

# **COMMUNITY HEALTH CENTERS AND THE AMERICAN RECOVERY AND REINVESTMENT ACT**

## **Impact and Challenges** **“An On the Ground Story”**

Paloma Izquierdo-Hernandez  
Urban Health Plan  
President and Chief Executive Officer  
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# URBAN HEALTH PLAN BRONX, NEW YORK

- Founded in 1974 by Dr. Richard Izquierdo
- 35 years of service to the South Bronx community
- Four (4) primary care traditional practice sites in the South Bronx and Corona, Queens
- Five (5) school sites (3 more coming soon)
- Four (4) care sites at homeless shelters, adult day treatment program, Boys & Girls Club
- One (1) support service site
- 2008 volume: 176,000 users: 31,500  
support service volume: 50,000
- Predominantly latino population (82%)
- Primary, specialty, ancillary, and support services
- EHR fully implemented
- Economic engine in the community

# UHP AS A MEDICAL/HEALTH CARE HOME

- Accessible to care and communication with patients
- Management of patient information to impact population management
- Management of patients' care according to their needs
- Improves patients' ability to self manage by providing education and assistance and encouragement
- Electronic prescribing and checks for safety and promoting efficiency
- Test tracking and systematically follows up
- Referral tracking to improve timeliness and coordination of care
- Performance reporting and improvement
- Advanced electronic communication between patients/families and providers

# Patient Story

“72 year old male patient who resides with his 86 year old wife. Both had traveled to the U.S. because their niece promised them an apartment upon their arrival. Once they arrived, they faced a fifth floor walk up and forced to pay the rent as the niece left to a different state. Neither was able to leave the house because of their medical conditions, because of the stairs and lack of transportation. Husband was diagnosed with cancer. He would deny his illness and only show concern for his wife.

Urban Health Plan not only provided medical care, but case management services assisted in building trust; assisted with housing applications to local senior apartments; provided advocacy on their behalf to obtain transportation services; assured that home care services were secured due to difficulties in conducting activities of daily living; provided referrals and encouragement to participate in cancer support group and worked with them to be more proactive about illness.

A year later, the case manager is still in contact with the patients. They have been interviewed for new housing arrangements and has been approved for an apartment with ramps and an elevator. Basic human needs including food shelter and clothing were met as case manager provided assistance in obtaining home care services, food pantry services, transportation and support services.

Their lives have improved and they are now empowered to move forward.”

# Business Case for Quality

## Urban Health Plan and Affinity Health Plan Asthma Management Program

UHP was more cost effective than all other Affinity Network providers with the care of asthmatic patients during 2006-2007

UHP cost Affinity 22% less for the adult asthmatic population and 39% less for the pediatric population when compared with the entire Affinity Network for the two years

# IMPACT OF THE AMERICAN RECOVERY AND REINVESTMENT ACT

<b>INFRASTRUCTURE</b>	Expansion of our main site
<b>OPERATIONS</b>	Temporary support for Queens Expansion Care of growing uninsured population
<b>WORKFORCE</b>	Increased ability to recruit among larger pool of candidates
<b>HEALTH INFORMATION TECHNOLOGY AND MEDICAID INCENTIVES</b>	Support required ongoing IT infrastructure

# CHALLENGES FOR Community Health Centers DESPITE the A.R.R.A.

## **INFRASTRUCTURE NEEDS**

- There still remains a significant amount of unmet capital needs

## **OPERATIONS**

- Continued recession
- Support for ongoing operational needs
- Support to further improve access
- Need for a changed reimbursement system that rewards prevention and primary care
- Growing uninsured population, case management and enabling services

## **WORKFORCE**

- Shortage of Primary Care providers
- Shortage of specialists, ancillary services, hospital care
- Access to affordable medications

## **HEALTH INFORMATION TECHNOLOGY**

- Ongoing support for implementation and use of EHR adoption
- Need to build health information exchange among all community health centers on a national level in order to improve tracking of performance, outcomes and to improve comparative data collection

# TAKE HOME MESSAGE

- Thank you, thank you, thank you for your ongoing support
- Job is however not yet done
- Community health centers are a critical component of the health care delivery system in the United States
- Continued investments need to be committed to them
- We provide **cost** effective care
- We provide outstanding **quality** of care
- We provide excellent **access** to care
- The care our patients receive are incomparable to any other.

*Urban Health Plan, Inc.*