



## **Plan for Expanding Sustainable Community Health Centers in New York**

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## Overview

- With support from the New York State Health Foundation, CHCANYS has released a data-based plan for building the capacity of Federally Qualified Health Centers (FQHCs) to serve more patients.



## Healthcare Landscape

- Increasing capacity is critical to ensuring access to care, especially for the low-income populations that FQHCs serve
- Both Federal and State health reform require expanded primary care capacity
  - Central to Governor Cuomo’s Medicaid Redesign Team’s Action Plan
  - Needed to care for the influx of newly insured people under the Health Exchange and ensure a strong safety net for those who remain uninsured.
- Nationally, the number of people served by FQHCs is expected to reach 30 million annually by 2015.
  - In New York State, FQHCs are expected to double capacity to serve nearly 3 million New Yorkers by 2015.

## Implementing the Plan

- The plan is an important part of a larger effort in New York that also addresses quality and costs
- The plan:
  - Highlights untapped opportunities to get additional capacity out of the existing primary care system
  - Looks at communities throughout New York that are “primary care deserts” and prioritizes areas for sustainable expansion
- There are resources already in the system that we need to use to transform the health care system.

## Focus of the Plan

- Plan focuses on two important means of increasing the capacity of FQHCs to serve more patients:
  1. **Expanding Internal Capacity** to extract additional capacity out of existing resources by addressing workforce needs and improving operations and care delivery
  2. **Expanding Physical Capacity** by expanding the system itself

## Special Populations and Quality

- The quantitative analysis did not include an in-depth analysis of FQHCs that serve special needs populations but did capture input in the qualitative analysis.
  - Community-level planning will need to assess the needs of special populations and efforts to expand capacity must account for the differences with special populations.
- The plan addresses capacity but did not directly address quality or health outcomes, which are critical to ensuring that existing or new capacity produces the right results.
  - Qualitative interviews did reveal significant efforts by FQHCs to improve quality and to do more for their patients.

## Methodology

- Three components of project:
  1. Quantitative analyses
    - Estimated the potential for increasing the capacity to serve more patients within the existing system
    - Assessed and ranked the areas' need for expanded FQHC physical capacity and the areas' potential for successful and sustainable expansion
  2. Qualitative analyses for increasing capacity of the existing system to serve more patients
    - Interviewed leaders from 20 FQHCs across the State
  3. Input from a Stakeholder Group and an Expert Panel

## Geographic Analyses

- Focused separately on New York City and the Rest of New York State (ROS)
- For ROS, conducted separate analyses of:
  1. Counties that were fully rural (31)
  2. The rural areas within “mixed” counties (26 mixed counties)
    - That is, the rural areas within counties that have both rural and urban components
  3. The urban areas within “mixed” counties
    - That is, the urban areas within counties that have both rural and urban components

8





# ANALYSIS AND KEY FINDINGS

## Productivity

- Considered options and impact of increasing visits per full-time equivalent (FTE) staff.
- This has been an historic measure of productivity for FQHCs but it has significant limitations.
- Any efforts to increase volume should also focus on increasing access and maintaining or enhancing quality.
  - Some FQHCs reported strategies to increase their capacity to serve more patients.
  - Not all FQHCs currently have these strategies in place, which represents an opportunity to support broader adoption.

## Productivity

- Example of potential impact:
  - Increasing visits per FTE to the median rate for all FQHCs analyzed could provide more than 330,000 additional visits (a 5% statewide increase) for 72,000 additional patients.
  - Increasing visits per FTE to the 75<sup>th</sup> percentile would yield more than 1 million visits per year for 225,000 additional patients.

## Provider Vacancies

- Using a Center for Health Workforce Studies analysis, considered options and impact of filling existing provider vacancies.
  - If all reported vacant positions were filled, capacity would increase by about 850,000 visits a year (12.6%) for 185,000 additional patients.
  - Expanding the State’s existing provider recruitment and retention programs to fill existing vacancies could produce 720,000 more visits for more than 155,000 patients.

## Need Measures

- Adjusted rate of preventable hospitalizations
- Percentage of avoidable Emergency Department (ED) visits
- Uninsured rate
- Percentage of population that missed medical care (New York City) or reported having no regular provider (Rest of New York State)
- Percentage racial and ethnic minority
- Percentage low-income (i.e., below 200% of poverty level)
- Percentage elderly (i.e., age 65 and older)
- Percentage non-citizen
- Percentage with limited English proficiency
- Percentage of births with late or no prenatal care

13



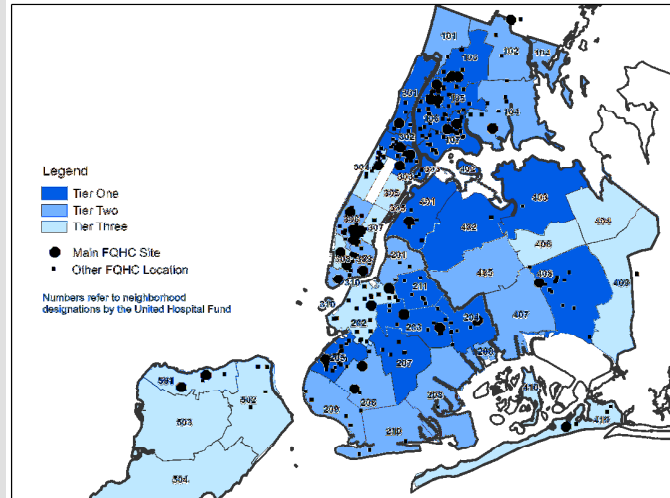
## Sustainability Measures

- Community-based primary care doctors (FTEs) per 10,000 population
- Change in population rate from 2000 to 2010
- Percentage of low-income population not served by FQHCs
- Percentage eligible for but not enrolled in publicly-funded health insurance
- Labor force participation rate
- Percentage enrolled in Medicaid or Medicare
- Percentage with urban access (used in rural areas only)

## Expanding Physical Capacity

- Using the analysis, ranked New York geographic into priority tiers for expansion.
- The tiers can help support—but not dictate—a more careful exploration of community-level conditions affecting need and sustainability.

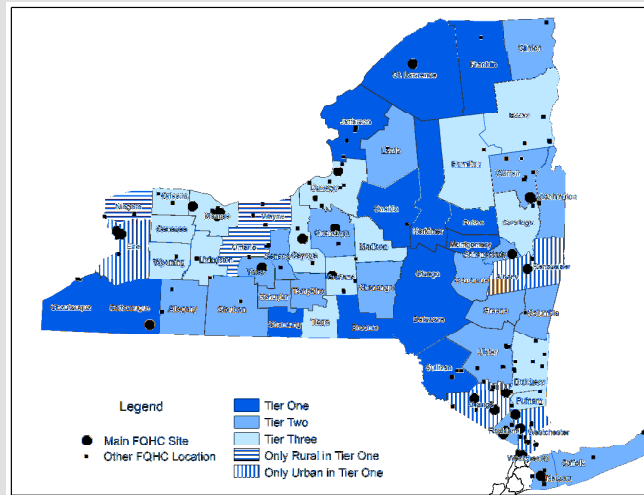
## Levels of Opportunity for Physical Expansion in New York City



16



## Levels of Opportunity for Physical Expansion in Rest of State



17

# RECOMMENDATIONS

## Development of High-Performing Community-Based Primary Care

- Develop and Implement a Training and Technical Assistance Program that would focus on helping providers:
  - Implement systems for managing and balancing supply and demand and increasing capacity
  - Implement team-based care
  - Enhance their Health Information Technology capabilities
- Expand the Use of Telemedicine
  - Funds to support the upfront implementation costs
  - Malpractice coverage under FTCA

## **Workforce Recruitment and Retention**

- Expand New York's Doctors Across New York and Primary Care Service Corps Programs
- Develop Provider Teaching and Training Programs in Health Centers
  - Extend funding for HRSA's Teaching Health Center GME program
  - Fund for start-up costs of developing programs and/or partnerships and evaluation
- Institutionalize Advanced Care Models into Educational Programs

20



## **Access to Affordable Capital**

- Maximize Capital Funds Through Leveraging Public and Private Funds
- Develop a Centralized Capital Technical Assistance Program
- Support for Non-Capital Expansion Costs

## Community-Level Planning

- Provide Resources for Community-Level Planning, including for:
  - Data analyses on needs and opportunities
  - Environmental assessments
  - Soliciting input from all stakeholders
  - Facilitating the community planning process

## **CHCANYS Toolkit to Support Planning**

- CHCANYS Center for Primary Care Informatics is releasing a toolkit to support community-level planning
  - Toolkit will provide centralized access to geographically-relevant data
    - Includes data and software to manipulate the data
  - Will be available in Excel for easy use
  - Mapping tools with pre-programmed views on a variety of indicators

# Questions?

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