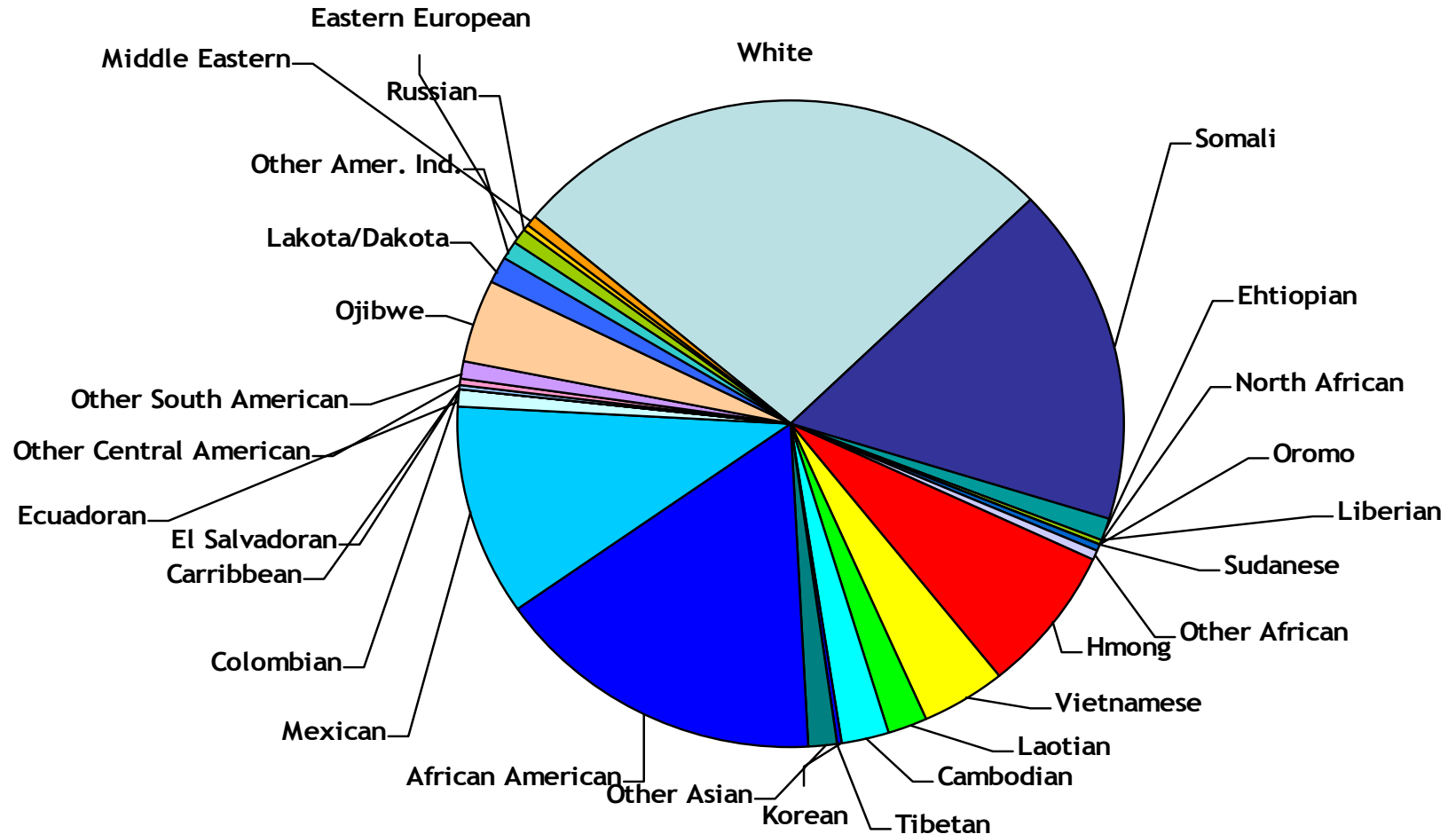
- Bilingual and bicultural community health workers and health educators
 - Diabetes prevention reduced HbA1c from 9.0 to 8.0 in 18 months.
 - 66% Latino, 12% Hmong in registry
 - Reducing oral health disease in preschool Latino children through outreach, screening and care.
 - Outreach toward Latino women related to breast and cervical cancer screening and follow-up.
 - 80% of 2,000 prenatal care visits are for Latino or Hmong women.

CHC Efforts to Eliminating Barriers



- Cedar-Riverside People's Center
 - Somali diabetes project
 - 42% reduction in HbA1c levels after implementing a patient self-management project
 - 80% of African-born patients present with “non-organic” symptoms.
 - Taboo of mental health

Community-University Health Care Center



Community-University Health Care Center

- Mental Health/Severe and Persistent Mental Illness (SPMI)
 - Practitioners of the same ethnic background.
 - Same life experience of the person seeking care.
 - Post traumatic stress disorder
 - 20 case managers
 - Interpreters
 - Serve as the “connection” to health care rather than the provider.
 - Compliment the care coordination activity at CUHCC



CHC Efforts

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- “M.Y.”
 - 57-year-old widowed Hmong refugee from Thailand
 - Emigrates to US for her son
 - Lifestyle change and “culture” overwhelms M.Y.
 - Becomes “depressed and isolated”
 - Interpreter at Open Cities Behavioral Health Services refers M.Y. for evaluation and case management.
 - Follow-up and home visits by OCHC staff.
 - Case management enables M.Y. to access local resources such as affordable housing.
 - “If I don’t come to group, there’s nowhere else I can go to learn about America.”



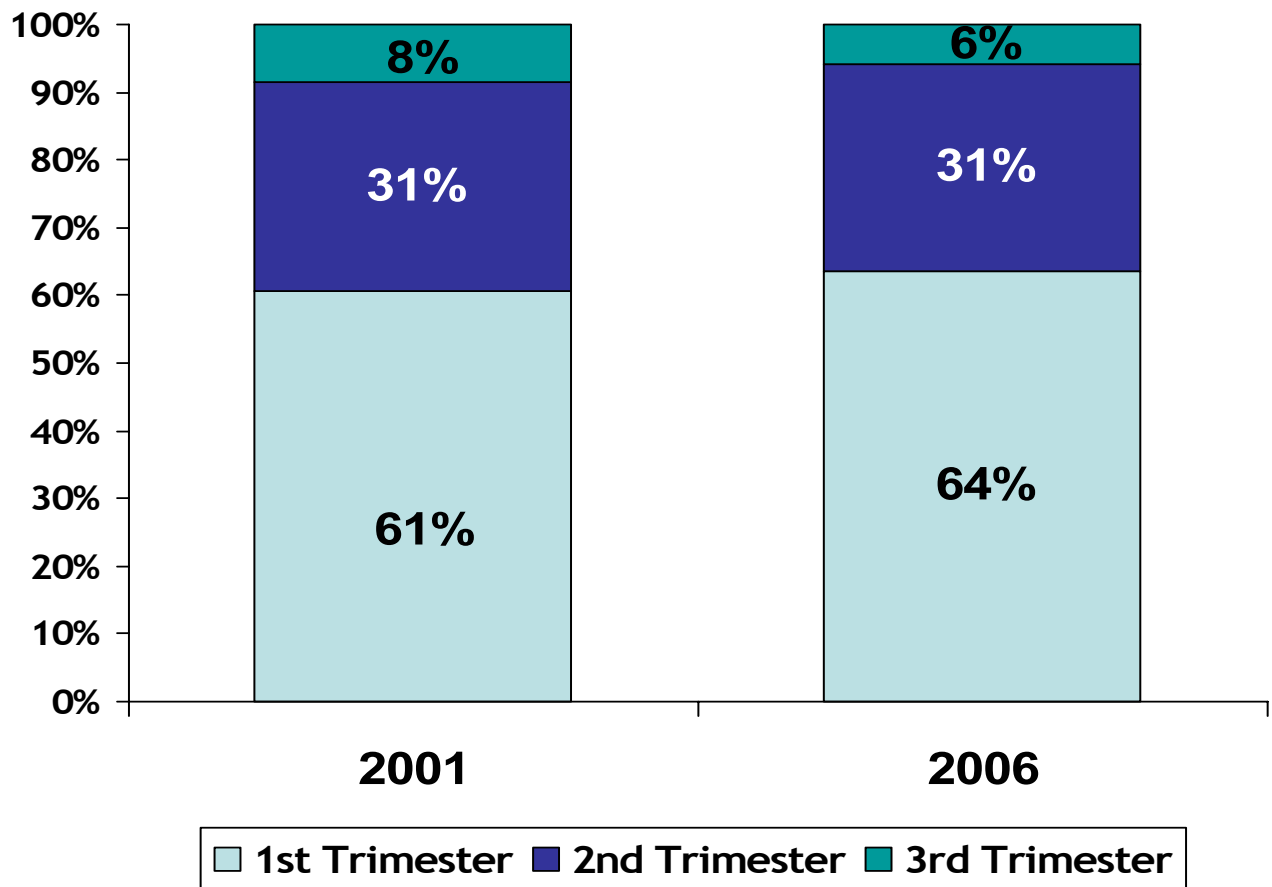
Part Five

Outcomes At CHCs in Minnesota

Results of Removing Barriers

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Chart 8 – Trimester of Entry into Prenatal Care

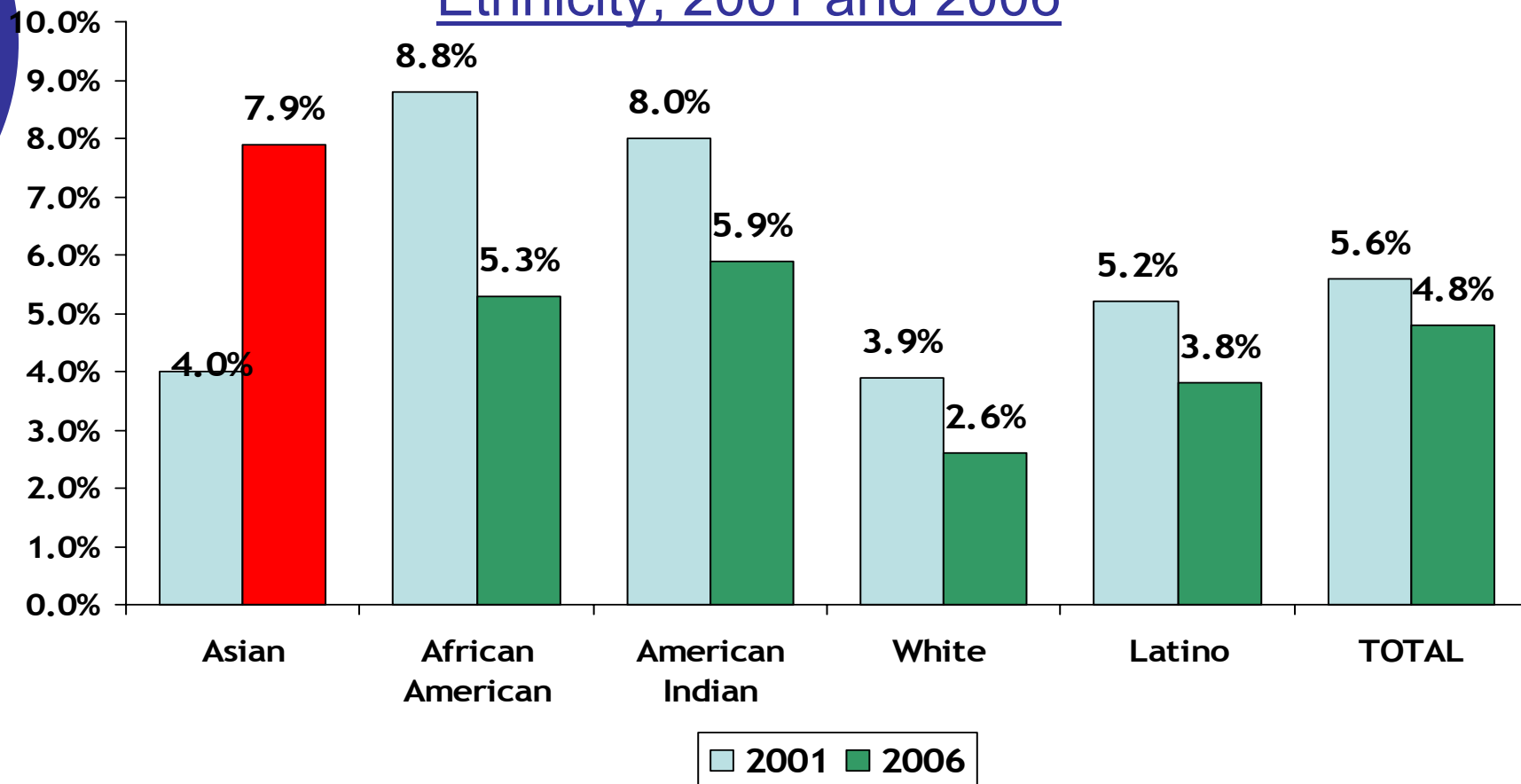


- 25% reduction in percent of women receiving first prenatal care visit in the 3rd trimester
- 5% increase in the percent of women receiving first prenatal care visit in the 1st trimester.

Results of Removing Barriers

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Chart 9 – % VLBW and LBW, By Race and Ethnicity, 2001 and 2006



VLBW=Less than 1500 grams
LBW=Between 1501-2500 grams

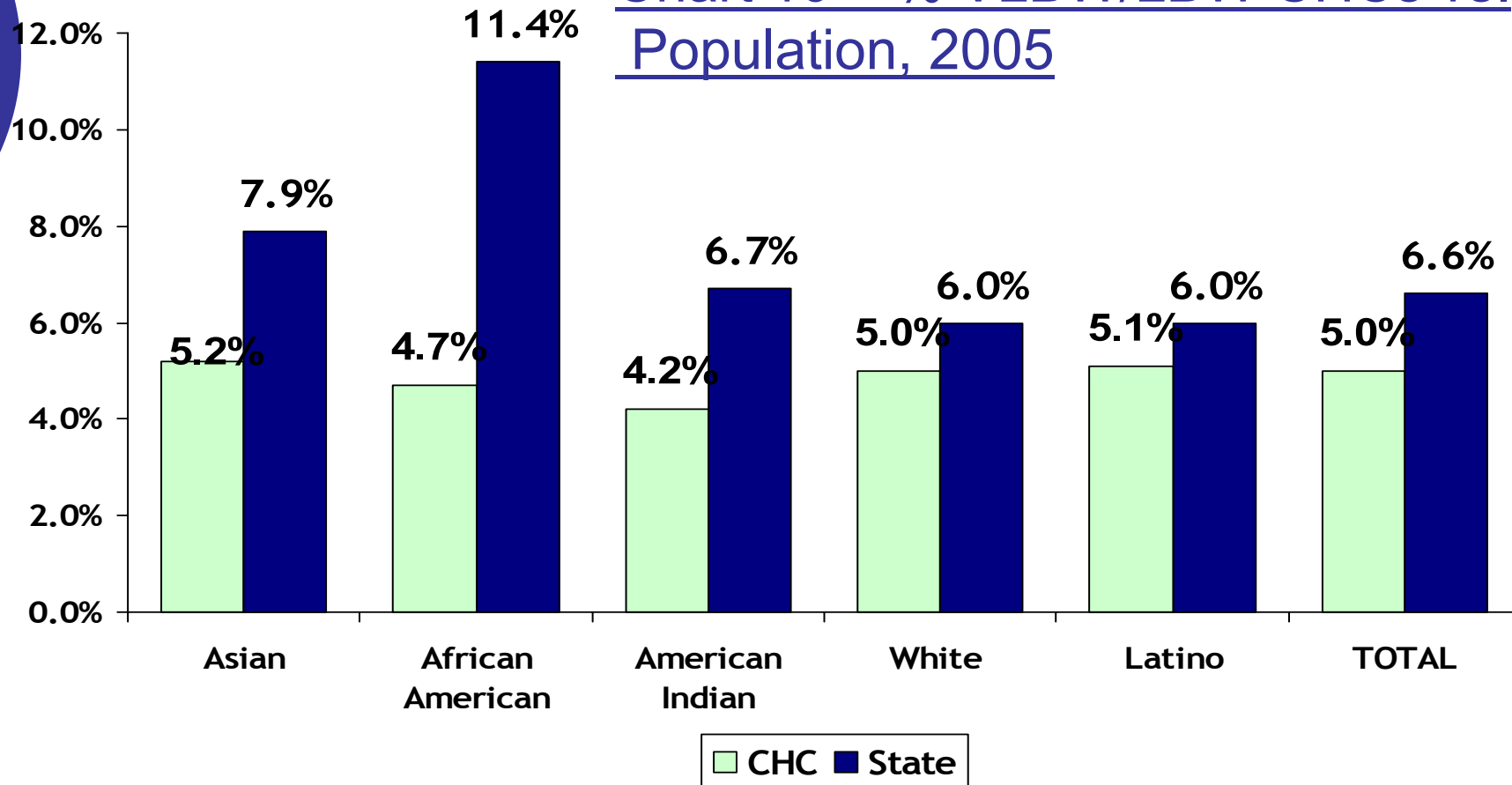
LBW:

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CHCs versus MN Population

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Chart 10 – % VLBW/LBW CHCs vs. Population, 2005

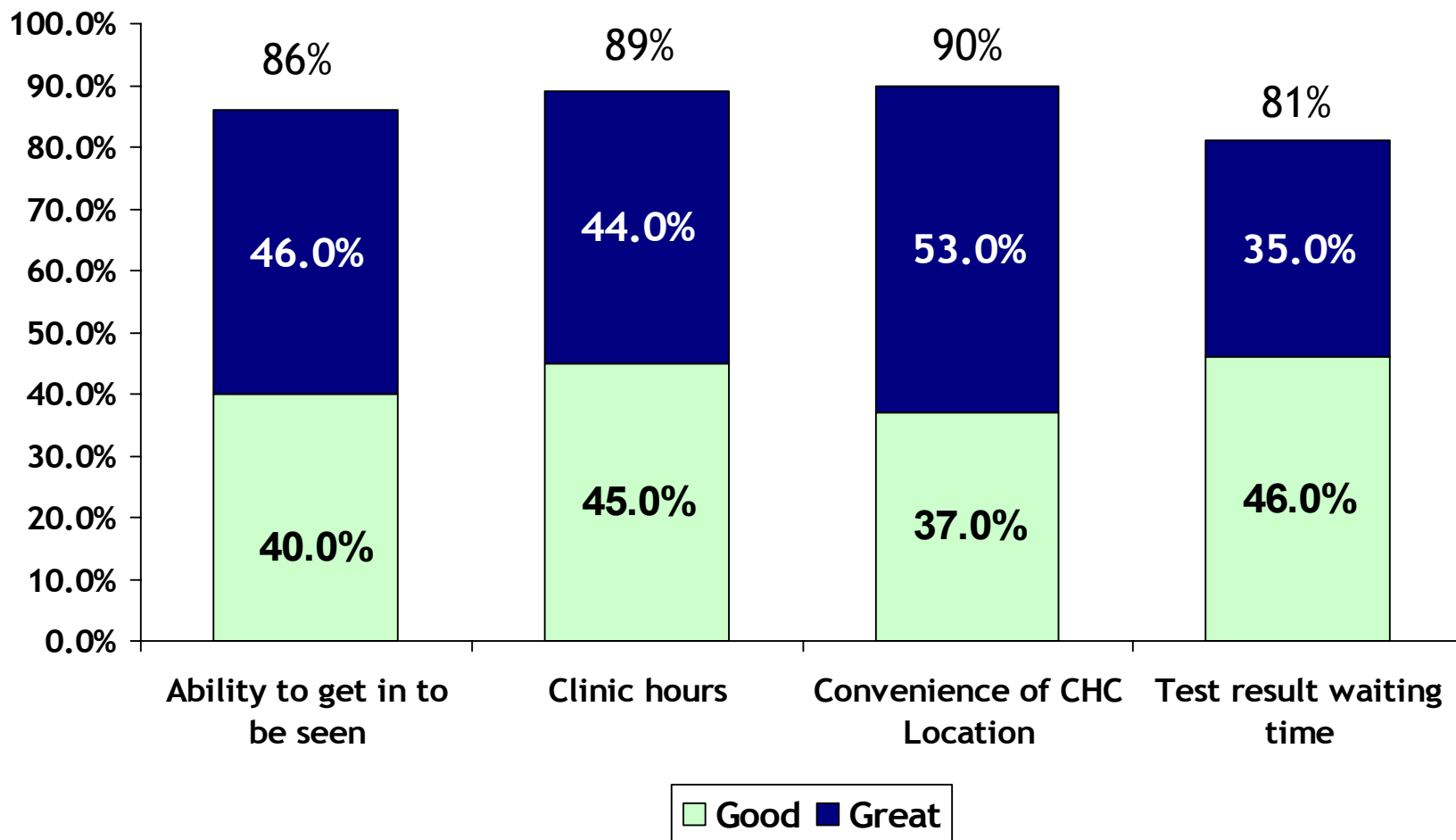


VLBW=Less than 1500 grams
LBW=Between 1501-2500 grams

Patient Satisfaction

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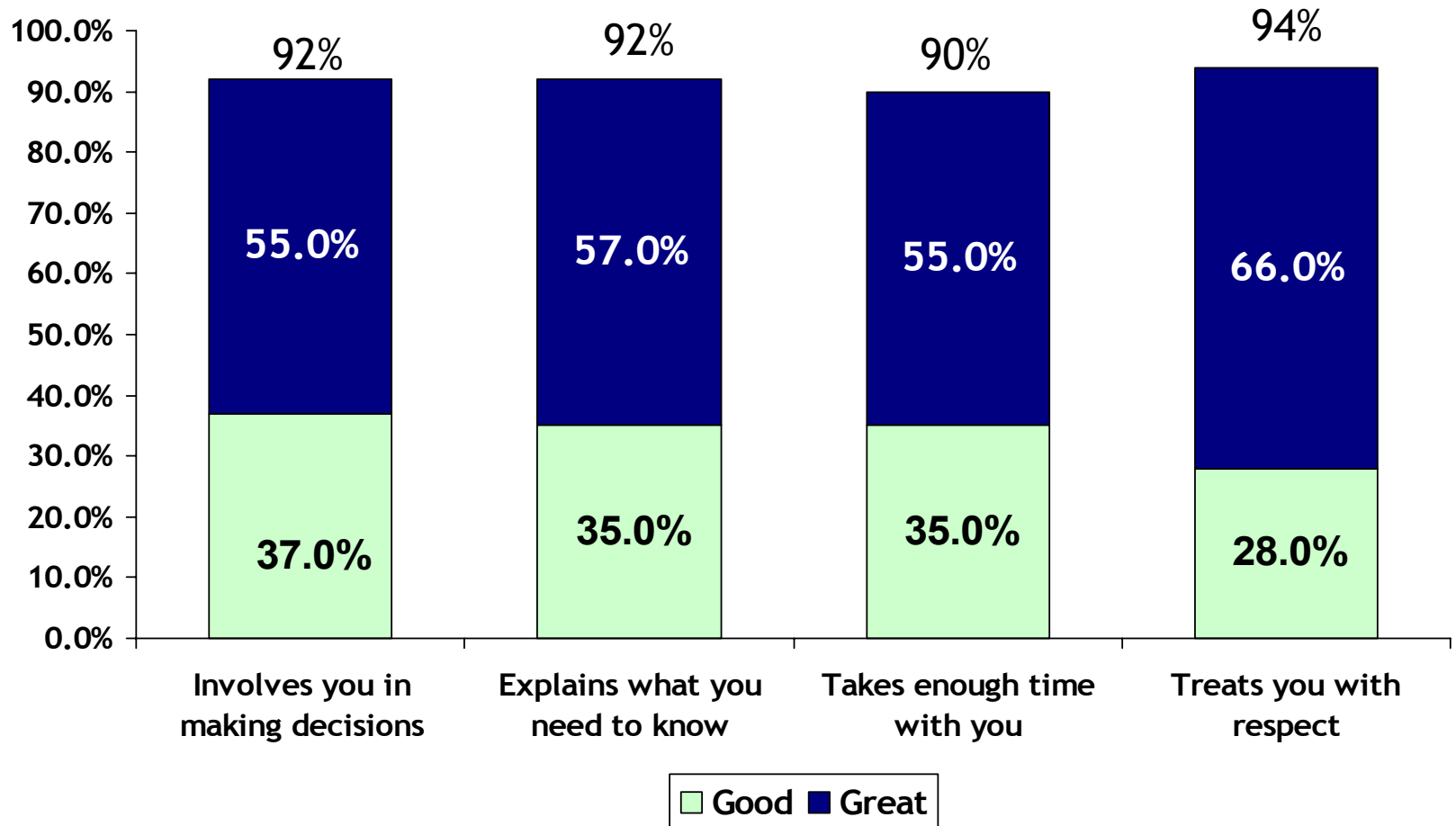
Chart 11 - Ease of Getting Care



Patient Satisfaction

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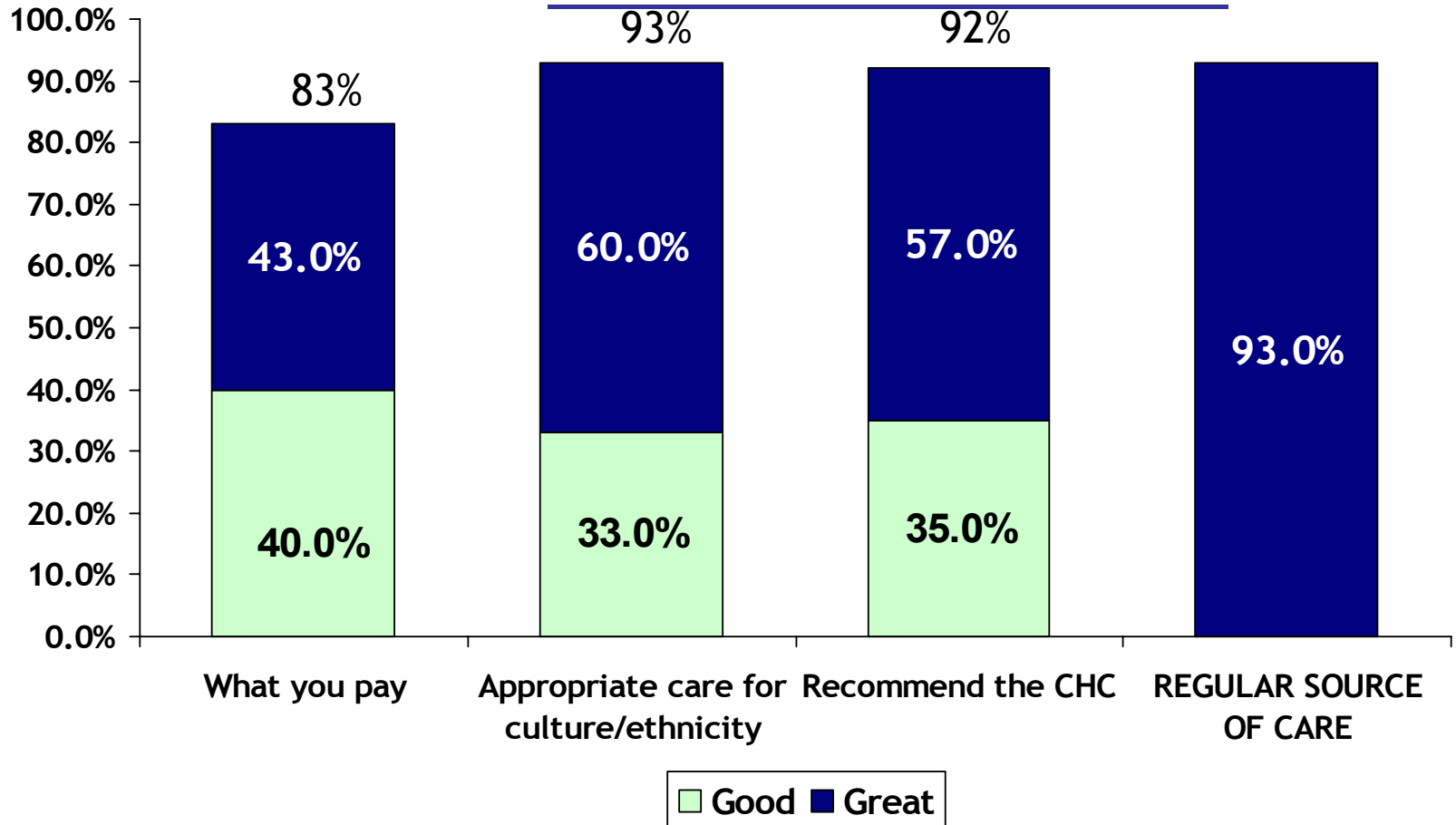
Chart 12 - Satisfaction with Providers



Patient Satisfaction

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Chart 13 - General Issues

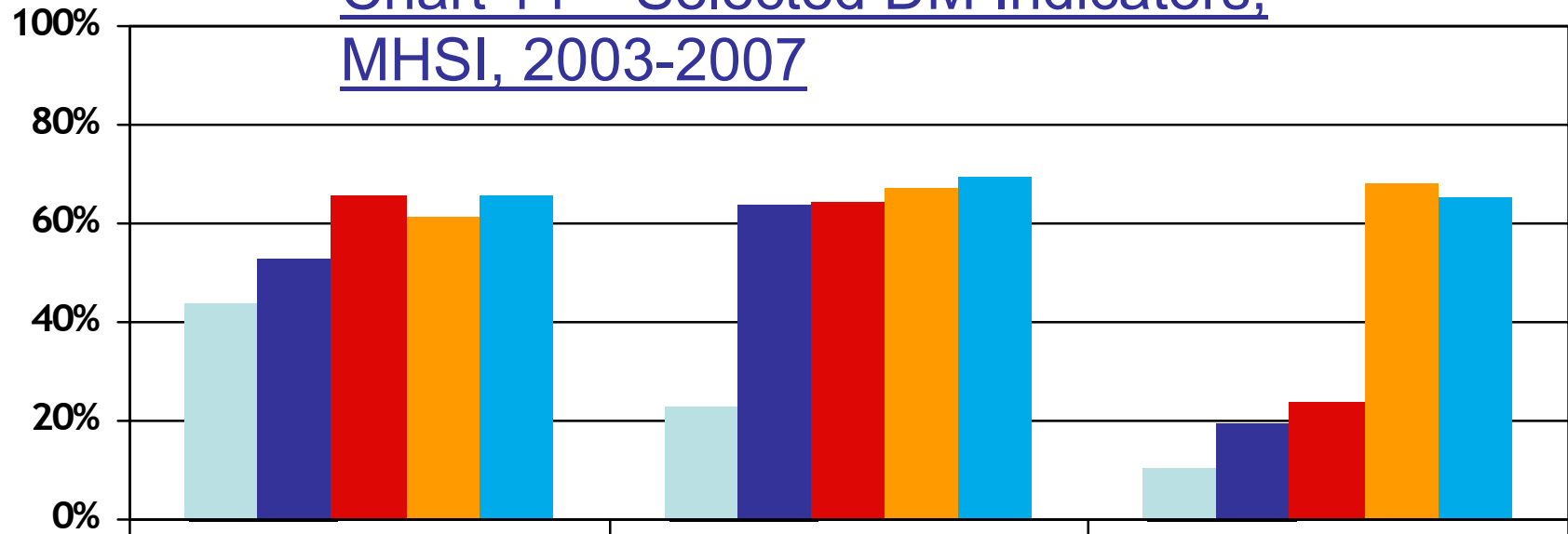




MHSI Diabetes Indicators

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Chart 14 – Selected DM Indicators,
MHSI, 2003-2007

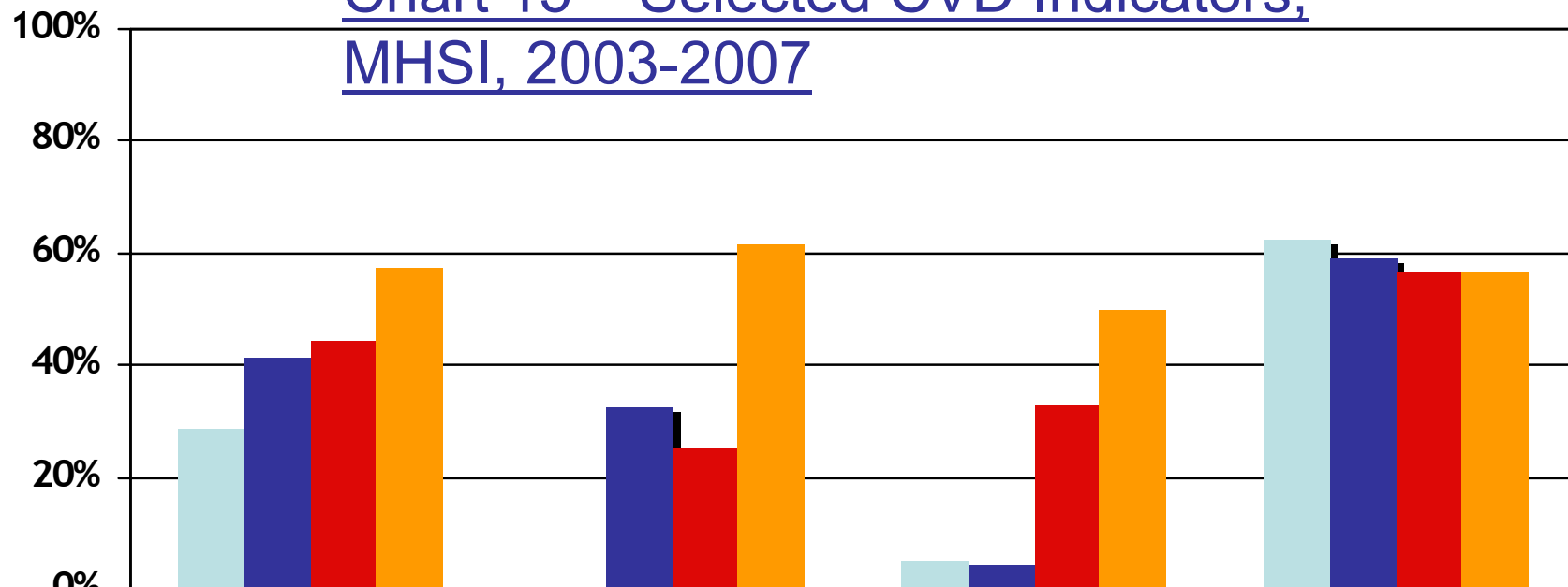


	% with Self-Management Goal	% 55+ on ACEI/ARB	Microalbumin Screening Rate (%)
Dec-03	43.7%	23.0%	10.5%
Dec-04	53.0%	63.6%	19.7%
Dec-05	65.9%	64.4%	23.9%
Dec-06	61.2%	67.0%	67.9%
Dec-07	65.9%	69.6%	65.1%

MHSI CVD Indicators

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Chart 15 – Selected CVD Indicators,
MHSI, 2003-2007

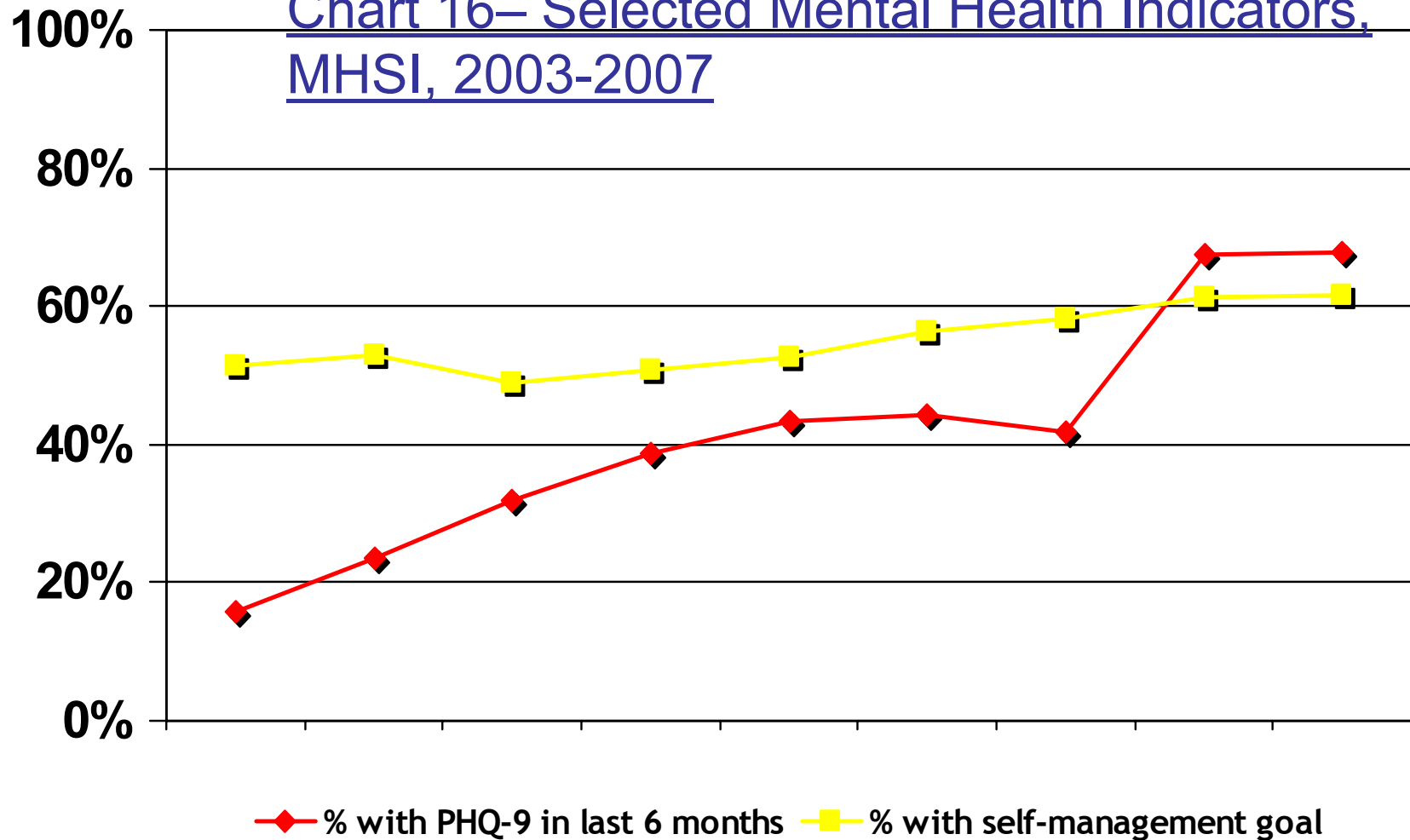


	% with Self-Management Goal	% HTN with BP Under Control	% with Depression Screening	% Using Tobacco
Dec-04	28.9%		4.9%	62.4%
Dec-05	41.3%	32.7%	4.1%	58.9%
Dec-06	44.1%	25.4%	33.0%	56.5%
Dec-07	57.2%	61.8%	50.0%	56.5%

MHSI Mental Health Indicators

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Chart 16– Selected Mental Health Indicators, MHSI, 2003-2007





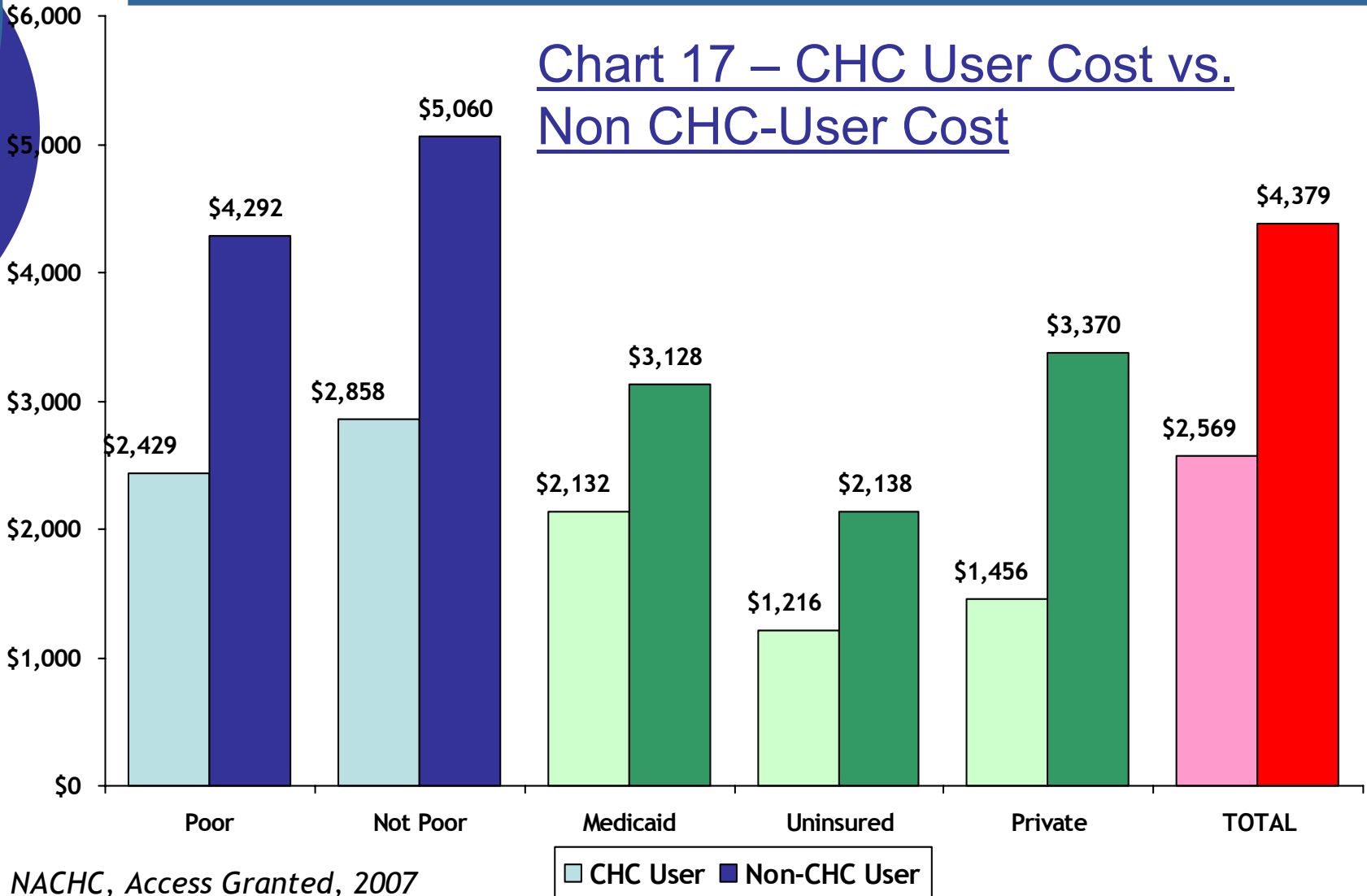
Part Five

CHCs as Cost Effective Providers



Mean Medical Expenditures, CHC Patient vs. Non CHC Patient, 2004 US Data

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Source: NACHC, Access Granted, 2007

Mean Medical Expenditures, CHC Patient vs. Non CHC Patient, 2004, US Data

Table 1 – Comparison of Per Patient Medical Expenditures, CHC vs. Non-CHC User, 2004

<i>(Mean Medical Expenditures per Year)</i>		Non-CHC User	CHC User	Difference
OVERALL		\$4,379	\$2,569	\$1,810
POVERTY				
	Not Poor	\$4,292	\$2,429	\$1,863
	Poor	\$5,060	\$2,858	\$2,202
INSURANCE				
	Medicaid	\$3,128	\$2,132	\$996
	No Insurance	\$2,138	\$1,216	\$922
	Private	\$3,370	\$1,456	\$1,914

Literature Review

Demonstrating CHC Savings

- CHC patients incur lower total per-member, per-month Medicaid costs than non-CHC users. (Michigan)
 - Savings of \$44.87 per member, per month in Medicaid spending
- CHC Medicaid patients (AL, CA, GA, PA):
 - were 19% less likely to use the emergency department (ED) for a ambulatory care-sensitive (ACS) condition
 - Were 11% less likely to be hospitalized for an ACS condition compared to MA beneficiaries using outpatient and office-based physicians.
- CHC Medicaid patients with diabetes cost the state of South Carolina \$400 less per patient when compared to those treated by private family physicians
 - Fewer ED visits, hospitalizations, as well as lower costs for specialists, and lab services.

Summary of CHCs As “Medical Homes”

- “Medical Home” concept since 1967 in Minnesota.
 - Services (e.g., dental, behavioral health) not typically seen in primary care setting.
- “Enabling Services” critical for outreach and maintaining relationship with patient
 - Often services are not covered by private or public insurance
 - Highest cost increases over 5-year period.
- “Team approach” to eliminating health care disparities.
 - Often services are not covered by private or public insurance.
 - Interpreters function as the “gateway” to further care/services.
 - Case managers used to coordinate patient needs and care.
- Governed by members of the community CHCs serve.
- Demonstrating success.
 - Clinical measures.
 - Patient satisfaction measures.

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