## Provider Perspectives on Improving Health Care

Grantmakers In Health Webinar August 13, 2015

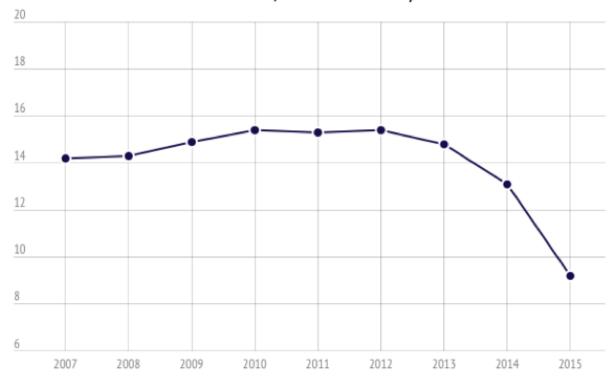


## Why This Webinar?



#### **CDC: Uninsured rate falls below 10%**

% of uninsured Americans, based on CDC early release data

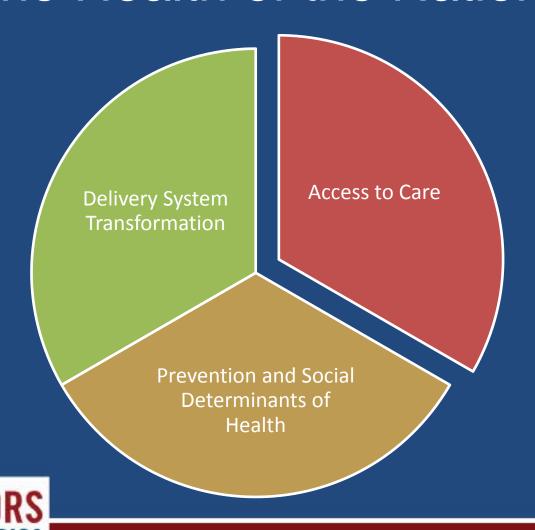


Source: CDC National Health Interview Survey

Graphic by Dan Diamond (@ddiamond)



## What Needs to Change to Improve the Health of the Nation?



## 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!

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#### R. Shawn Martin

Senior Vice President Advocacy, Practice Advancement, & Advocacy

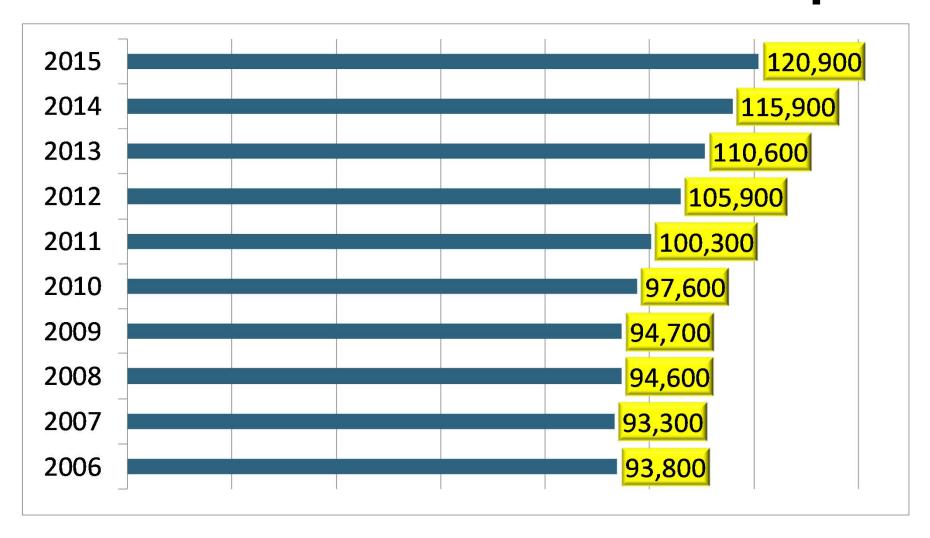
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#### **AAFP Total Membership**



#### About the AAFP

- 120,900 members
  - Practice in 95% of U.S. counties
  - 42% are female
  - 24% are new physicians
    - <7 years in practice</li>
  - 18% are rural
- 11, 309 resident physicians

#### **Current State of Affairs**

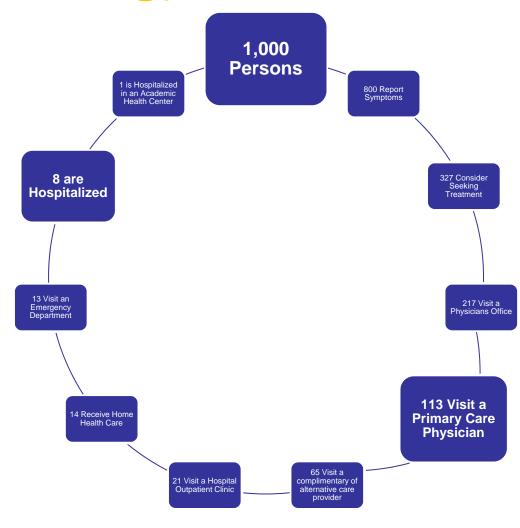


### **Changing Times**

THE HEALTH
CARE SYSTEM
IS EVOLVING
RAPIDLY

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

### **Ecology of Health Care**



#### The Value of Primary Care

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

#### 4 Pillars of Primary Care

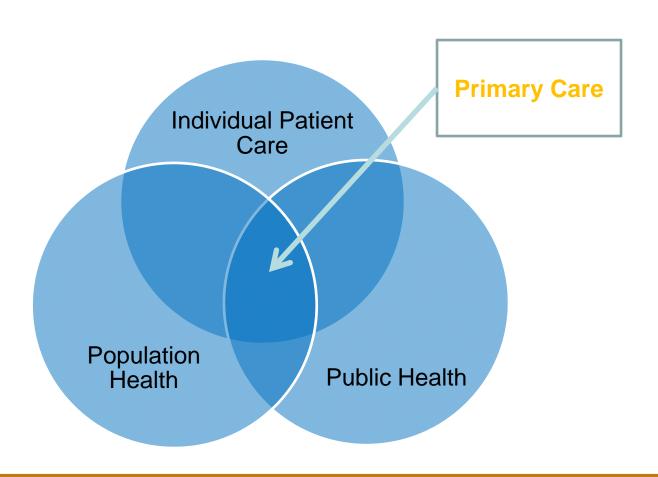
Comprehensive

Continuous

Coordinated

Connected

#### Primary Care Centric Health Care



#### **Primary Care is Complex**

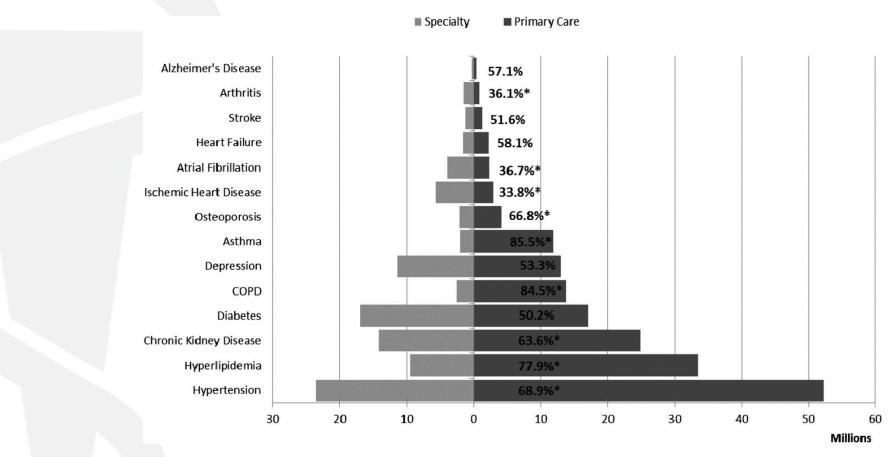
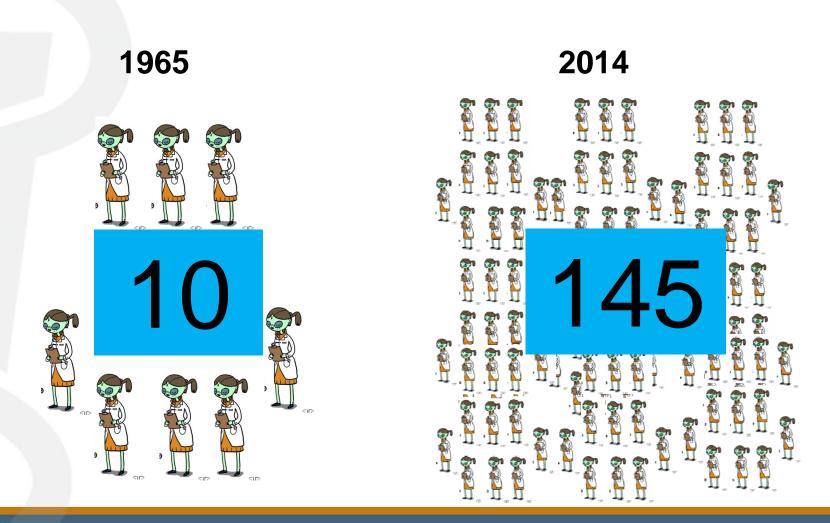


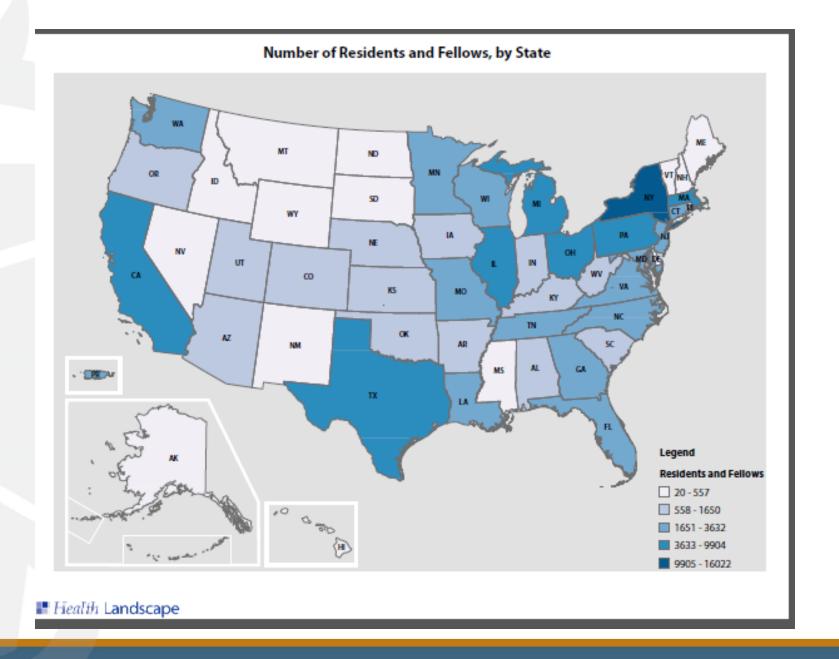
Figure 1. Number and percentage of outpatient chronic condition visits by physician type in the past year, based on the 2008 National Ambulatory Medical Care Survey. \*P<0.05 significant test done by SAS Procedure Surveyfreq Roa-Scott 2 test.

#### **WORKFORCE CHALLENGES**

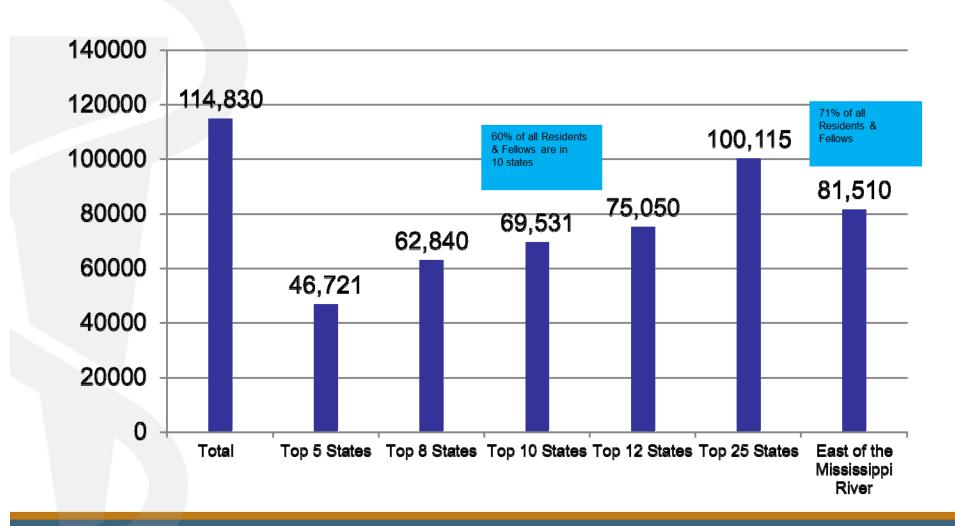
#### Recognized Medical Specialties



#### **WORKFORCE DISTRIBUTION**

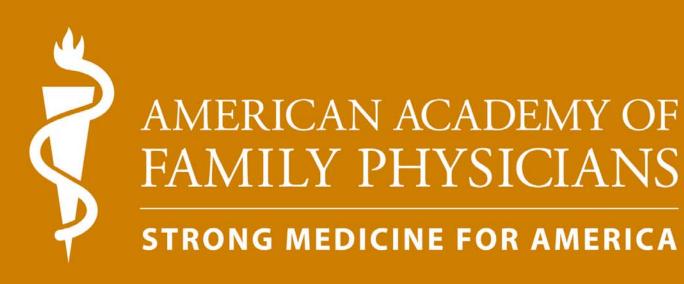


## Graduate Medical Education Positions Distribution by State



#### 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





### Provider Perspectives on Improving Health Care

Janet Haebler, MSN, RN
Senior Associate Director of State Government Affairs, ANA
Grantmakers in Health Webinar
August 13, 2015



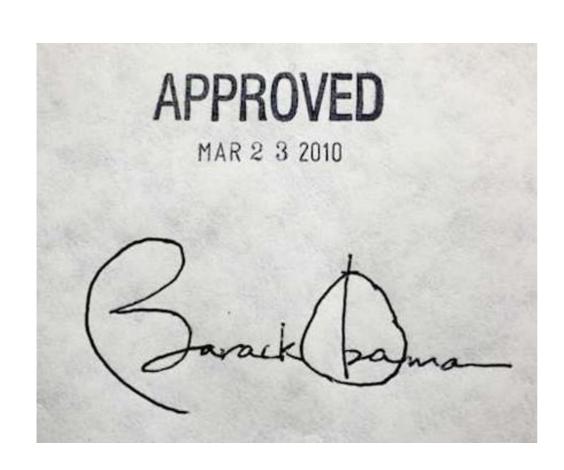
#### **American Nurses Association**

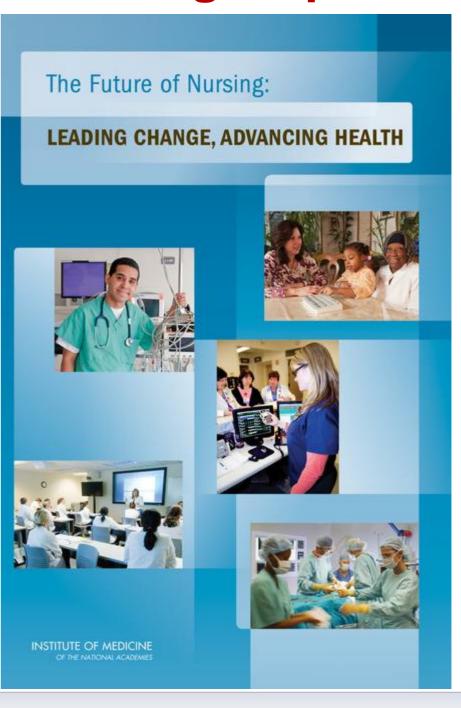
# Nurses advancing our profession to improve health for all





## Tipping Point: The ACA & The Future of Nursing Report

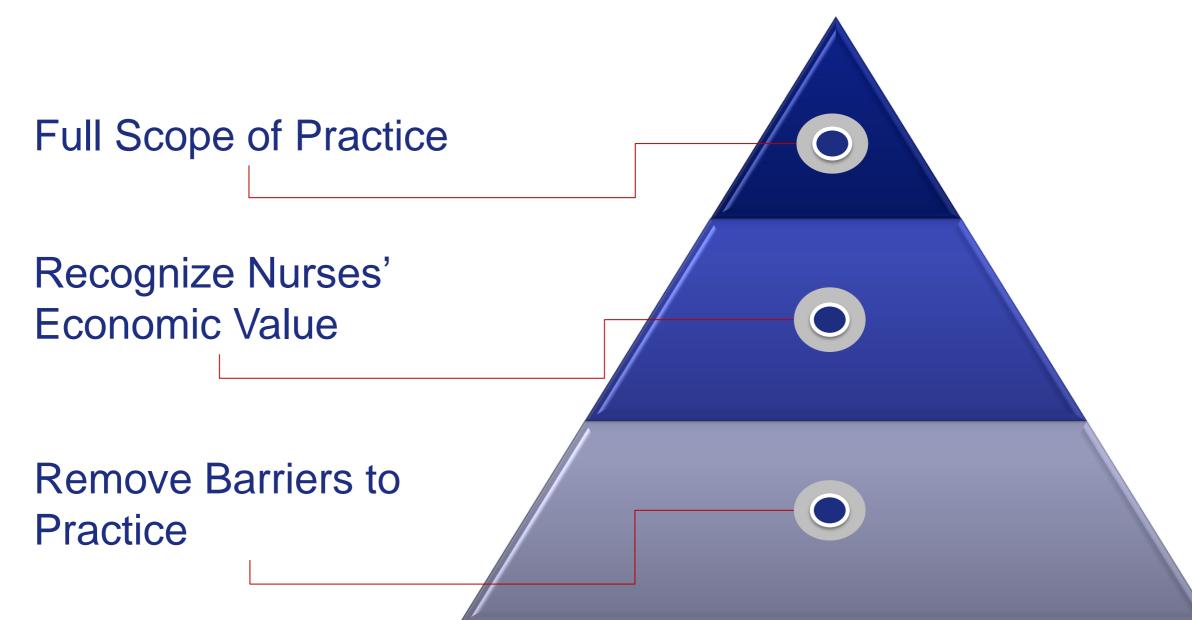






KEY MESSAGE 1

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





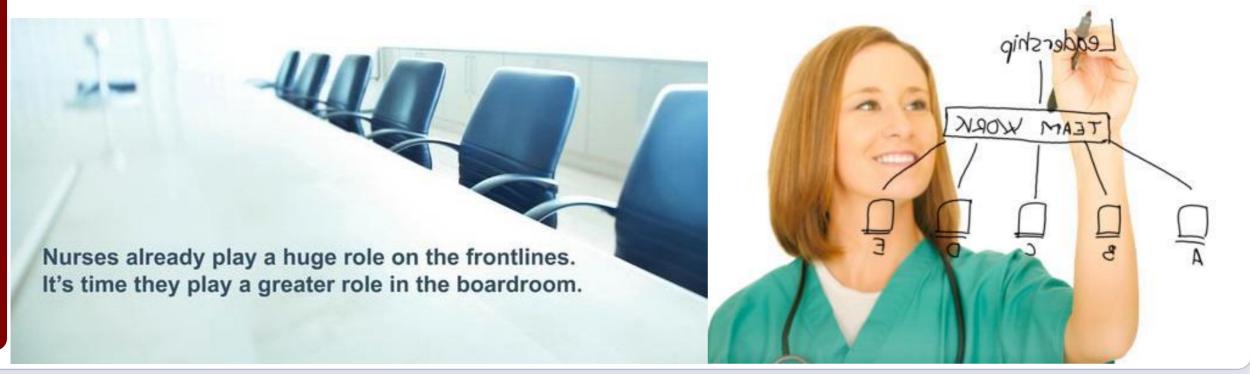
KEY MESSAGE 2

## PREPARE AND ENABLE NURSES TO LEAD CHANGE TO ADVANCE HEALTH





LEADERSHIP INSTITUTE

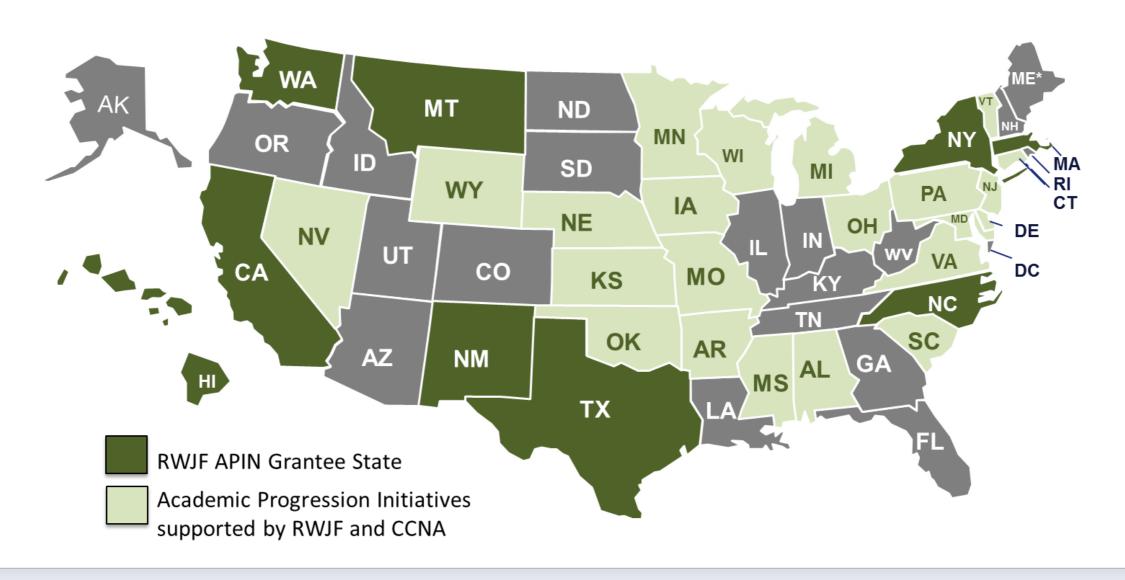




KEY MESSAGE 3

# NURSES SHOULD ACHIEVE HIGHER LEVELS OF EDUCATION AND TRAINING

RWJF's Academic Progression in Nursing





## Strategic Investment Areas for Nursing

Scope of practice/ full practice authority for all nurses (RNs and APRNs)



Education, especially academic progression(RN-to BSN-programs)



AMERICAN NURSES FOUNDATION

**ANFonline.org** 



# AMERICAN NURSES ASSOCIATION

More information is available on ANA's website:

www.NursingWorld.org



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## **Community Health Centers**

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

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#### HEALTH CENTERS IN A POST-ACA WORLD

#### 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

#### HEALTH CENTERS IN A POST-ACA WORLD

"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 patientcentered medical homes (PCMH), which includes the integration of behavioral and oral health.

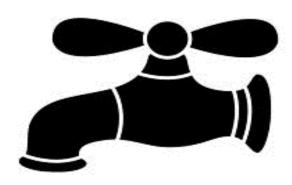
Key tenets of the PCMH include everyone working at the top of their training, licensure, or certification; working in care teams; and being responsible for a panel of patients."

#### 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?



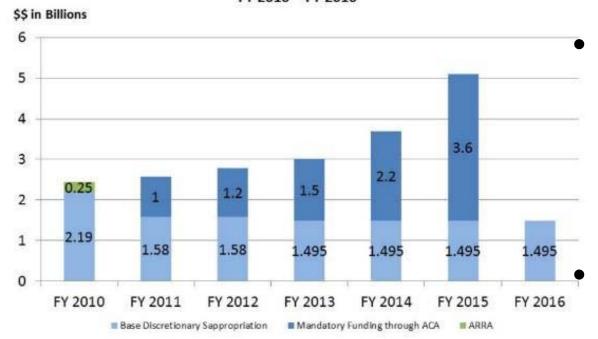
#### **MANDATORY**

- 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

#### HEALTH CENTERS FUNDING CLIFF...2 Year Delay

#### **Health Center Funding Under Current Law**

Community Health Center Funding: FY 2010 – FY 2016



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

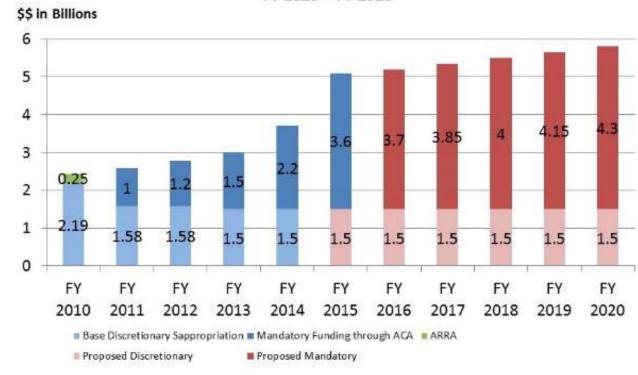
NHSC, THCs in same position (though ALL mandatory)



- Extends, grows mandatory funding
- \$20b over 5 years
- Grow from current 22m patients to 35m
- Continue funding for NHSC, Teaching Health Centers

# Health Center Funding Under NACHC Proposal – 35m patients by 2020

Community Health Center Funding: FY 2010 – FY 2020



#### **WORKFORCE POLICY CONCERNS**

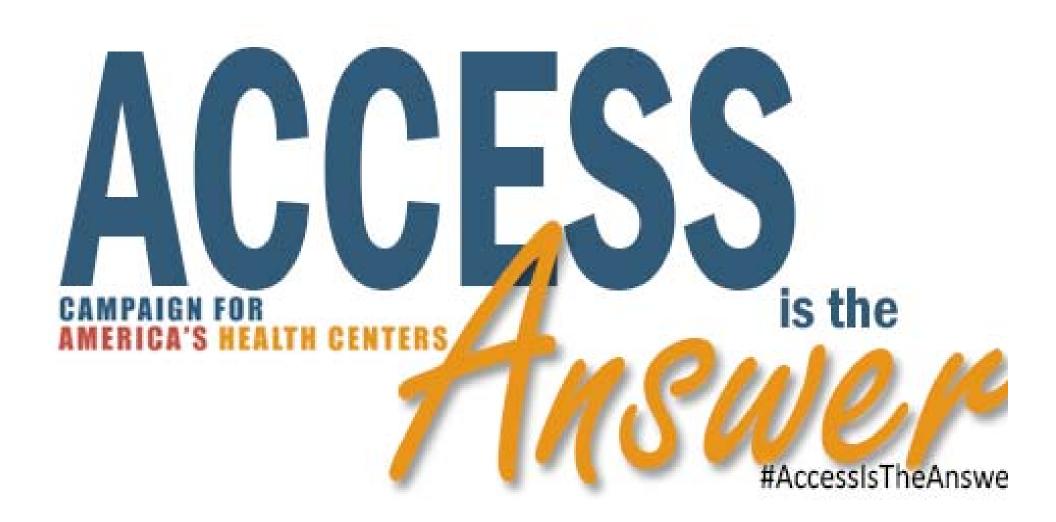
- National Health Service Corps and Teaching Health Centers GME programs currently 100% funded with ACA funds
- Funding for NHSC expires in 2017; Teaching Health Centers sooner
- President proposed extending, expanding NHSC, and building on THCGME
- Working alongside coalition partners (AAFP, AAMC, ACU, 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.



### MAKE YOUR VOICE HEARD!





#### **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