

May 21, 2021

Free Clinics of Michigan 18<sup>th</sup> Annual Meeting  
**Reaffirming Partnerships with FQHCs**



**mpca**

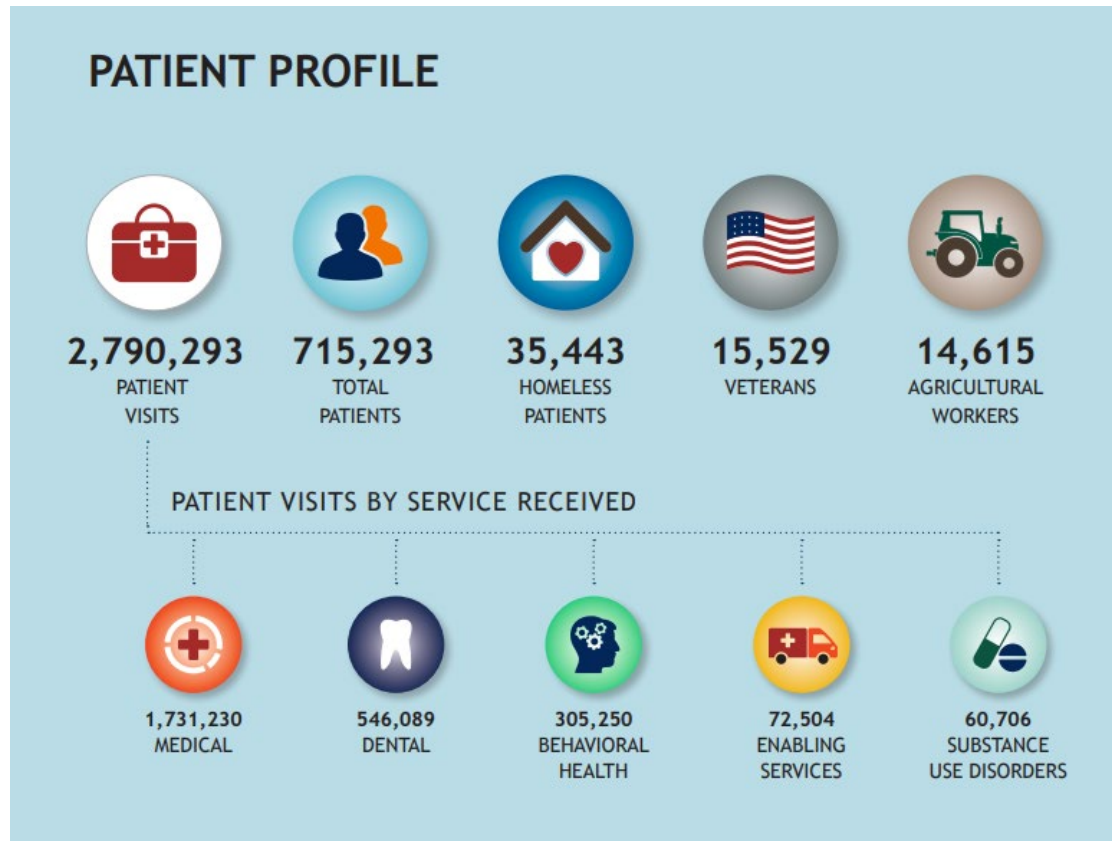
THE VOICE OF  
COMMUNITY  
HEALTH CENTERS

# About MPCA

- MPCA is the voice of Michigan's community health centers that provide primary and preventive health care to more than 715,000 patients in rural and urban communities across Michigan
- We advocate to influence and advance health policy in Lansing and Washington, D.C.
- We offer operational support and training to our health centers to enhance the delivery of integrated care inclusive of primary care, dental, vision and behavioral health



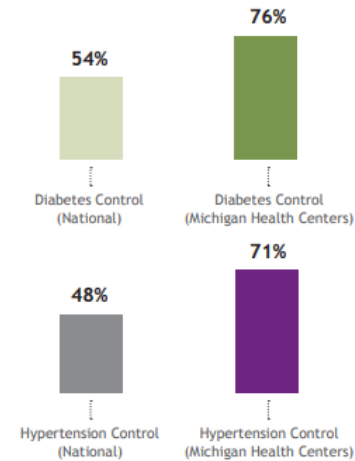
# Michigan's Health Centers



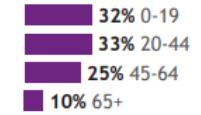
## State Summary: Who Do We Serve?

### HEALTH OUTCOMES

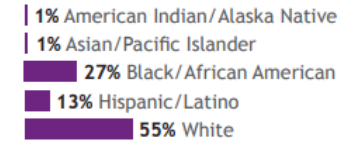
Health centers perform better on ambulatory care quality measures compared to private physicians. In fact, health center patients have higher rates of diabetes and hypertension control.



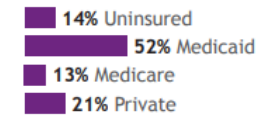
### AGE OF PATIENTS



### RACE & ETHNICITY

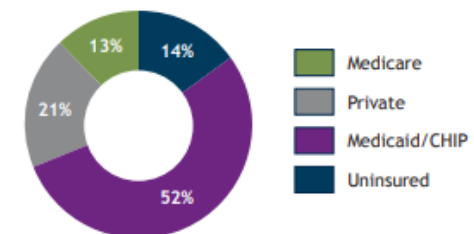


### INSURANCE SOURCE



Sources listed on the inside back cover.

Most Michigan community health center patients are uninsured or publicly insured:



# Michigan's Health Centers



FIND A LOCATION

## Your health is important.

Health centers are here to connect you to medical, dental, and behavioral health services in your community, regardless of insurance status or ability to pay.

FIND A LOCATION



  
**uninsured  
welcome**

  
**medicaid  
accepted**

  
**health  
insurance  
assistance**



## Michigan Health Centers Represented by MPCA

Our mission is to enhance integrated care through community health centers while influencing policy at the state and national level.

### UPPER PENINSULA

Bay Mills Health Center | Brimley  
Sault Tribe of Chippewa Indians | Sault Sainte Marie  
Upper Great Lakes Family Health Center | Hancock

### NORTHERN LOWER PENINSULA

Alcona Health Center | Lincoln  
East Jordan Family Health Center | East Jordan  
Family Health Care | Baldwin  
Northwest Michigan Health Services, Inc. | Traverse City  
Thunder Bay Community Health Service, Inc. | Hillman  
Traverse Health Clinic | Traverse City  
Sterling Area Health Center | Sterling

### WEST MICHIGAN

Catherine's Health Center | Grand Rapids  
Cherry Health | Grand Rapids  
Hackley Community Care Center | Muskegon  
Muskegon Family Care | Muskegon Heights

### MID-MICHIGAN and THUMB

Center for Family Health | Jackson  
Community First Health Centers | Algonac  
Genesee Community Health Center | Flint  
Great Lakes Bay Health Centers | Saginaw  
Hamilton Community Health Network | Flint  
Ingham Community Health Centers | Lansing  
Isabella Citizens for Health, Inc. | Mt. Pleasant  
MidMichigan Community Health Services | Houghton Lake

### SOUTHWEST MICHIGAN

Cassopolis Family Clinic Network | Cassopolis  
Covered Bridge Healthcare of St. Joseph County | Centreville  
Family Health Center | Kalamazoo  
Grace Health | Battle Creek  
InterCare Community Health Network | Bangor  
Services Tribal Health Clinic | Dowagiac

### SOUTHEAST MICHIGAN

Advantage Health Centers | Detroit  
American Indian Health & Family Services of Southeastern Michigan, Inc. | Detroit  
Central City Integrated Health | Detroit  
CHASS Center, Inc. | Detroit  
Covenant Community Care, Inc. | Detroit  
Detroit Community Health Connection | Detroit  
Family Medical Center | Temperance  
Health Centers Detroit Medical Group | Detroit  
Honor Community Health | Pontiac  
Institute for Population Health | Detroit  
MyCare Health Center | Center Line  
Packard Health, Inc. | Ann Arbor  
The Wellness Plan Medical Centers | Detroit  
Wayne County Healthy Communities Health Center | Hamtramck  
Western Wayne Family Health Centers | Inkster

# Strategy and Partnerships



# Health Center Focus Areas

- COVID-19 Stabilization and Recovery
- COVID-19 Response / Services
- Making Strategic American Rescue Plan Investments
- Managing Smart Capital/Facility Projects
- Broad Practice Transformation for Value-Based Care and QI (Patient Engagement and Care Management are Early Focuses)
- Telehealth, Remote Patient Monitoring and Virtual Care
- Renewing Health Disparities and Equity Emphasis
- Healthcare Workforce and Training (Apprenticeships, Increasing Residency Involvement, Developing New Talent Pipelines)
- Integrated Care Advancement (Behavioral, Substance Use, Oral Health)

## INFRASTRUCTURE

**IMPROVEMENT STRATEGY**  
Effectively and routinely measure and communicate information about the quality, value, and outcomes of the health care experience and use this information to drive improved performance.

**HEALTH INFORMATION TECHNOLOGY**  
Leverage health information technology to track, improve, and manage health outcomes and costs.

**POLICY**  
Pursue decisions, plans, and actions that help secure support and resources for health centers and expand access for underserved populations.

**PAYMENT**  
Utilize value-based and sustainable payment methods and models to facilitate care transformation.

**COST**  
Effectively address the direct and indirect expense of delivering comprehensive primary care to health center patients while considering the total cost of care for attributed patients.

## CARE DELIVERY

**POPULATION HEALTH MANAGEMENT**  
Use a systematic process for utilizing data on patient populations to target interventions for better health outcomes, with a better care experience, at a lower cost.

**PATIENT-CENTERED MEDICAL HOME**  
Employ a model of care that transforms the delivery of primary care into a comprehensive, patient-centered system focused on high quality, accessible, and coordinated care.

**EVIDENCE-BASED CARE**  
Make patient care decisions using a process that integrates clinical expertise and best-practice research with patient values and self-care motivators.

**CARE COORDINATION AND CARE MANAGEMENT**  
Facilitate the delivery and coordination of care and manage high-risk and other subgroups of patients with more targeted services, when and how they need it.

**SOCIAL DETERMINANTS OF HEALTH**  
Address the social and environmental circumstances that influence patients' health and the care they receive.

## PEOPLE

**PATIENTS**  
Intentionally and actively incorporate the patient perspective into governance, care system design, and individual care.

**CARE TEAMS**  
Utilize groups of staff with different skills to work together to deliver and improve care, offering a wider range of services more efficiently than a provider alone.

**LEADERSHIP**  
Apply position, authority, and knowledge of leaders and governing bodies (boards) to support and advance the center's people, care delivery processes, and infrastructure to reach transformational goals.

**WORKFORCE**  
Leverage a trained and fully engaged staff to successfully address the health center's mission and goals, with optimal joy in work.

**PARTNERSHIPS**  
Collaborate and partner with external stakeholders to pursue the Quadruple Aim.

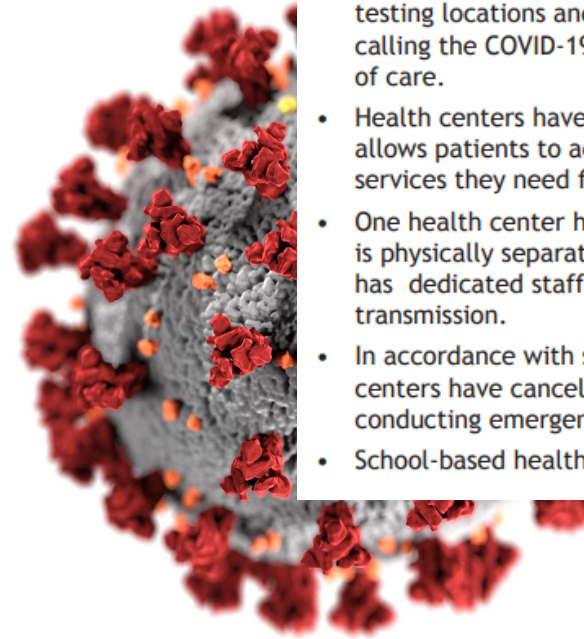
# Considering COVID-19

- COVID-19 Testing
- COVID-19 Vaccine Administration
- Re-Engagement in Care Campaign

## Responding to the Call for Care

Health centers are adapting their care models and implementing new protocols to respond to this emergency:

- All health centers are supporting the work of Michigan's overrun hospitals by addressing the rising demand of care. They are assessing patient symptoms – sometimes even conducting parking-lot triage.
- Health centers are testing for COVID-19, and some are offering drive-thru testing services and curbside prescription fulfillment to reduce the risk of exposure and transmission.
- Health centers are working with the Michigan Department of Health and Human Services to open and expand drive-thru testing locations and provide referral points for residents calling the COVID-19 hotline who don't have a usual source of care.
- Health centers have transitioned to telephonic care that allows patients to access the medical or behavioral health services they need from home.
- One health center has set up a fast-track clinic that is physically separated from the main building and has dedicated staff members to reduce the spread of transmission.
- In accordance with state and federal guidance, health centers have canceled all routine dental work and are only conducting emergency dental appointments.
- School-based health clinics are currently closed.



# Health Center Policy Priorities

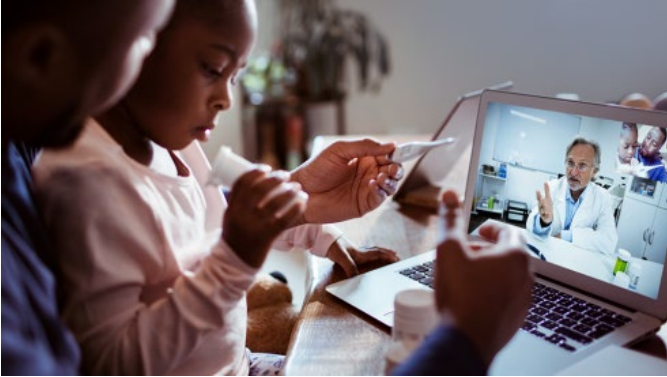
## Priorities we may share...



- [Telehealth](#)
- [Workforce](#)
- [340B Pharmacy](#)
- [Payment Reform](#)



# Telehealth Flexibility and Stable Reimbursement are Critical for COVID-19 Recovery and Healthcare Access



MPCA recommends supporting state legislation that would codify current temporary policies regarding telehealth and ensure that health centers and other providers can receive appropriate reimbursement for telehealth services they provide to patients.

- Ensuring a comprehensive array of services- including primary and specialty medical, dental, behavioral, and substance use services- are permanently covered as telemedicine services.
- Ensuring continued reimbursement for audio-only telemedicine services which have been critical for patients who do not have easy access to broadband and/or smartphones.
- Ensuring healthcare providers are not reimbursed at a lower rate than in-person services for telemedicine and that other services limitations or provider requirements are not more restrictive for telemedicine than they are for in-person services.

# Healthcare Workforce Investments are Critical for COVID-19 Recovery and Healthcare Access

MPCA is recommending that the legislature invest funding from the American Rescue Plan for the following:

- The Michigan State Loan Repayment Program: \$15 million to add 25 recipients each year for the next three years.
- MIDOCs: \$40.74 million to fund 64 additional physician resident slots.
- Medical and Dental Assistant Apprenticeships: \$2,329,560 for 120 medical and dental apprenticeships in health centers over the next three years.
- Premium Pay: Direct a portion of federal dollars to fund premium pay for employees who have and continue to provide essential services during COVID-19 and allow health center employees to qualify for premium pay.
- Expand childcare assistance. The American Rescue Plan authorized funds that can be used to provide childcare assistance to health care sector employees.



# Threats to the 340B Drug Pricing Program Represent Critical Risks to Healthcare and Prescription Drug Access

MPCA recommends the passage of House Bills 4351, 4352, and 4348.

- HB 4351 would prohibit a carrier or pharmacy benefit manager (PBM) that pays a 340B entity like a health center from reimbursing the 340B entity at a rate lower than what it pays for the same drug to pharmacies that are not 340B entities. It also prohibits a carrier or pharmacy benefit manager from engaging in any other discriminatory practices against 340B entities including adjustment, network exclusions, or interference with patient choice of pharmacy or provider.
- HB 4352 would prohibit any interference with a patient's choice to receive an eligible prescription drug from a 340B entity or pharmacy.
- HB 4348 would regulate pharmacy benefit managers and prevent them from prohibiting a 340B entity from participating in the PBM's or carrier's provider network solely because of its 340B status.



# Healthcare Payment Reform and Primary Care Investment Are Key to the Health of Michigan's Residents

MPCA recommends that the legislature invest funding from the American Rescue Plan to:

- Support the implementation of a population-based APM to delink health center payment from the volume of traditional patient encounters and instead shift reimbursement to a per patient payment (generally paid per patient per month) for the population of Medicaid beneficiaries served by each health center.
- As part of APM implementation, invest \$55.8 million in transforming health center services by increasing the per patient per month payment amount by \$6.00 for two years. The investment would support the work of health centers in adopting new models of care to better serve Michiganders and make a down payment on closing the gap between reimbursement and the costs of providing care that exists today.



# Q&A and Session Wrap Up

