

MEDICAL ASSOCIATES *Plus*

THE ROAD TO HEALTHY
@Belle Terrace



Mission Statement

- ▶ To provide quality and affordable primary health care to residents of Greater Augusta and surrounding areas.

Who We Are

- ▶ Established in 1998 by the CSRA Partnership to provide access to health care for the low income individuals and children.
- ▶ In 2007, Medical Associates Plus (MAP) received funding from the U.S. Department of Health and Human Services, Bureau of Primary Health Care, Health Resources and Services Administration (HRSA) to operate as a Federally Qualified Health Center (FQHC), under section 330e of the Public Health Services Act.
- ▶ All services and operating procedures are dictated and governed by the performance expectations of the Bureau of Primary Health Care.
- ▶ 1,400 FQHC's nationally operating 10,500 sites which are Medical Homes to over 25 million patients.

- ▶ 36 FQHC's in Georgia operating over 200 sites and serving more than 400,000 patients.
- ▶ Located in high-need areas (HPSA, MUA/P, DPSA, MHPSA); community-directed; open to all residents; comprehensive primary and other health care services including access services such as transportation, translation, and case management; provide high quality care; cost effective in reducing costly emergency, hospital, and other specialty care visits, saving the health care system billions
- ▶ 70% are recognized by National Accrediting Organizations as Patient Centered Medical Homes (PCMH), an advanced model of team based care focusing on quality and care coordination. MAP has the highest rating of Level 3 recognition at all primary care sites.
- ▶ Special programs includes, Ryan White, Health Care for the Homeless (HCH), Public Housing Primary Care (PHPC), School Based Health and Migrant Health Centers.

FQHC Benefits

- ▶ Sliding Fee Scale
- ▶ State's 1115 Waiver of the Social Security Act for enhanced reimbursements
- ▶ Utilization of the Federal 340B Pharmacy Discount Drug Pricing Program
- ▶ National Health Service Corp (NHSC)
- ▶ Federal Torts Claim Act (FTCA)



Services Provided

- ▶ Family Practice Medicine
- ▶ Internal Medicine
- ▶ Pediatric Medicine
- ▶ Geriatric Medicine
- ▶ Adolescent Medicine
- ▶ *Tele-medicine*
- ▶ HIV Counseling/Testing
- ▶ HIV/AIDS Primary Care
- ▶ Infectious Disease
- ▶ Infusion Therapy
- ▶ Oral Health
- ▶ Pulmonology
- ▶ Diabetes Group Classes
- ▶ Obstetrics/Gynecology
- ▶ Physical Exams
- ▶ School Based Health
- ▶ Mobile Health
- ▶ Mental Health
- ▶ **Substance Abuse**
- ▶ In-house Pharmacy
- ▶ EKG's
- ▶ Immunizations
- ▶ Social Services
- ▶ Health Education
- ▶ Case Management
- ▶ Community Outreach
- ▶ Entitlement/Eligibility Screening

Population Served

RACE/ETHNICITY	PERCENTAGE
Black/African American	67%
White	32%
Hispanic	4%
Asian	<1%
American Indian/Alaskan Native	<1%

Insurance Status

	MAP	State FQHC's	National FQHC's
Uninsured	30%	39%	23%
Medicaid	20%	28%	50%
Medicare	24%	11%	9%
Private	26%	22%	18%

Growth Trend Data

MEASURE	2014	2015	2016	% CHANGE +/-
USERS	5,261	6,358	9,305	+78%
ENCOUNTERS	18,023	21,127	31,610	+75%
STAFFING	38	54	98	+158%

Major Encounters by Diagnosis

	MAP	State FQHC's	National FQHC's
Hypertension	47%	35%	26%
Diabetes	19%	16%	14%
Obesity	26%	36%	32%
Behavioral Health Disorders	13%	16%	12%

Barriers to Access

- ▶ Primary Care and Specialty Care Physician Provider Shortage (increases need for APRN's, access care in late stages). APRN barriers include but are not limited to:
 - Although ratio of physician to APRNs agreement is 8:1, APRNs can only practice 4:1 at a time and these regulations are under the Physician Board and not under APRNs' board
 - Illegal for APRNs to hire physicians to enter a Nurse Protocol Agreement
 - Cannot prescribe schedule II drugs and have to wait on physician to co-sign a drug dosage change
 - Cannot order MRI or other advanced radiological test except in life threatening conditions
 - ARPRNs not accepted on payer panels

Barriers to Access

- ▶ Financial due to poverty (co-pays, medication compliance)
- ▶ Inadequate/No Insurance (high uninsured, high premiums)
- ▶ Transportation (public, golf carts, friends/family) results in no shows
- ▶ Lack of faculty, funding and clinical placements for students at universities

Results of Barriers

- ▶ Increased patient wait time
- ▶ Increased cost due to waste
- ▶ Decreased patient satisfaction
- ▶ Financial burdens on individuals and families
- ▶ Delayed, life saving care
- ▶ Inability to obtain preventive care
- ▶ Preventable hospitalizations and increased ER visits
- ▶ Unmet healthcare needs
- ▶ Uninsured will not receive care, have poorer health statuses, be diagnosed late, and die prematurely

Collaborative Partnerships

- ▶ Augusta University, College of Nursing
 - 1) Rural Health Immersion within Primary Care Partnerships for APRN Academic and Clinical Training (ImPPAACT)
 - Student rotation and preceptorship to engage in meaningful exchange of information to identify the needs of community and clinical workforce
 - Use of information to enhance curriculum, preceptor recruitment, training and evaluation
 - Shape the experiential training of NP students to enhance preparation to provide care for rural and underserved populations
- ▶ Augusta University, College of Allied Health Science, and Department of Physician Assistant
 - 1) Student rotation and preceptorship for Applied Learning Experience (A.L.E) Program
- ▶ Augusta University, Pediatric Residency Program; The Dental College of Georgia
 - 1) Student rotation and preceptorship
 - Maintain an environment of quality learning experiences for students while enhancing the resources available to the health center

Collaborative Partnerships

- ▶ Greater Augusta Healthcare Network (GAHN)
 - 1) Formed in 2007 to reduce the burden of illness in the Greater Augusta Area and increase access to quality, cost effective care for medically underserved residents.
 - 2) 6 health centers to include MAP, Druid Park Community Health Center, Christ Community Health Services, Harrisburg Family Health Care, St. Vincent DePaul Health Center and Lamar Medical Center. Includes hospitals and other stakeholder representation.
 - 3) 5 Centers report an increase of patients from 11,365 to 18,871 for calendar years 2013 - 2016 and an increase for patient clinic visits from 44,008 to 58,695 respectively
 - 4) These increases resulted in ER visit reductions in chronic illnesses to include in ER leading cause order: COPD, Asthma, Hypertension and Type 2 Diabetes
 - 5) MAP currently utilizes 6 physicians, 5 NP's, 1PA, 4 RN's and support staff to accomplish its goals. NP's capable of 18 visits per day while RN's conduct wellness visits reducing cost.

Collaborative Partnerships

- ▶ Project Access
- ▶ Doctors Hospital, University Hospital and Select Hospital, Specialist
- ▶ Richmond County Health Department
- ▶ Richmond County Board of Education
- ▶ Head Start
- ▶ Augusta Partnership for Children
- ▶ VA veterans choice provider
- ▶ Serenity Behavioral Health Systems (MAT)

Congressional & Community Support

- ▶ National Health Services Corps (NHSC)
 - Incentives for providers to work in underserved areas
 - Funding in the form of a trust fund expired October 1, 2017
 - NHSC Scholars will have no choice but to leave most needy areas
- ▶ Health Center Funding Cliff
 - Took effect October 1, 2017 and estimates a 70% cut in FQHC funding
 - Estimated 9 million low income to lose access; 2800 site closures; 51,000 jobs eliminated
 - FQHC funding: Bi-Partisan support to co-sponsor The Community Health Investment, Modernization and Excellence Act of 2017 (CHIME Act), S. 1899 and H.R. 3770 (fixes the cliff by amending the Public Health Services Act to reauthorize and extend federal funding for five (5) years)

Conclusion & Recommendations

- ▶ Focus must be on the monitoring of systems of care including the workforce shortage
- ▶ Increase funding to support needed faculty and placement centers
- ▶ Legislation to give APRNs the authority to practice within their scope, prescribing scheduling II drugs, leverage in entering agreements and extending the amount APRNs that can practice at a time
- ▶ Address issues of insurance and other barriers such as transportation
- ▶ Provide additional incentives for providers to work in rural communities
- ▶ Increasing the use of telemedicine to deliver care
- ▶ Integrate Behavioral and Oral health into the primary care system
- ▶ Support the fixing of the FQHC funding cliff
- ▶ Continue funding of the State's APRN Loan repayment Program