

HEALTH MATTERS



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Spring Quarter 2019

PrimaryOne Health's newsworthy information

Protecting Healthcare Access, Affordability & Workforce: Federal Funding Needed

By Charleta B. Tavares, CEO

The National Association of Community Health Centers (NACHC) met in Washington, D.C. March 27-31, 2019 to advocate for the more than 28 million patients served in communities nationwide. The Ohio Association of Community Health Centers (OACHC) which represents 55 Federally Qualified Health Centers and Look-Alikes, of which PrimaryOne Health is a member, sent staff and board members to the annual NACHC Policy and Issues Conference in DC. Victoria Gillis-Peterman, patient Board member and I joined our colleagues across Ohio to listen, learn and share information on policy, programming and funding for Community Health Centers.

On Thursday, March 28, Central Ohio attendees met with our members of Congress, Troy Balderson, Joyce Beatty and Steve Stivers along Senators Sherrod Brown and Rob Portman to tell our story and advocate for the 2019 Funding Reauthorization necessary to serve Ohio's underserved communities. We shared our stories of success and the importance of continued funding with the points below:

- Federal grant funding for the Health Centers Program is the foundation of our national system of care. Especially in times of change and transition, sustaining and boosting health center funding

provides continuity for the patients and communities we serve.

- Health centers rely on funding to:

- √ Provide high-quality, cost-effective primary medical care, dental, behavioral health, pharmacy, and vision care for more than 28 million patients, 1.4 million of whom are experiencing homelessness and 23 percent of whom are uninsured. *(PrimaryOne Health served 47,000+ patients in 2018. Approximately 2.5% of our patients were homeless and thirty percent uninsured);*
- √ Expand their facilities, open new sites, and broaden their services to meet unmet need in areas with limited access to care. *(PrimaryOne Health expanded Behavioral Health and Substance Use Treatment including Medication Assisted Treatment, as well as increased services for pregnant women and family medicine);*
- √ Invest in services that grant patients easier access to primary care, including transportation, care coordination, and translation and interpretation services. *(PrimaryOne Health expanded transportation services to eliminate one of the barriers to patient*

access with a new Lyft partnership. In addition, we increased interpretation services by adding Martti Language Interpretation machines); and

- √ Improve health, eliminate health disparities, and lower costs. Investing in health centers is a proven means of generating meaningful primary care access in a cost-effective manner. Health centers save the health care system \$24 billion annually. A 2016 study of Medicaid in 13 states showed health center patients had 24 percent lower total costs per patient than those treated elsewhere.

Federal grant funding for the Health Center program currently comes from two sources:

- a. \$1.63 billion in annual discretionary appropriations and
- b. \$4.0 billion in the Community Health Centers Fund (CHCF) - **which will expire on September 30, 2019 without Congressional action.**

For decades, Congress has made an annual bipartisan investment in Section 330 federal grant funding (discretionary funding) to provide the foundation for the health center model of care.



This investment is critical to the success of health centers as we meet the growing demand and respond to changing health care needs of our communities.

In addition to extending the CHCF, health centers are counting on Congress to provide predictable and stable discretionary Section 330 federal grant funding for Community Health Centers (*PrimaryOne Health*

receives approximately \$6.2M annually) in the FY20 Labor, Health and Human Services, Education and Related Agencies Appropriations bill.

In 2015 and 2018, Congress voted on an overwhelmingly bipartisan basis to extend this critical source of health center funding. We will need Congress's help to sustain this support again this year. Federal investments supporting the health center

system of care must be sustained in a long term and stable manner to ensure health centers' ability to plan for the future, recruit staff, and expand services for patients, as well as to reduce the uncertainty caused by year-to-year renewals of this critical investment in access to care.

We asked our members of Congress to support us by:

1. Signing the DeGette-Bilirakis letter in the House and the Wicker-Stabenow letter in the Senate, which began circulating in March.
2. Requesting level discretionary funding (\$1.63 billion) in individual submission letters to Appropriators.

We ask that you join us in reaching out to your members of Congress to share your support of PrimaryOne Health and our sister Community Health Centers/FQHCs across the country.

Alvis House

In February 2019, PrimaryOne Health, Alvis, Inc. and CompDrug opened their joint healthcare facility at 1289 E. Livingston Avenue. This new healthcare initiative brings together three locally recognized health and social services systems for the benefit of patients and the East Side community of Columbus.

Patients will have access to comprehensive, expert care emphasizing prevention, wellness, and behavioral health. The new East Livingston location will also provide assistance in treatment, and recovery for those affected by the disease of addiction. This partnership furthers PrimaryOne Health's commitment to patient access to high quality, cost-effective health care.

PrimaryOne Health is a not-for-profit health care provider and community leader whose mission is to provide ac-

cess to services that improve the health status of families—including people experiencing financial, social or cultural barriers to healthcare. PrimaryOne Health is the largest and oldest federally qualified health center (FQHC) in Central Ohio providing comprehensive health care and support services for 20+ years with more than 47,000 patients.

Alvis is a non-profit human services agency with over 50 years of experience providing highly effective treatment programs. Their lines of service include research-based comprehensive re-entry and family support programs; behavioral health and substance abuse treatment services; recovery housing for women and their children; and services to individuals with developmental disabilities who are trying to live more independently in the community. Alvis serves

nearly 8,000 men, women, young adults and children in Ohio each year.

CompDrug's mission is to be a leader in developing, promoting and providing a fully responsive range of research-based programs and services to assist in the prevention, treatment, recovery and wellness of those affected by the disease of addiction. For more than 38 years, CompDrug has provided services in Central Ohio and is a federally recognized Opioid Treatment Program licensed by the Ohio Department of Mental Health and Addiction Services (OMHAS) and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2003. CompDrug is a registered 501c3 non-profit organization.

Breaking Down Barriers to Care

Since the days of physicians traveling the countryside to make house calls, access to health services has been a cornerstone of effective patient care. Actually providing readily accessible care to the entire population however, is a goal that continues to elude health systems and physician groups. Expanding access to care and health information is a key priority of healthcare reform, value-based care, and population health management. In order to improve patient access, health systems and provider organizations must think beyond traditional care models and adopt innovative strategies in redesigning how, when, and where care is delivered.

Not surprisingly, Americans routinely report issues making same-or next-day appointments for healthcare, getting medical advice over the telephone, and receiving care beyond normal office hours. Access difficulties are met by a growing discontent among patients who are willing to switch providers or abandon traditional office-based care settings altogether in order to obtain the care they believe is necessary.

Losing patients due to an inability or unwillingness to remove barriers to care has considerable consequences. Financial incentives - and penalties - are being linked to an organization's ability to attract and retain patients and effectively manage the health of the population. All of this is directly connected to accessibility of care. As patients become more proactive in managing their care and have more options to choose from, they increasingly expect to receive care when and where they need it. In turn, they demand greater access to providers within and across systems, as well as to health information and advice/treatment outside of the traditional clinical setting.

PrimaryOne Health's top priority for 2018-2020 is customer service. In Co-

lumbus, Ohio's competitive environment, PrimaryOne Health will need to have the ability to create and control the first touch points that will best influence the patient's secondary decision regarding selection of their health care home. This can be accomplished by creating a delivery model that addresses the new demand for convenience. This demand has been created by banking, airlines and the retail industry. Patients are shifting to expect the same level of access, convenience and service from their healthcare providers.

Expanded PrimaryOne Healths Care Hours

One of our operational strategies related to patient access revolved around expanding hours of operation. The expansion of hours included ensuring that three of our sites, serving areas that lack regular "off-hour" access, was available for patient care every Saturday from 8:00AM-12:30PM. Three additional sites will initially alternate Saturday hours as we access the needs of this type of extended hours for those communities. Services offered at these sites will vary, but consist of primary care, women's health, pediatrics, behavioral health, dental and vision care.

PrimaryOne Health has increased access for existing patients and enhanced our ability to develop new relationships with residents/customers by expanding hours. This service model shows that we are willing to meet their need for access convenience to support their work-life schedule.

Open-Schedule Model

Historically PrimaryOne Health has provided open-access scheduling and same-day-sick at many of our locations. However, the patient's knowledge of these



appointment types has been limited. As we have expanded our marketing of these programs, two locations were identified to pilot a new open-schedule model, W. Broad St. and E. Livingston Ave. At our E. Livingston location, primary care services are provided to our co-located partners as well as open appointments for community residents. The idea is that the patient will have their initial primary care appointment at E. Livingston Ave. and the patient will select one of our sites closest to their residence or work as their medical home for subsequent appointments. Our second location will be at W. Broad St., which will commence on April 1, 2019. This new pilot will be located on the second floor. The W. Broad St. site will have both traditional patient appointments and open appointments.

PrimaryOne Health is developing a marketing strategy to inform the community of this new service line offer through postcard mailers and radio advertising. So keep your eyes and ears open for more information on these expanded service offerings.

Answering the Patient Access Imperative

Practitioners throughout PrimaryOne Health's system of care are doing incredible clinical work, and in turn, patients receive timely, high-quality care. While a primary care model is often respected as the pinnacle of coordinated care, using a combined primary /open scheduled care strategy has the ability to broaden our patient reach. After patients enter our system, they can be redirected to primary care, behavioral health, pediatrics etc.

The fact that patient access problems have long plagued healthcare delivery systems is a clear signal that the traditional ways of delivering care are ineffective at meeting the health needs and expectations of the patients and community. The often-used saying applies here: "if you do what you've always done, you'll get what you've always got." As healthcare evolves, so too should we adjust the ways we provide care, including how it is accessed and delivered. Yet, successfully expanding access requires more than good intentions and hard work. Efficiently and effectively addressing the health of the population and remaining competitive in the marketplace requires PrimaryOne Health to proactively pursue and embrace innovative strategies for expanding access to health services. Implementing these new strategies will allow PrimaryOne Health to address consumer demand and influence our residents' health decision as their "first choice for quality care".



PrimaryOne Health community partners take a minute to pose for a photo during the East High School Health & Science Fair.

(Left to Right), PrimaryOne Health Community Outreach Coordinator, Brian Hall, PrimaryOne Health Community Health Outreach Worker, Nicole Miller, Columbus City Schools Superintendent, Dr. Talisa Dixon, PrimaryOne Health Clinical Care Coordinator, Deka Sheikh-Hussein, Columbus City Schools Board member Ramona Reyes and PrimaryOne Health Clinical Process Manager/ Site Manager East 17th, Cherry Mack.



Join us on Monday, May 13, 2019 for the PrimaryOne Health annual meeting.

The annual meeting will be held at the Columbus Metropolitan Library located at 96 South Grant Avenue. The meeting will begin at 5 p.m. and feature remarks from PrimaryOne Health CEO, Charleta B. Tavares. In addition to reviewing PrimaryOne Health's performance and strategies, new board members will be introduced and will have an opportunity to expand on the roles and responsibilities of the 51 percent patient-led board.

Community partners, stakeholders, elected officials and patients will attend as Ms. Tavares provides a clear and concise strategic vision for the organization going forward.

FREE FRESH FOOD!

2300 W. Broad St.
4:00 PM - 6:00 PM

Tuesday, April 23

Tuesday, May 21

Tuesday, June 25

Food will be passed out on a first come, first serve basis, while supplies last

Please bring your own bags and/or boxes to carry your food items

In Partnership with Mid-Ohio Foodbank



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Mission: To provide access to services that improve the health status of families, including people experiencing financial, social, or cultural barriers to health care.



This health center is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).

Corporate Office
2780 Airport Dr., Suite 100
Columbus OH 43219

p: 614.645.5500
f: 614.645.5517

www.primaryonehealth.org