



NATIONAL ASSOCIATION OF
Community Health Centers

NACHC Update on Related Research and Policies

Michelle Proser &
Director of Research

Kaitlin McColgan
Assistant Director,
Federal Affairs



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The NACHC Mission

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations.



Major Research Activities

- Determining current and future primary care workforce needs (NACHC, Robert Graham Center, GWU)
 - Coming Soon: Behavioral & Oral Health Workforce Needs
- National Health Professions Training surveys (1997, 2000, 2007)
- Coming Soon: case studies of primary care physician residency programs at health centers



Access Transformed: Building a Primary Care Workforce for the 21st Century

- Examines:
 - Where are we now?
 - What will health center expansion require?
- Approach
 - Compares 2006 UDS to current benchmarks
 - 1:1500 primary-care-physician:patients
 - Adjusted 1:1500 for physicians, NPs, PAs, CNMs

Staffing Needs: Current & Future

	<u>CHC Median</u>	<u>US Benchmark</u>
Physicians:	1:1709	1:1500
For all providers:	1:1092	1:958
Nurses:	1:1479	1:1298

- To get to **benchmark currently**, would need:
 - 1,843 more physicians, NPs, PAs, CNMs
 - 1,384 more nurses
- To get to **30 million patients** (Current staffing -- Benchmark):
 - 15,585 - 19,428 providers
 - 11,553 - 14,397 nurses



Multifaceted Approach to Building the Primary Care Infrastructure

- **Enhance the Pipeline of Primary Care Professionals**
- **Incentivize Placement and Practice Decisions**
- **Scope of Practice Laws**
- **Payment Obstacles**
- **Pursuing Shortage Designations**

Need to understand how policies impact shortages.

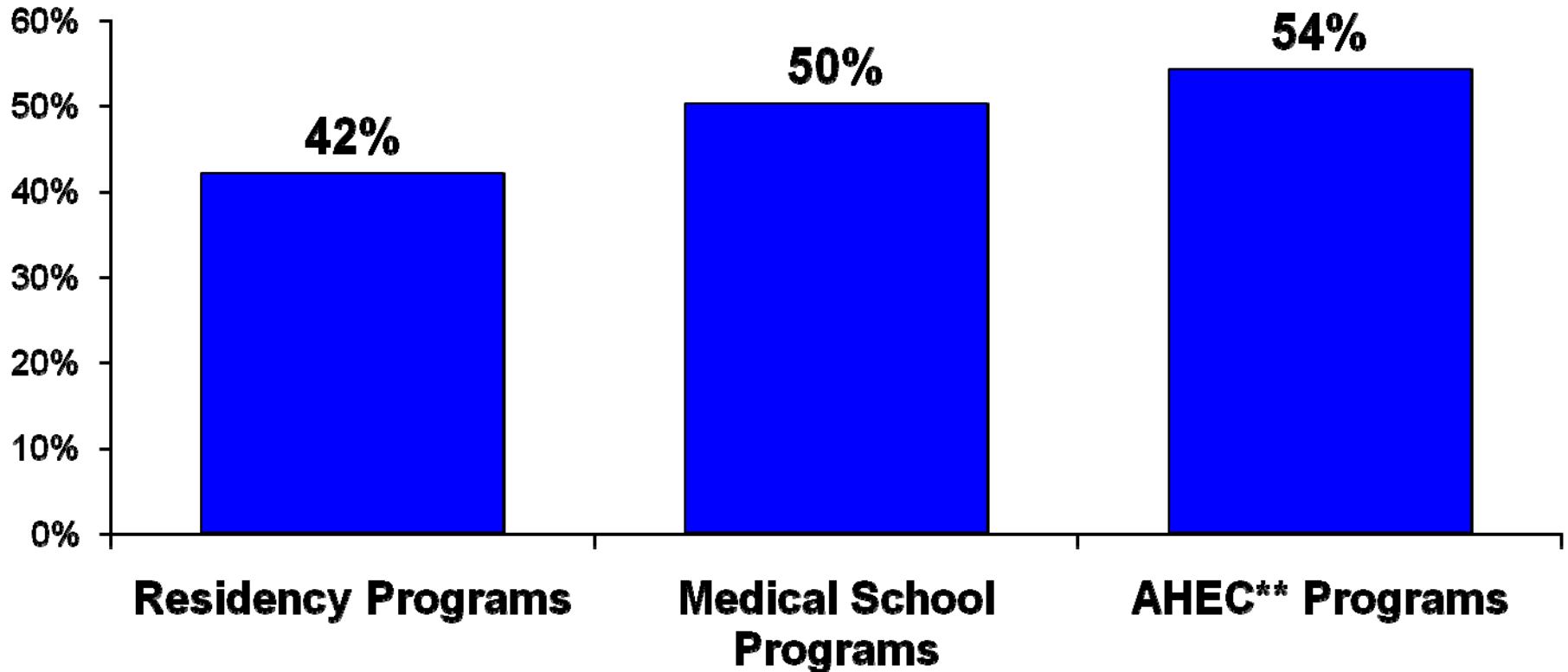


2007 National HPTs Survey

- 330/952 (35%) responses
- Respondents similar to CHCs nationally
- 87% report participating in at least one HPT program
- 69% report having hired a HP who trained at the CHC over the last 5 years

Percent of Health Centers Participating in Health Professions Training Programs, 2007

Percent Participating

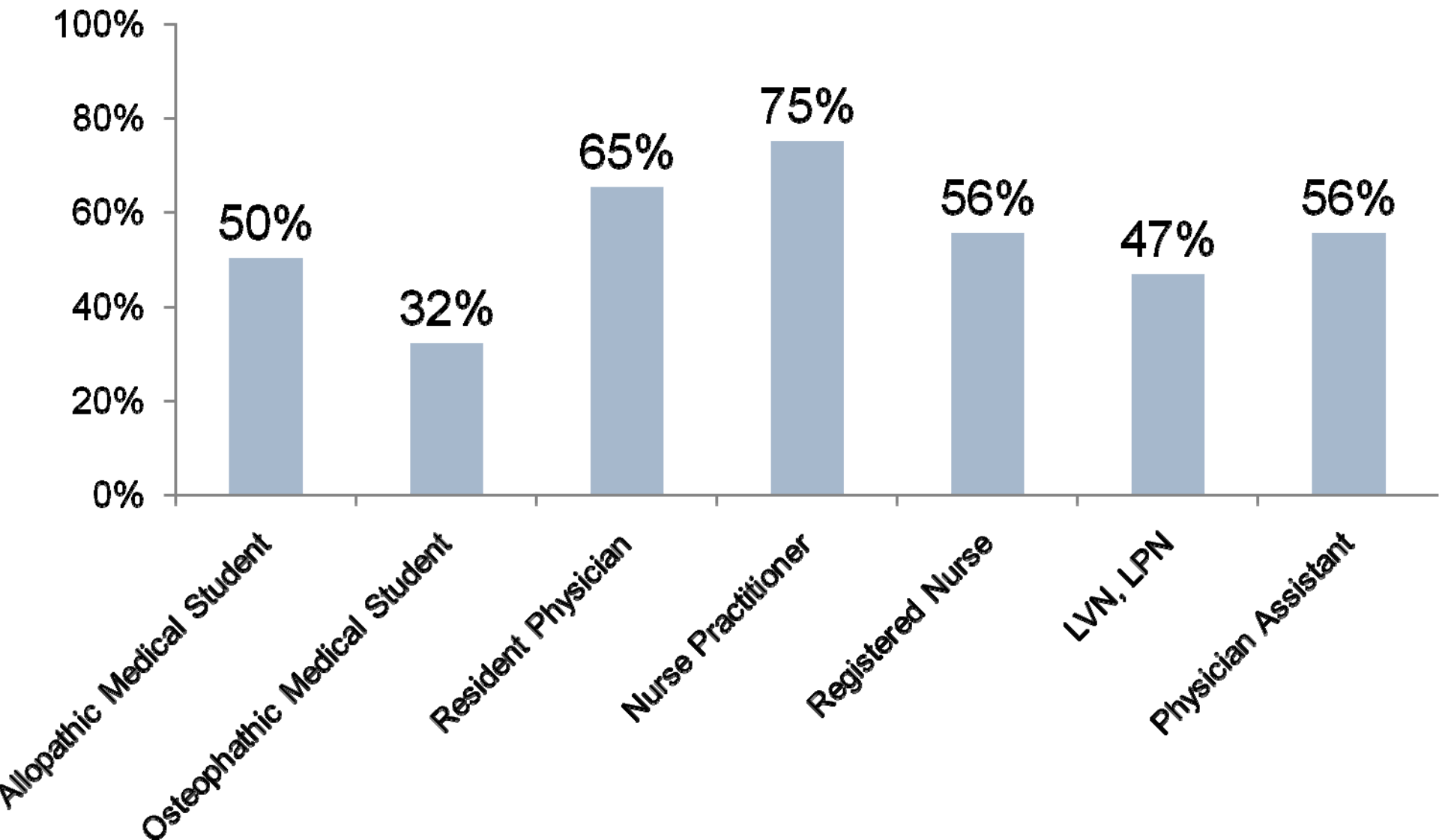


** Area Health Education Center

Note: 35% response rate. Survey responders make up a nationally representative sample of all federally-funded health centers.

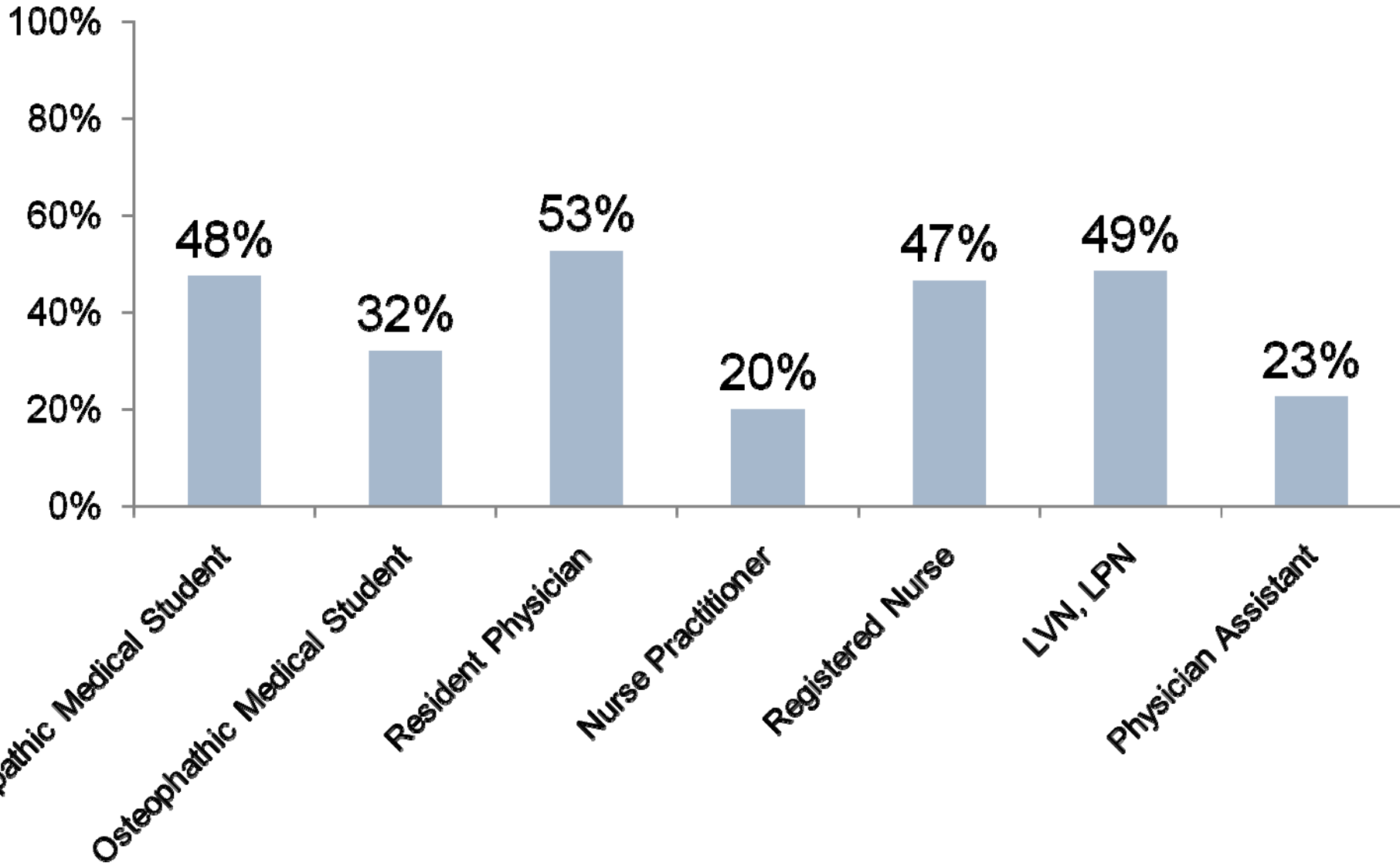
Source: NACHC 2007 Survey of Health Profession Training Programs in Community Health Center

Percent of Health Centers Participating in Select HPT Activities, 2007



Source: NACHC 2007 Survey of Health Professions Training Programs in Health Centers

Percent of Health Centers with Three or More Students/Residents Per Year, 2007



Respondents' Ranking of Factors Perceived as Important for Participating in HPT

Improved recruitment of health professionals	3.61
Chance to influence students' future practices with community-based training	3.40
Improved retention of health professionals	3.33
Affiliation with academic health center/teaching hospital/university	3.02
Enhanced community respect	2.92
Networking with other providers	2.88
Increased staff satisfaction	2.85
Increased capacity to provide services by students during training	2.44
Improved encounter volume at health center	2.39
Improved patient access to specialty and inpatient care	2.39
Improved income	2.25
Helps to defray overhead costs	2.10
Exposure to one or more research projects	1.90

Response average (on a 4.0 scale) for each. 1 = Not important; 2 = Somewhat important; 3 = Important; 4 = Most important.

Respondents' Ranking of Challenges Affecting CHC Participation in HPT

Lost productivity of center's staff while teaching	3.08
Cost	2.92
Space	2.86
Continuity of patient care in light of student/resident turnover	2.39
Patients' perception that students are practicing on them	2.35
Distraction from service mission of center	1.89

Response average (on a 4.0 scale) for each. 1 = Not important; 2 = Somewhat important; 3 = Important; 4 = Most important.

Ranking of Reasons for NON-Participation in HPT

Lack of formal relationships with area medical schools and/or teaching hospitals	3.05
Space	2.51
Lost productivity of center's staff while teaching	2.48
Cost	2.31
Patients' perception that students are practicing on them	1.66

Response average (on a 4.0 scale) for each. 1 = Not important; 2 = Somewhat important; 3 = Important; 4 = Most important.



Research Gaps

- What attracts residents to CHCs, how many are training there, and how many have been hired?
- What are the different THC models and what is needed to sustain them?
- What are CHCs' costs associated with being a THC?
 - What is the actual impact on a CHC's productivity?
- Do residency programs improve care for patients?
 - Do patients have better access to specialty services?
- New/Continue HPT Survey Analysis
 - What are the characteristics that differ between THCs and non-THCs?
 - Revisit the extent to which CHCs engage in HPT activities and who are their partners?
- What schools produce the most CHC clinicians?
 - Possibly available in HRSA FTCA data
- What T/TA do CHCs need to implement and sustain HPT activities?
- In what ways do HPT activities support transformational practices (QI and innovations)?



Health Centers and Health Reform: Key Priority Areas

- ***Payment***

- Ensuring health centers are adequately reimbursed by all payers (i.e. Medicaid, Medicare, private)

- ***Participation***

- Ensuring health centers and their patients are full participants in a reformed health care system (i.e. “essential community provider”)

- ***Growth***

- Ensuring the health center program can continue to grow to provide care to the newly insured- with a reliable, dedicated funding stream.

Where Do Health Center Priorities Stand?

- ***Payment***

- Medicare services fix in House W&M; Senate Finance includes MATCH, and exchange plan PPS requirement.

- ***Participation***

- All three House bills include contracting requirement; Senate HELP also includes.

- ***Growth***

- Scaled back from original \$38 billion, House bill still includes \$12b/5 yrs for health center program expansion from Public Health Investment Fund. Senate HELP includes increased authorizations, Prevention and Public Health Fund.



Health Center Workforce Priorities in Health Reform

- ***Growing the National Health Service Corps***
 - continue growth envisioned in ARRA; establish dedicated, reliable funding
- ***Work in Concert with Partnership for Primary Care Workforce on Coalition Priorities***
 - In addition to Corps: reauthorize Title VII, increase payment for primary care, improve training opportunities in community-based setting.



Residency Training in Health Centers and Health Reform

- Initiated in the House by Rep. Gene Green (D-TX) and Senate by Sen. Jeff Bingaman (D-NM)
- NACHC recognized growing interest/need amongst health centers, but had limited data on specific challenges
- **Priority: make funding flexible, reliable.**

Residency Training in Health Centers Where We Stand in Reform Legislation

House Energy and Commerce Bill- Sec. 2214

- Establishes Title VII Community-Based Training Grant Program for development and operation of community based primary care residencies
- No limit on use of funds under operating grants, could include direct and indirect costs.
- Both Development and Operating Grants administered by HRSA.
- Funded out of new trust fund (Public Health Investment Fund) at approx. \$221 million over 5 years.

Senate Finance Bill- Sec. 3028

- Establishes Title VII Teaching Health Centers Grant Program for development of newly created or expanded primary care programs.
- Establishes pool of funding for operation of “teaching health centers.”
- No limit on use of funds under operating funding, could include direct or indirect costs.
- Grant program not funded (authorization only); operating funds provided out of Part A Trust Fund at \$230 million over 5 years.



Residency Training in Health Centers Where We Stand (cont'd)

House (cont'd)

- Eligibility: cites 1886(k)-FQHCs, rural health clinics, other entities determined by the Secretary. Also includes participants in a Teaching Health Centers GME demo the bill creates.

Senate (cont'd)

- Eligibility: “Teaching Health Centers”; defined as: community-based, ambulatory patient care center establishing or expanding a primary care residency program or residency in a specialty the sec. determines is high need.