Community Health Centers
Responding to quality and service challenges while expanding under the Affordable Care Act

Lee Francis, MD, MPH
President and CEO
Erie Family Health Center
Chicago, IL
Erie Family Health Center Sites
Erie Family Health Center

- Joint Commission Accredited
- Erie named one of the Top Workplaces of 2010, 2011, 2012 and 2013 by the Chicago Tribune!
<table>
<thead>
<tr>
<th>EXPAND INSURED AND EXPAND COMMUNITY CAPACITY (Best case?)</th>
<th>EXPAND INSURED AND NO EXPANSION OF COMMUNITY CAPACITY (Long lines)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO EXPANSION OF INSURED AND EXPAND COMMUNITY CAPACITY (Unsustainable)</td>
<td>NO EXPANSION OF INSURED AND NO EXPANSION OF COMMUNITY CAPACITY (Status Quo)</td>
</tr>
</tbody>
</table>
INSURANCE CARD = INSURANCE CARD
Health Care Reform and Primary Care — The Growing Importance of the Community Health Center

Eli Y. Adashi, M.D., H. Jack Geiger, M.D., and Michael D. Fine, M.D.

During the debate over U.S. health care reform, relatively little attention was paid to the long-established network of community health centers (CHCs) in the United States. And yet this unique national asset constitutes a critical element of any reform intent on expanding access to were to be “of the people, by the people, for the people.”

Now operating at more than 8000 sites, both urban and rural, in every state and territory (see Fig. 1), run by about 1200 CHC grantees, the centers are the medical home to 20 million Americans, 5% of the current U.S. pop-

often the sole health care provider available to these patients.

Beyond their commitment to the uninsured, the CHCs have always welcomed the insured in need of high-quality primary care. At present, 35% of CHC patients are beneficiaries of Medicaid, and 25% are beneficiaries of Medi-
Federally Qualified Health Centers (FQHCs)

22 million patients

Source: Centers for Medicare and Medicaid Services; U.S. Department of Health and Human Services; Quarter 2, 2011.

Note: Alaska and Hawaii not shown to scale.
Percentage of Population Served by CHCs
Community Health Centers, Chicago, 2014
Erie Family Health: Patients are Growing in Number
### Erie Annual Operating Performance ($s in thousands)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Revenue</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>$16,963</td>
<td>$15,899</td>
</tr>
<tr>
<td>2006</td>
<td>$19,753</td>
<td>$19,214</td>
</tr>
<tr>
<td>2007</td>
<td>$19,519</td>
<td>$18,534</td>
</tr>
<tr>
<td>2008</td>
<td>$22,551</td>
<td>$18,123</td>
</tr>
<tr>
<td>2009</td>
<td>$24,067</td>
<td>$21,362</td>
</tr>
<tr>
<td>2010</td>
<td>$26,879</td>
<td>$24,021</td>
</tr>
<tr>
<td>2011</td>
<td>$27,702</td>
<td>$24,752</td>
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<tr>
<td>2012</td>
<td>$32,342</td>
<td>$28,645</td>
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<tr>
<td>2013</td>
<td>$36,242</td>
<td>$35,318</td>
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<tr>
<td>2014</td>
<td>$42,757</td>
<td>$44,085</td>
</tr>
<tr>
<td>2015</td>
<td>$51,567</td>
<td>$50,687</td>
</tr>
<tr>
<td>2016</td>
<td>$53,954</td>
<td>$52,952</td>
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<tr>
<td>2017</td>
<td>$55,320</td>
<td>$54,080</td>
</tr>
<tr>
<td>2018</td>
<td>$56,960</td>
<td>$55,328</td>
</tr>
</tbody>
</table>
Current and New Patient Payer Mix

Payor Mix of Unduplicated Medical & Dental Patients

Payor Mix of New Medical & Dental Patients
Medicaid in Illinois: “Before”

- ONE plan
- ONE payor
- NO pre-authorizations
- STANDARD procedures for vaccines, medications, dental care, behavioral health etc.
- BROAD hospital access
Medicaid in Illinois: Transition

- "New" Managed Care Organizations
- Accountable Care Entities (ACE)
- Coordinated Care Entities (CCE)
- Primary Care Case Management (PCCM)

Pilot

Phasing out
Medicaid in Illinois: “After”
Alliance of Chicago
Performance Dashboards
Electronic Health Record Patients
INSURANCE CARD = INSURANCE CARD
Dr. Lee Francis, a Cook County Hospital employee, speaks at a rally for higher wages Wednesday outside the hospital.

Hospital workers rally
Lessons Learned: “The 2,000 Rule”

- Cook County Hospital and MPH training
  - Social aspects of health and health care
  - Talking, listening, examining and touching
  - Direct philosophical transfer to community setting
  - Inherent public health approach
Lessons Learned

• What do patients, families, communities want?
  – **Access** to best regardless of the ability to pay
  – To be **listened to**, not talked to
  – The **highest standard** of care

• What is best?
  – **Coordinate and manage care** in between visits

• What does our staff really want?
  – The same thing – and...
  – Fair **compensation, benefits**
  – Opportunity to **work at the top** of their licenses
THANK YOU