Why This Webinar?
CDC: Uninsured rate falls below 10%

% of uninsured Americans, based on CDC early release data

Source: CDC National Health Interview Survey
Graphic by Dan Diamond (@ddiamond)
What Needs to Change to Improve the Health of the Nation?

- Access to Care
- Prevention and Social Determinants of Health
- Delivery System Transformation
Working in Silos

Health Care Providers

- Doctors
- Nurses
- Clinics
- Hospitals

The Community

- Schools
- City Councils
- Food Banks
- Homeless Shelters
We can tackle problems better together!

Identify  Address  Evaluate
Doctors for America

- 16,000 doctors and medical students across specialties in all 50 states
- Our vision: a healthy America for everyone
Areas for Collaboration: Access to Care

• Reaching the remaining 10%
  – Enrollment
  – Medicaid Expansion
  – Undocumented immigrants

• Ensuring that coverage translates to care
  – Availability of providers
  – Affordability of deductibles and copays
  – Health literacy
Areas for Collaboration: Delivery System Transformation

• Focusing on value over quality
• Increasing coordination of care
  – Within the health care system
  – With community-based resources
• Empowering patients
Areas for Collaboration: Social Determinants of Health

- Food Security
- Housing Quality and Security
- Safe Communities to Walk, Run, and Play
- Education / Literacy
What Doctors and Other Providers Can Do
Suggestions

• Use us as a resource!

• Work with us to connect health care providers with their communities.

• Host forums with health care providers and the community.
Thank you!

Alice Chen, MD
Executive Director

alice.chen@drsforamerica.org
202-481-7197

www.drsforamerica.org
Provider Perspectives on Improving Health Care

Grantmakers In Health Webinar
August 13, 2015
R. Shawn Martin
Senior Vice President
Advocacy, Practice Advancement, & Advocacy

smartin@aafp.org
202.232.9033
@rshawnm
AAFP Total Membership

<table>
<thead>
<tr>
<th>Year</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>120,900</td>
</tr>
<tr>
<td>2014</td>
<td>115,900</td>
</tr>
<tr>
<td>2013</td>
<td>110,600</td>
</tr>
<tr>
<td>2012</td>
<td>105,900</td>
</tr>
<tr>
<td>2011</td>
<td>100,300</td>
</tr>
<tr>
<td>2010</td>
<td>97,600</td>
</tr>
<tr>
<td>2009</td>
<td>94,700</td>
</tr>
<tr>
<td>2008</td>
<td>94,600</td>
</tr>
<tr>
<td>2007</td>
<td>93,300</td>
</tr>
<tr>
<td>2006</td>
<td>93,800</td>
</tr>
</tbody>
</table>
About the AAFP

• 120,900 members
  – Practice in 95% of U.S. counties
  – 42% are female
  – 24% are new physicians
    • <7 years in practice
  – 18% are rural

• 11,309 resident physicians
Current State of Affairs

**Medicine Is More Complicated Than Ever**

- 36 new drugs became available worldwide in 2012 alone
- 45% of adults have two or more of the most common chronic conditions

Americans are **Living Longer** → **78.5 YRS**

- **35%** of U.S. adults have **Prediabetes**
- **30%** of U.S. adults have **High Blood Pressure**
- **36%** of U.S. adults are **Obese**
Changing Times

The Affordable Care Act is expected to expand health coverage to millions of Americans, with an emphasis on whole patient care from prevention to treatment.

The health care system is evolving rapidly.
Ecology of Health Care

1,000 Persons

800 Report Symptoms

327 Consider Seeking Treatment

217 Visit a Physician’s Office

113 Visit a Primary Care Physician

65 Visit a complimentary of alternative care provider

21 Visit a Hospital Outpatient Clinic

14 Receive Home Health Care

13 Visit an Emergency Department

8 are Hospitalized

1 is Hospitalized in an Academic Health Center

1 is Hospitalized in an Academic Health Center

8 are Hospitalized

1,000 Persons
The Value of Primary Care

- Patients experience the best outcomes in terms of wellness, health maintenance and overall cost of care when two items exist:
  - Health care coverage (insurance)
  - Continuous relationship with a physician, usually a family physician
4 Pillars of Primary Care

- Comprehensive
- Continuous
- Coordinated
- Connected
Primary Care Centric Health Care

- Individual Patient Care
- Population Health
- Public Health

Primary Care
Primary Care is Complex

Figure 1. Number and percentage of outpatient chronic condition visits by physician type in the past year, based on the 2008 National Ambulatory Medical Care Survey. *P<0.05 significant test done by SAS Procedure Surveyfreq Rao-Scott 2 test.
WORKFORCE CHALLENGES
Recognized Medical Specialties

1965

10

2014

145
WORKFORCE DISTRIBUTION
4 Recommendations

• Delivery systems built on 4 C’s of primary care
• Intersection of primary care, public health, & population health
• Integration of primary care & mental/behavioral health
• Workforce development
American Nurses Association

Nurses advancing our profession to improve health for all
Tipping Point:  
The ACA & The Future of Nursing Report
KEY MESSAGE 1

NURSES SHOULD PRACTICE TO THE FULL EXTENT OF THEIR EDUCATION AND TRAINING

- Full Scope of Practice
- Recognize Nurses’ Economic Value
- Remove Barriers to Practice
KEY MESSAGE 2
PREPARE AND ENABLE NURSES TO LEAD CHANGE TO ADVANCE HEALTH

Nurses already play a huge role on the frontlines. It’s time they play a greater role in the boardroom.
KEY MESSAGE 3
NURSES SHOULD ACHIEVE HIGHER LEVELS OF EDUCATION AND TRAINING

RWJF’s Academic Progression in Nursing

- RWJF APIN Grantee State
- Academic Progression Initiatives supported by RWJF and CCNA
Strategic Investment Areas for Nursing

- Scope of practice/full practice authority for all nurses (RNs and APRNs)
- Nurse leadership
- Education, especially academic progression (RN-to BSN-programs)
More information is available on ANA’s website:

www.NursingWorld.org
Providers Perspectives on Improving Health Care
Grantmakers in Health Webinar

Community Health Centers

Jason Patnosh
Associate Vice President,
Partnership and Resource Development
National Association of Community Health Centers

jpatnosh@nachc.org / 301-347-0400 ext 2068
Where do we fit? Where do we stand?

- **Access** to primary care is vital for cost savings and improved outcomes
- **Unmet need** for our services remains enormous – 62 million without primary care
- We expect **increased demand**, among newly insured and uninsured (MA experience)
- **Federal support**, through 330 grant and Medicaid payment, crucial to model of care
“Every Community Health Center is moving to achieve the **triple aim**—improve the health of the populations served, improve the patient experience, and bend the cost curve.

To accomplish this, CHCs are **transforming into patient-centered medical homes** (PCMH), which includes the integration of behavioral and oral health.

Key tenets of the PCMH include everyone working at the top of their training, licensure, or certification; working in care teams; and being responsible for a panel of patients.”
HEALTH CENTER FUNDING STREAMS

**DISCRETIONARY**
- Annual, up to Congress to determine amount
- Prior to ACA, the only funding for CHC program
- Cut in 2011, backfilled with mandatory funds
- Currently $1.5 billion (FY14)
- FY15 – TBA?

**MANDATORY**
- Required spending, unless Congress changes the law
- Special Fund created in ACA to boost Health Center Capacity
- Currently $2.2 billion (FY14)
- Extension for 2 years
• Mandatory funding was set to expire at the end of FY15

• Without action by Congress, up to 70% could have been cut to Health Center grants

• NHSC, THC’s in same position (though ALL mandatory)
• Extends, grows mandatory funding

• $20b over 5 years

• Grow from current 22m patients to 35m

• Continue funding for NHSC, Teaching Health Centers
WORKFORCE POLICY CONCERNS

• National Health Service Corps and Teaching Health Centers GME programs currently 100% funded with ACA funds

• Funding for NHSC expires in 2017; Teaching Health Centers sooner

• President proposed extending, expanding NHSC, and building on THCGME

• Working alongside coalition partners (AAFP, AAMC, ACU, AATHC) to extend
WORKFORCE DEVELOPMENT

• Growing our own – A.T. Stills University (dental, medical, beyond)
• Community HealthCorps
• Leadership training across the C-Suite
• Utilization of CHWs and Entry level staff
• Growth of NPs, CNMs and PAs
  • Between 2007 and 2012, the number of PAs, NPs, and CNMs at CHCs increased by 61%, compared with 31% for physicians. However, several policy and payment issues jeopardize CHCs' ability to expand their workforce and meet the current and rising demand for care.
NACHC Website: www.nachc.org

NACHC Blogs (Health Centers on the Hill, the Policy Shop, Health Center News and Happenings, etc.): blogs.nachc.com

@NACHC on twitter