



Opportunities in Health Reform to Improve North Carolina's Primary Care Access Through Community Health Center Expansion

Presentation to the Safety Net Workgroup of the NC Health Reform Advisory Council
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Federally Qualified Health Centers Currently in NC

- 26 Health Center Grantees, 1 Migrant Voucher Program
- 136 Clinical Service Sites, 19 migrant voucher program sites
- 8 Migrant Health Center Grantees
- 3 Healthy Schools/Healthy Community Grantees
- 4 Homeless Health Care Grantees
- 2 Federally Qualified Health Center Look–Alike organizations with 5 clinical service sites



Providers (2009)

- 158 Physicians
- 113 Nurse Practitioners/Physician Assistants/Cert. Nurse Midwives
- 464 Nurses and other medical personnel
- 55 Dentists
- 51 Behavioral Health Providers



Patients (2009)

- 400,593 patients
- 1,318,320 patient visits
- 51% of patients were uninsured (203,644)
- 21% of patients receive Medicaid (85,691)
- 94% of patients live below 200% of the federal poverty level (FPL)*
- 72% live below 100% of FPL
- 54,400 migrant and seasonal agricultural workers
- 6,716 homeless patients
- 2,873 school health patients



Counties with an FQHC



Legend

-  County With FQHC
-  County Without FQHC



The recently enacted health care reform package includes:

- ▶ \$11 billion in new, dedicated funding for the Health Centers Program over five years.
- ▶ \$9.5 billion
 - fund new health centers for communities in need
 - expand capacity at existing health centers
- ▶ By 2015, health centers will double their current capacity to 40 million patients.
- ▶ The remaining \$1.5 billion in capital funding will allow health centers to modernize their aging buildings and build new facilities to serve even more patients.



Health Center Program Expansion

- ▶ \$1 B in first year (**\$1 Billion** for new activity)
- ▶ \$1.2 B in 2012 (\$200M for new activity)
- ▶ \$1.5 B in 2013 (\$300 M for new activity)
- ▶ \$2.2B in 2014 (\$700M for new)
- ▶ \$3.6B in 2015 (\$1.4B for new activity)



Types of Expansion

- ▶ Increased Demand for Services*
- ▶ New Oral Health Services*
- ▶ New Pharmacy Services*
- ▶ New Behavioral Health Services*
- ▶ New Enabling Services*
- ▶ New Service Sites
- ▶ New Health Center Organizations
 - * only existing FQHCs are eligible to apply



NC Health Center Development Incubator Program



- ▶ Resources: \$400,000 grant from the Kate B. Reynolds Charitable Trust to NCCHCA for 18 month initiative
- ▶ Goal: Establish health center sites in needy counties through organizations prepared to develop high quality and sustainable projects.
- ▶ Emphasis: Collaboration among safety-net providers within communities to make successful application for funding.
- ▶ Format: Trainings, on-site technical assistance, professional grant writing



Introductory Webinar: Program Expectations and Performance Measures (Hosted by Care Share Health Alliance)

▶ March 26, 2010

◦ Health Department	17
◦ State Organization	14
◦ FQHC	13
◦ Private Organization	12
◦ Rural Health Clinic	7
◦ Free Clinic	7
◦ Hospital	6
◦ Hospital Affiliate	2
◦ School-based Clinic	2
◦ Association	2
◦ FQHC Look-Alike	1
◦ Other	1
◦ TOTAL	84



Hospital & Health Department Conference Call

▶ April 7, 2010

◦ Health Department	27
◦ Private Organization	6
◦ FQHC	3
◦ Hospital Affiliate	3
◦ Rural Health Clinic	2
◦ Hospital	2
◦ Other	2
◦ Free Clinic	1
◦ State Organization	1
◦ TOTAL	47



Free Clinic Conference Call

▶ April 15, 2010

◦ Free Clinics	15
◦ Private Organization	5
◦ FQHC	3
◦ Health Department	3
◦ Hospital Affiliate	2
◦ Rural Health Clinic	1
◦ TOTAL	29



Regional Training – Winston Salem

▶ April 19–20, 2010	
◦ FQHC	8
◦ Health Department	4
◦ Rural Health Clinic	4
◦ Free Clinic	2
◦ Hospital	2
◦ Private Organization	2
◦ Hospital Affiliate	1
◦ School-based Clinic	1
◦ TOTAL	24



Regional Training – Greenville

▶ April 26–27, 2010	
◦ Health Department	6
◦ FQHC	6
◦ Rural Health Clinic	5
◦ Hospital	3
◦ Free Clinic	3
◦ FQHC Look–Alike	1
◦ TOTAL	24



Trainings

- ▶ NCCHCA Annual Meeting & Conference – June 11–12, 2010
 - Pre-application clinics for Cohort #1
 - Section 330 Grant Workshop with Pam Byrnes and Tanya Bowers (Assoc Admin for Health Center Policy and Growth – BPHC)
 - Clinical Quality
 - Meaningful Use

- ▶ Pending
 - Governance
 - Finance, Operations, and HIT
 - Special Populations
 - Chronic Disease Management
 - Uniform Data System Reporting
 - Executive Leadership
 - Chief Medical Officer Training

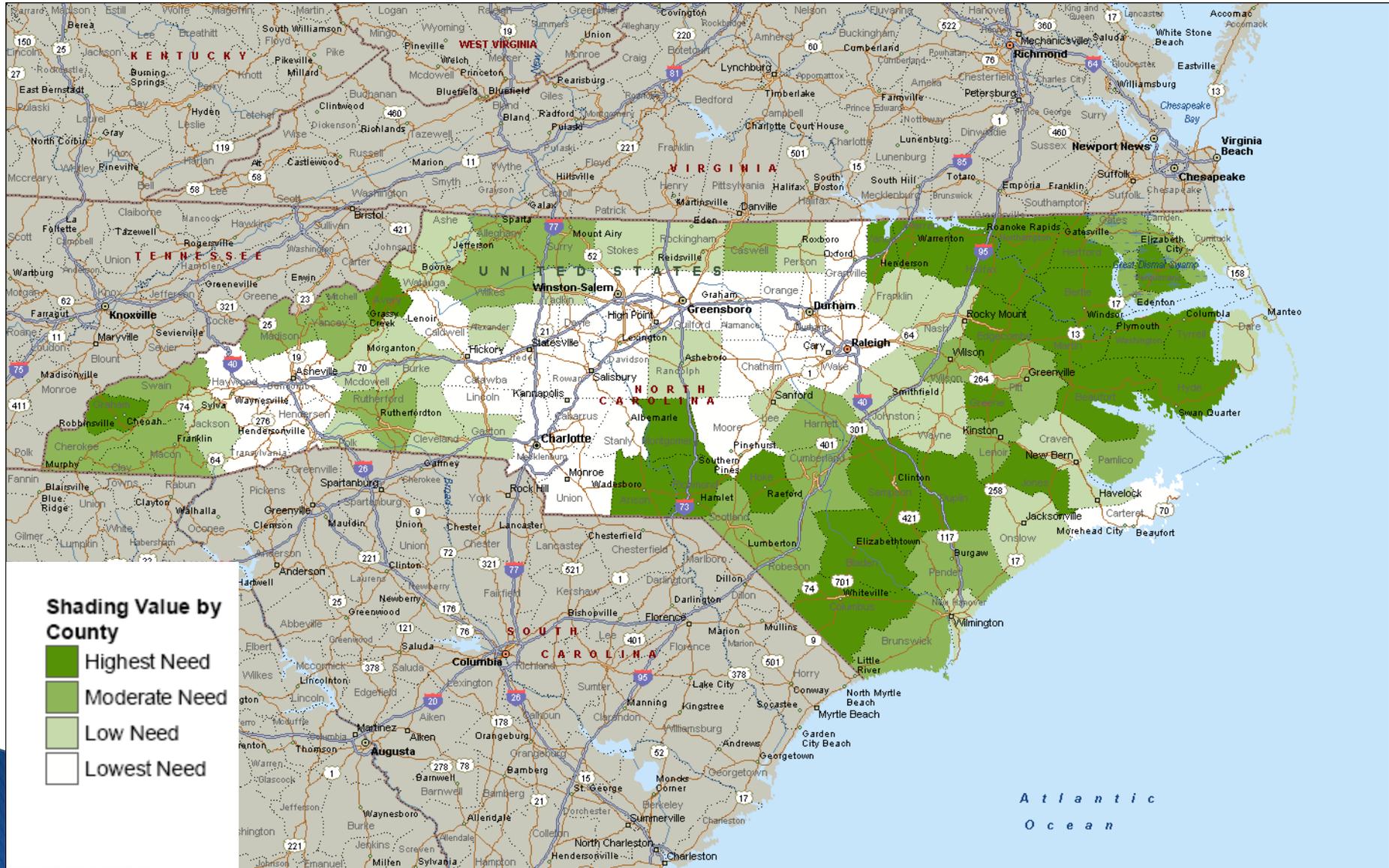


Prioritizing Projects

- ▶ High Need, Under Served Communities
- ▶ Readiness (Compliance with Program Model)
- ▶ Collaboration within Communities
 - BPHC Emphasis
 - Collaboration within Safety-Net
 - Collaboration with Critical Access Hospitals
- ▶ Defining Priority Applicants
 - Limitation of Grant Writing Resources
 - 2 Cohorts
 - Regional Training – FQHC Look-alike Application Preparation



High Need Counties



New Access Points (NAP) Guidance Issued August 9, 2010

- ▶ U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, Health Center Program
- ▶ Deadlines:
 1. www.grants.gov – must be completed and successfully submitted by 8:00 PM ET on November 17, 2010
 2. HRSA Electronic Handbooks – must be completed and successfully submitted by 5:00 PM ET on December 15, 2010



New Access Points

- ▶ Funding will be available to support new service delivery sites for the provision of comprehensive primary and preventive health care services that will improve the health status and decrease health disparities of the medically underserved and vulnerable populations to be served:
 - New Start – applicant that is not currently a direct recipient of any grant support under the Health Center Program.
 - Satellite – Current FQHC establishing a new service site.



Grant Awards

- ▶ \$250 million available for 350 grants for Fiscal Year 2011–2012
- ▶ \$650,000 is the maximum grant award per year
- ▶ \$150,000 of the \$650,000 can be used for one-time capital expenditures in Year 1
- ▶ 2-year project period
- ▶ Only 1 application can be submitted from the same applicant



Types of Organizations and Programs to be Funded

- ▶ Applicant may request funding to support one or multiple types of health centers
 - Community Health Center (CHC)
 - Migrant Health Center (MHC)
 - Health Care for the Homeless (HCH)
 - Public Housing Primary Care (PHPC)
- ▶ School Based Health Centers
 - May propose to establish a site for the delivery of primary care services as a New Access Point
 - Site must provide services to the students in the school and the general underserved population in the service area
- ▶ Mobile Medical Vans
 - Must be a new mobile van added to an existing fleet OR is a new addition for a health center that previously did NOT have a mobile medical van in its scope of project.



Eligible Applicants

- ▶ Must be a public or private, nonprofit entity, including tribal, faith-based, and community-based organizations
- ▶ Submit only application from the applicant organization
- ▶ Must establish a NAP for the provision of required comprehensive primary, preventive, enabling and additional health care services (not simply a single service)
- ▶ Proposes to provide access to services for all individuals in the targeted service area or population.
- ▶ Must not request more than \$650,000 per year
- ▶ Adhere to the 200-page limit on the length of the application when printed by HRSA
- ▶ New Starts – must propose to serve a Medically Underserved Area (MUA) or Medically Underserved Population (MUP)
 - If New Start is seeking MHC, HCH and/or PHPC, the applicant is not required to have a MUA/MUP designation
- ▶ Satellites – must propose to establish a new service delivery site that is not in the applicant organization's current scope of project



Competitive Applications

- ▶ Demonstrate high level of need in community/population
- ▶ Present a sound proposal to meet the need
- ▶ Shows that the organization is ready to rapidly initiate the proposal (120 day start-up after Notice of Grant Award)
- ▶ Displays responsiveness to health care environment of the service area
- ▶ Demonstrates collaborative and coordinated delivery systems
- ▶ Demonstrates that the NAP will increase access and improve the health status of the underserved and vulnerable populations in the area to be served
- ▶ Demonstrates compliance with the 19 Program Requirements



Cost Sharing

- ▶ Cost sharing or matching is NOT a requirement for this opportunity, however...
- ▶ HRSA takes into consideration whether and to what extent an applicant plans to maximize all sources of revenue.



Review Criteria

Review Criteria are used to review and rank applications. They should be fully addressed within the Program Narrative and supported by other supplementary information in the other sections of the application as appropriate.

1. Need
2. Response
3. Collaboration
4. Evaluative Measures
5. Impact
6. Resources / Capabilities
7. Support Requested
8. Governance



Other Notes

- ▶ Section 330(r)(2)(A) limits funding for public entities to no more than 5% of appropriated funds
- ▶ Alteration/renovation will require extra steps similar to the FIP/CIP applications through ARRA.
- ▶ A Funding Priority for applicants serving a high poverty area has been added.
- ▶ Collaboration is now a separate section in the grant.
- ▶ HRSA places a preference for homeless and migrant grants and high poverty counties.



Potential Grant Awards

Federal Fiscal Year	New Section 330 Funding	25% Available for New Starts/New Sites	Prior Grant Success Rate (3% of all Funding)	Total Grants based on Prior Allocation
2011	\$1,000,000,000	\$250,000,000	\$7,525,000.00	12
2012	\$200,000,000	\$50,000,000	\$1,505,000.00	2
2013	\$300,000,000	\$75,000,000	\$2,257,500.00	3
2014	\$700,000,000	\$175,000,000	\$5,267,500.00	8
2015	\$1,400,000,000	\$350,000,000	\$10,535,000.00	16



Status of Incubator Program

- ▶ 53 counties in NC do not have an FQHC site
- ▶ 17 counties contemplating the development of an FQHC
- ▶ 18 counties are actively developing grant applications
- ▶ 14 of the top 25 high-need counties without an FQHC are engaged in the process



Application Status of Counties without FQHC sites

County	"Need" Index	Organization Proposing Project in County	Status
Tyrrell	3.36	LHD	Application in progress
Washington	3.22	LHD	Application in progress
Perquimans	2.56	none	
Hyde	2.50	RHC	Application in progress
Hoke	2.41	none	
Graham	2.31	none	
Montgomery	2.22	Free Clinic	Contemplation
Avery	2.13	Hospital	Application in progress
Martin	1.85	LHD	Application in progress
Richmond	1.77	none	
Yancey	1.72	none	

County	"Need" Index	Organization Proposing Project in County	Status
Alleghany	1.58	none	
Pasquotank	1.12	none	
Swain	0.91	none	
Mitchell	0.84	RHC	Application in progress
Chowan	0.84	Hospital	Application in progress
Cherokee	0.77	LHD & RHC	Contemplation
Gates	0.77	Hospital	Application in progress
Macon	0.39	none	
Surry	0.23	LHD & RHC	Contemplation
Clay	0.22	LHD & RHC	Contemplation
Madison	0.20	FQHC-LA	Contemplation
Wilkes	0.10	RHC	Application in progress
Ashe	-0.09	none	
Jackson	-0.19	LHD & RHC	Contemplation



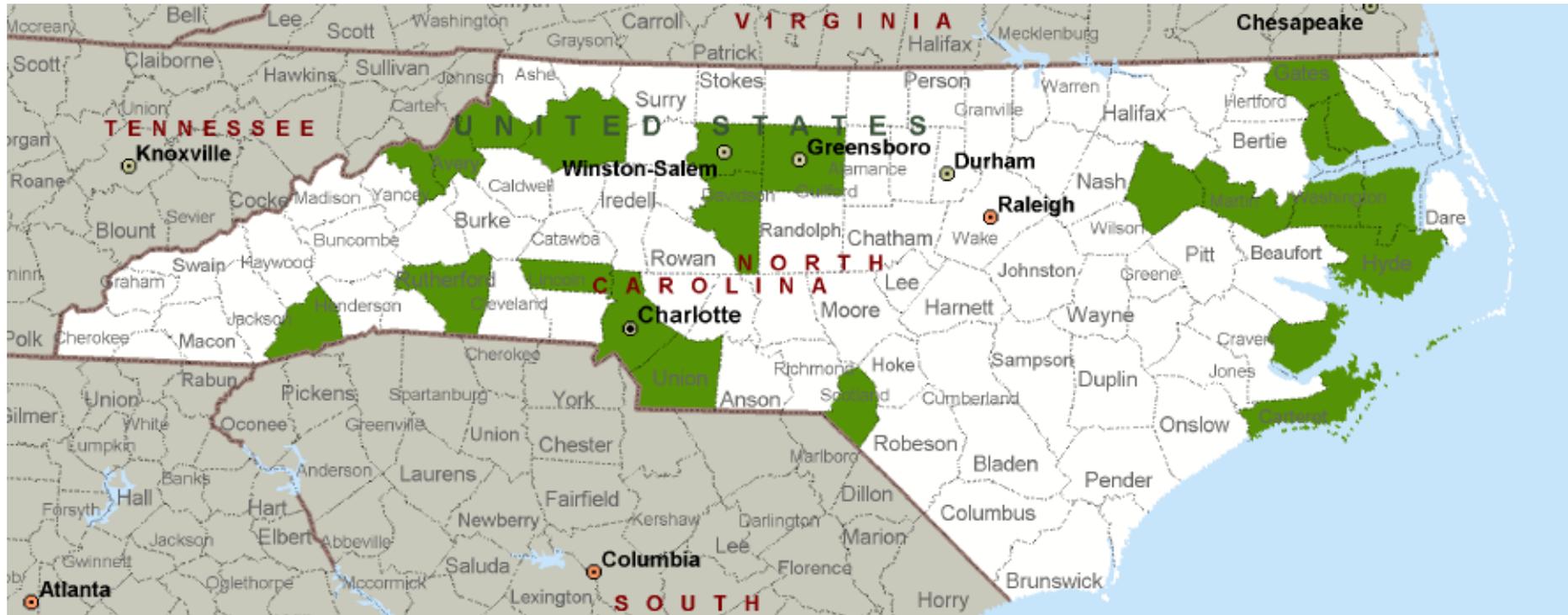
County	"Need" Index	Organization Proposing Project in County	Status
Polk	-0.48	none	
Lee	-0.61	LHD	Contemplation (needs MUA)
Watauga	-0.68	Hospital	Application in progress
Rockingham	-0.69	LHD, Hospital, FQHC, Free Clinic	Contemplation
Onslow	-0.76	LHD	Contemplation
Stokes	-0.82	LHD & RHC	Contemplation
Cleveland	-0.83	Hospital	Contemplation
Yadkin	-0.96	LHD	Contemplation
Burke	-1.12	Free Clinic	Contemplation
Camden	-1.17	none	
Currituck	-1.17	none	
Craven	-1.27	none	
Dare	-1.33	LHD	Contemplation
Alexander	-1.38	LHD	Contemplation



County	"Need" Index	Organization Proposing Project in County	Status
Transylvania	-1.70	FQHC	Application in progress
Rowan	-1.77	FQHC	Application in progress
Haywood	-1.85	none	
Lincoln	-1.89	FQHC & Free Clinic	Application in progress
Davie	-1.89	none	
Granville	-2.06	none	
Stanly	-2.19	none	
Davidson	-2.27	FQHC & Free Clinic	Application in progress
Carteret	-2.35	Hospital & Free Clinic	Application in progress
Forsyth	-2.37	Non-profit clinic	Application in progress
Union	-2.71	FQHC	Application in progress
Guilford	-2.80	Hospital	Application in progress
Catawba	-2.99	Hospital	Contemplation
Moore	-3.00	Free Clinic	Contemplation



Counties Applying for FQHC



Shading Value by County

-  Cohort 1
-  Counties not in Cohort 1



Counties Contemplating FQHC



Shading Value by County

-  County in Contemplation
-  Other County

Expansion within Existing FQHC Service Area

- ▶ BPHC announced last week that FQHCs can expand to new sites within their existing service area if the need can be substantiated.
- ▶ Potential applicants for these expansions have not been fully determined.



Next Steps

- ▶ Priority: Organizations Ready to Apply
- ▶ Assist with Project Development, Application Submission
- ▶ Statewide Strategic Plan for Health Center Growth
- ▶ Growth Plan & Participating Organizations hand-delivered to BPHC
- ▶ Continued Training & Technical Assistance
- ▶ Diagnostic and Re-application Clinic for unfunded applicants
- ▶ Parallel FQHC Look-alike applications



Resources Needed

- ▶ Capital Grant and Financing
- ▶ Additional Providers
- ▶ Experienced Administrators
- ▶ Specialty Care Providers Willing to Accept Sliding Scale Reimbursement for Services within Service Area
- ▶ On-going operational support at the state and local level
- ▶ Resources for Training & Technical Assistance for Newly Established Health Centers

