ASSESSMENT OF FEDERALLY QUALIFIED HEALTH CENTERS IN MARYLAND

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OVERVIEW

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I. BACKGROUND
THE PRIMARY CARE OFFICE

- Within the Office of Population Health Improvement at the Maryland Department of Health
- Goal: improve access to primary care, dental, and mental health services in underserved areas
  - Leverage state and federal resources
  - Use health care workforce programs to recruit and retain providers
  - Determine areas of need within the state using data
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WHAT IS AN FQHC?

- **Federally Qualified Health Centers** are designated Auto-Health Professional Shortage Areas (Auto-HPSAs), funded by Section 330 of the Public Health Service Act
  - Automatically designated as HSPAs – scoring criteria updated by the Primary Care Office
  - They are required by law to provide primary care to every person regardless of a patient’s ability to pay \(^1,2\)
- Accept Medicaid/CHIP, Medicare, and private insurance
- Use a sliding fee scale for the uninsured
- FQHCs are one of the primary ways in which homeless, migrant, or underserved people receive health care\(^5\)
- One in four low-income Americans use FQHCs as their primary source of care\(^3,4\)
PROJECT GOALS AND OBJECTIVES

- **Goal:** Collect information from FQHCs to update the Auto-HPSA designation and provide an assessment of the Federally Qualified Health Centers in Maryland
  - Send out a Provider Survey
  - Report payor mix breakout
  - Understand services breakout
  - Quantify FQHC capacity and existing partnerships

- **Hypotheses:**
  - FQHCs in MD serve primarily low income patients
  - FQHC patients have Medicaid or are not insured more often than people in the surrounding region
    - In addition to being located in underserved areas, FQHCs attract underserved people from outside their direct jurisdiction
  - Geographic areas with FQHCs serving a high percentage of the underserved population have better health than geographic areas with FQHCs serving low percentages of underserved populations
II. METHODS
LET’S START AT THE VERY BEGINNING: A LITERATURE REVIEW

- Goal: Understand ways in which FQHCs are most commonly evaluated and the types of information that are helpful to present in a needs assessment
- Methods: Search “Federally Qualified Health Centers” and “FQHC” as keywords into the Ovid Medline database
  - 595 results, screened into the review if they addressed FQHCs directly
  - 176 articles included in the review
- Main themes Identified:
  - Care access, health service utilization, and emergency department use by FQHC patients (28 articles)
  - Cancer care, prevention, and screening (27 articles, 12/27 about colorectal cancer screening)
  - Demographics, insurance, disparities (20 articles)
  - Mental Health and Drug Use (18 articles)
  - Oral Health (16 studies)
  - Chronic Disease Management or diabetes (11 articles)
WHAT ABOUT THE DATA?

- Ten datasets were examined:
  - Centers for Medicare & Medicaid Services (CMS) Chronic Conditions Warehouse,
  - Health Resources and Services Administration (HRSA) Area Health Resource Files (AHRF),
  - National Hospital Ambulatory Medical Care Survey (NHAMCS),
  - Behavioral Risk Factor Surveillance System (BRFSS),
  - State Cancer Profiles maintained by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH),
  - Maryland State Health Improvement Process (SHIP)
  - Robert Wood Johnson Foundation (RWJF) County Health Rankings & Roadmaps data,
  - HRSA’s Uniform Data System (UDS),
  - UDS Mapper
  - The Auto-HPSA Provider Survey
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- Zip Code Tabulation Area (ZCTA)-level data
- Population demographics, payor type, health outcomes
- Information on FQHC patients within each ZCTA
THE PROVIDER SURVEY

- Primary Focus: Collect information on primary care providers at FQHCs in Maryland in order to update each FQHC’s Automatically Designated Health Professional Shortage Areas (Auto-HPSAs)
- Secondary Focus: conducting a needs assessment of all Maryland-based FQHCs
- As of April 16, 94 of 144 (65%) of FQHC sites in Maryland had submitted the Provider Survey
- Data collection and analysis is ongoing
III. RESULTS
In Maryland, there are a total of 144 FQHC sites and 20 FQHC Organizations
- 17 of the Organizations are MD-Based, 2 are DC-Based, and one is a Native Urban Tribal Organization

328,152 patients seen at FQHCs in Maryland in 2017 (8% increase since 2015)

17/18 Maryland-Based FQHC organizations experienced an increase in patients
- City of Frederick had a 992% increase (338 patients in 2015 to 3,355 patients in 2017)
- Parkwest Health Systems, Inc. had a 261% increase
- Chase Brexton Health Services, Inc. had a 26.8% increase
- Western Maryland Health Care Corporation had a 41.9% increase
- All other FQHCs experienced an increase of 20% or less

Community Clinic, Inc. was the only center to experience a decrease in patients (12.5% decrease)
### CHANGING RATES OF UNINSURED AND MEDICAID/CHIP PATIENTS

- **Uninsured Patients:** 56,782 in 2015 → 56,294 in 2017 (<.1% decrease)
- **Medicaid/CHIP Patients:** 151,448 in 2015 → 159,168 in 2017 (5.1% increase)

**City of Frederick:**
- Highest increase in total patients
- Highest increase in uninsured patients (15.1%)
- Second highest increase in Medicaid/CHIP patients (8.8%)

**Choptank Community Health Systems, Inc**
- Among lowest increases in total patients (6%)
- Highest increase in Medicaid/CHIP patients (9.3%)

**Community Clinic, Inc.**
- Only FQHC to have a decline in total patients (12.5%)
- Increased in uninsured patients (7.8%) and in Medicaid/CHIP patients (3.9%)

UDS HRSA DATA 2015-17
WHO IS BEING SERVED DIFFERS BY FQHC

- At their individual sites:
  - Four MD-based FQHCs each serve >90% Medicaid/CHIP or uninsured patients
  - Seven serve 70-85% Medicaid/CHIP or uninsured patients
  - Six serve <60% Medicaid/CHIP or uninsured patients

- The City of Frederick and Mobile Medical Care, Inc. each serve entirely Medicaid/CHIP or uninsured patients

- Owensville Primary Care, Inc has a total of 4.8% uninsured patients and 31.1% Medicaid/CHIP patients

UDS HRSA DATA 2017
FQHCS AREN’T UNIFORMLY ‘BETTER’ OR ‘WORSE’ AT PROVIDING CARE

- Using UDS HRSA data, FQHCs were ranked on:
  - Adults Screened for Tobacco Use and Receiving Cessation Intervention
  - Percent of Adults Screened for Depression
  - Cholesterol Treatment (Lipid Therapy for Coronary Artery Disease Patients)
  - Heart Attack/Stroke Treatment (Aspirin Therapy for Ischemic Vascular Disease Patients)
  - Blood Pressure Control (Hypertensive Patients with Blood Pressure <140/90)
  - Controlled Diabetes <9%
  - Percent of HIV Patients Linked to Care
# COUNTY AND FQHC RANKINGS

<p>| % Patients (Rank)     | Top Quartile |  | Second Quartile |  | Third Quartile |  | Bottom Quartile |  |
|-----------------------|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Adults Screened for Tobacco | 76.03% (16) | 97.44% (3) | 93.01% (10) | 94.62% (8) | 54% (17) | 91.34% (12) |
| Depression Screening | 74.63% (10) | 99.87% (1) | 93.13% (4) | 68.46% (11) | 83.3% (8) | 38.06% (16) |
| Cholesterol Treatment | 92.61% (3) | 72.79% (17) | 82.35% (9) | 81.08% (11) | 74.4% (15) | 81% (12) |
| Heart Attack/Stroke Treatment | 88.48% (3) | 84.05% (4) | 83.68% (6) | 84.01% (5) | 98.9% (1) | 73.51% (14) |
| Blood Pressure Control | 61.83% (7) | 67.02% (3) | 65.01% (4) | 63.27% (6) | 63.8% (5) | 52.44% (15) |
| Controlled Diabetes | 62.65% (13) | 70.07% (5) | 75.6% (3) | 75.23% (4) | 70.0% (6) | 63.16% (11) |</p>
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FQHC RANKINGS

- 10 of the 17 Maryland-based FQHCs rank in the top quartile for at least one quality measure and in the bottom quartile for at least one quality measure

- 4 FQHCs never rank in the bottom quartile:
  - Chase Brexton Health Services, Inc.
  - Choptank Community Health System, Inc.
  - Owensville Primary Care, Inc.
  - Walnut Street Community Health Center, Inc.

- 3 FQHCs never rank in the top quartile:
  - Community Clinic, Inc.
  - Parkwest Health Systems, Inc.
  - Total Health Care, Inc.
III. DISCUSSION
LESSONS LEARNED: REFLECTIONS OF CURRENT LITERATURE

- 16.2% of FQHC patients in MD are uninsured (UDS HRSA 2017)
- 46.0% of FQHC patients in MD are Medicaid/CHIP patients (UDS HRSA 2017)
- The number of people seeking care at FQHCs has been consistently rising
- Demographics are largely representative of what we see in current literature
LESSONS LEARNED: NOT ALL FQHCS TELL THE SAME STORY

- **Different FQHCs experience different payor fluctuations**
  - Choptank Community Health System, Inc:
    - experienced a huge influx of Medicaid/CHIP patients,
    - experience a much smaller increase in uninsured patients
    - Maintained relatively constant overall patient population

- **FQHCs can rank very highly in some types of care delivery and very low in others**
  - Baltimore Medical System, Inc.
    - In the top quartile for treating hyperlipidemia
    - In the bottom quartile for tobacco screening
  - Western Maryland Health Care Corporation
    - In the top quartile for tobacco screening
    - In the bottom quartile for treating hyperlipidemia
CONCLUSION

- FQHCs play an essential role in providing care to low-income and disadvantaged populations
- The number of patients at FQHCs has been consistently rising
- **Practice and Policy Implications:** When allocating financial and human resources, strength and needs of a specific FQHC organization and site should be taken into consideration
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REFERENCES


