

# Health Department

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LOB #152:

## **COMMUNITY HEALTH CARE NETWORK**

### **Purpose**

The Community Health Care Network (CHCN) provides subsidized basic healthcare to the low-income, uninsured, “working poor” that have no access to affordable healthcare. Assuring the quality and accessibility of health services is a core function of the Health Department. CHCN ensures this access by providing to comprehensive and continuing primary healthcare to approximately 15,000 low-income, uninsured residents who are enrolled in the program each year. The vast majority of CHCN patients are adults over the age of 21 years old that are working or are being supported by someone who is working. All participants have gross family incomes at or below 200 percent of the Federal Poverty Guidelines. As the County’s largest provider of primary healthcare services for the safety net population, CHCN plays an important role in County and regional planning and implementation efforts to address local changes to the healthcare delivery system since the enactment of The Patient Protection and Affordable Care Act of 2010 (ACA).

### **Description**

Community Health Care Network (CHCN) has provided comprehensive primary care services since 1990 using a public/private partnership model at community health centers for low-income, uninsured residents. The three health centers—currently located in Merrifield (Falls Church), South County (Alexandria) and North County (Reston)—are operated under contract with a private healthcare organization to provide primary care services in partnership with County staff. In addition to primary care, CHCN service delivery components include ancillary services, behavioral health services, referral to specialty care, management of Patient Assistance Programs (PAP) for pharmaceuticals, care planning, and case management. In FY 2015, the number of clients enrolled in CHCN was 18,120 and clients received primary care services during 48,000 visits.

CHCN utilizes a contract services model for the staffing and operating expenses of the primary care centers, reference laboratory tests, prescription drug medications, and physician specialist services. Primary care is delivered at the health centers by a diverse team of providers (physicians, nurse practitioners, nurses, pharmacists, laboratory technicians, and others). Upon referral by a primary care practitioner, patients may also obtain limited medical specialty care from private physicians who participate in a pro-bono charity care network with CHCN and other area safety net providers. With the exception of the direct provision of administrative management and support, enrollment/eligibility determination, public health nurse liaison services, and medical social work/specialty referral services by County employees all other program functions are contracted.

All three CHCN health centers are open on Monday and Tuesday from 10:00am to 6:30pm, and Wednesday through Friday from 8:00am to 4:30pm. After hours advice and consultation are also available by phone. The health center currently located in Bailey’s Crossroads will be relocating to the Merrifield area in November 2015. The CHCN program clinics are certified as a National Committee for Quality Assurance (NCQA) Level 3 Primary Care Medical Home (PCMH). NCQA PCMH recognition is based on meeting certification standards related to six areas: Patient-Centered Access, Team-Based Care, Population Health Management, Care Management and Support, Care Coordination and Care Transitions, and Performance Measurement and Quality Improvement.

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## Benefits

Community Health Care Network (CHCN) is a key healthcare safety net provider, filling a gap in access to healthcare services for some of the County's most vulnerable residents. The assurance of quality and accessible primary care services is a core function of the Health Department and supports the County vision element of maintaining a safe and caring community. Over the years, CHCN has worked with local safety net providers (Federally Qualified Health Centers; local for profit and non-profit hospitals) and public entities (Community Services Board and Department of Family Services) to develop an integrated model of service that will achieve the triple aim of improving the patient experience, health of the population, and reducing the per capita cost of health care.

Recent County estimates indicate that there are approximately 46,000 individuals residing with Fairfax County who are uninsured and earn incomes under 200 percent of the federal poverty guidelines. Of this total, approximately one third currently receive their primary care services from the Community Health Care Network (CHCN). Special needs populations served and prioritized for access by the CHCN program include individuals who are homeless, have behavioral health needs, and/or are over the age of 65 but not yet eligible for Medicare. Many CHCN patients also do not speak English as their primary language (for FY 2015, 86.1 percent spoke a primary language other than English); have low health literacy, and do not understand health insurance or how the health care system is organized, making it especially difficult for them to access healthcare services. Fairfax County has also received a special designation from the Governor identifying portions of the County as a Medically Underserved Area/Population (MUA/MUP). One of the CHCN clinics (South County) is currently located in a MUA/MUP designated area.

Given its size, scope, and relationships with other area healthcare providers, CHCN is a major contributor of healthcare delivery in the County. The CHCN program is a key player on the Fairfax County Health Collaborative, which was formed to define the County's role in the future of health safety net services. As such, CHCN is a major contributor to the County's work and progress towards assuring a seamless experience for those needing County health services, while achieving the best possible use of Fairfax County resources to sustain the health of the community.

## Mandates

This Line of Business is not mandated.

## Trends and Challenges

The Community Health Care Network (CHCN) is experiencing similar trends in health services utilization seen among insured populations nationally. As reported in the Health Care Cost Institute's, 2013 Health Care Cost and Utilization Report, nationally, office visits to a primary care provider fell by 3.8 percent to 1,472 per 1,000 insured. For the CHCN program, between FY 2014 and FY 2015, office visits to a CHCN primary care provider decreased 4.1 percent, from 50,174 to 48,100. Inversely, specialist office visits rose 8.0 percent nationally for insured, while CHCN specialty care referrals increased 6.1 percent between FY 2014 and FY 2015. A trend increasingly is the use of telehealth tools (video, mobile messaging, email) to improve patient access to specialty care, which reduces costs associated with delayed diagnosis and treatment, and improve health outcomes.

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A challenge of particular note for the CHCN program is that within Northern Virginia safety net clinic populations, demand for specialty care is very high and greatly exceeds the supply of available and accessible local specialty resources. Depending on the specialty required, current wait times between when specialty referrals are ordered and patients are actually seen by a specialist can take up to nine months. In addition, because of limited local specialty resources for safety net patients (due in part to budget reductions over the years), there are increasing numbers of specialty referral orders and appointments being made to facilities out of the Northern Virginia region, specifically the University of Virginia Medical Center. Long travel distances, limited transportation options, and lost time at work make these needed specialty services extremely difficult to access for safety net populations.

Additional challenges facing the CHCN program include: the need to retain a qualified contractor for services (i.e., Molina Inc., the existing vendor, will cease clinical operations in Virginia on June 30, 2016) the high prevalence of multiple chronic disease conditions within CHCN patients that are difficult and expensive to treat; the constant need to maintain and/or upgrade the CHCN program's electronic medical record (EMR) to meet operating requirements; the difficulties in managing medical documentation, communications, and health information exchange effectively and efficiently with multiple other health providers while maintaining compliance with HIPAA regulations; and meaningful participation in County and health system-wide activities to improve health services integration, population health outcomes, and health services efficiencies.

## Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
<b>LOB #152: Community Health Care Network</b>			
<b>FUNDING</b>			
<u>Expenditures:</u>			
Compensation	\$646,918	\$614,531	\$621,886
Operating Expenses	7,604,766	7,459,158	8,330,027
Total Expenditures	\$8,251,684	\$8,073,689	\$8,951,913
General Fund Revenue	\$0	\$0	\$0
Net Cost/(Savings) to General Fund	\$8,251,684	\$8,073,689	\$8,951,913
<b>POSITIONS</b>			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	9 / 9	9 / 9	9 / 9
Total Positions	9 / 9	9 / 9	9 / 9

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## Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of primary care visits provided through the Community Health Care Network	50,287	50,174	48,100	50,250	50,250
Number of clients who received primary care through the Community Health Care Network	15,021	14,678	13,795	15,000	15,000
Net cost to County per visit	\$184	\$169	\$173	\$177	\$181
Percent of clients satisfied with their care at health centers	94%	98%	96%	95%	95%
Percent of Community Health Care Network clients with stable or improved health outcomes	N/A	63%	52%	64%	64%

The continuing prevalence of a large number of low-income, uninsured residents continues to provide significant demand for Community Health Care Network (CHCN) services. During FY 2015, the CHCN provided access to health services for 18,120 enrollees; served 13,795 of those individuals through at least one visit; provided 48,100 primary care visits across all three CHCN clinic sites; and coordinated 8,715 referrals for specialty care services.

Over the past three fiscal years, annual enrollment totals of uninsured, low-income individuals meeting CHCN program eligibility criteria were: 20,451 (FY 2013), 20,434 (FY 2014), and 18,120 (FY 2015). The notable decrease in FY 2015 is likely attributable in part to completion of the second year of the Affordable Care Act (ACA), and the availability of subsidies for health insurance on the ACA marketplace. A commensurate decrease in the number of primary care visits provided and unduplicated patients who had at least one visit was noted as well. If determined eligible for subsidized health insurance on the ACA marketplace, in compliance with federal law, CHCN enrollees are expected to acquire health insurance and are transitioned to other healthcare providers in the community that accept their new health insurance. The area of the County where enrollments onto ACA insurance policies were initially most successful was the South County/Richmond Highway corridor. Subsequently, recent enrollment decreases in the CHCN program have been observed mostly at the CHCN-South clinic, but remain stable at the Reston and Falls Church clinic locations. Further, since Medicaid coverage has not been expanded in Virginia, many individuals with incomes below the threshold required to qualify for ACA subsidies still remain uninsured and eligible for CHCN services overall.

The net cost per patient visit to the County for CHCN services increased only 2.3 percent (from \$169 to \$173) between FY 2014 and FY 2015, and is projected to increase 2.0 percent in FY 2016 (to \$177). In coordination with the Department of Family Services' Healthcare Access Assistance Team (HAAT), the program continues to utilize and enforce strict eligibility and enrollment criteria to ensure that patients receiving CHCN services truly have no other alternatives for access to affordable healthcare. In addition, the CHCN program makes extensive use of prescription patient assistance programs and bulk purchase programs to maximally acquire free and/or low-cost medications for CHCN patients to keep the program's pharmaceutical costs down.

Based on the most recent patient satisfaction survey of CHCN patients conducted by researchers at George Mason University, the percent of CHCN clients satisfied with their care at CHCN health centers was 96 percent. This maintenance of patient satisfaction reflects the program's ongoing commitment to quality assurance and is expected to continue at this level for the foreseeable future.

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At this time, the percent of CHCN patients with stable or improved outcomes for FY 2015 is 52.1 percent. This outcome is a decrease in positive outcomes compared to 63.3 percent in FY 2014. To assess the program's performance on this outcome measure, an extensive review of the medical records for a cohort of patients with at least two measured readings within the fiscal year of glycosylated hemoglobin (HbA1c) levels and systolic blood pressure for patients diagnosed with diabetes and high blood pressure was required. This measure will continue to be closely monitored and corrective action will be taken as needed to improve health outcomes.

It should be noted that the CHCN program is currently in the process of soliciting a new contractor for the operation of the CHCN clinics with an anticipated start date of July 1, 2016 (FY 2017). The new contractor will be expected to participate fully in the County's ongoing initiatives related to health services integration, cross-sector health data exchange, and the leveraging of other non-County payer sources for health services provision that are expected to increase the effectiveness and efficiency of the County's health and human services delivery system. Consequently, FY 2017 estimates for the CHCN program's output and efficiency measures reflect the projected effects of these anticipated changes and new contract requirements.