Impetus for Change in the Delivery of Primary Health Care Early 1960s

- Martin Luther King/Civil Rights Movement
- President Johnson’s “Great Society”
- Historic passage of federal Medicare & Medicaid Statutes
- Creation of Office of Economic Opportunity (OEO)
- Lack of primary care physicians practicing in urban and rural areas across the country
Impetus for Change in the Delivery of Primary Health Care, Early 1960s

Major players:
H. Jack Geiger, M.D.
Count Gibson, M.D.
Senator Edward M. Kennedy
John Hatch
Sargent Shriver
Julius Richmond, M.D.
Impetus for Change in the Delivery of Primary Health Care
Early 1960s

“The poor get sicker and the sicker get poorer.”

-- H. Jack Geiger. MD
Founders of the First Two Community Health Centers in the Nation, 1965 & 1966

- H. Jack Geiger & Count Gibson, activist-physicians trained at Tufts Medical School, Boston
- Promoted a community-based model of care founded in 1950s Apartheid South Africa by physicians Emily and Sidney Kark
- OEO officials embraced the model as part of the Johnson Administration’s “War on Poverty” and initially funded two pilot sites in Massachusetts and Mississippi
Columbia Point Health Center
Boston, Massachusetts

• First health center in the nation founded December 1965
• First primary care model in U.S. to embrace community governance as hallmark
• Spurred hope that community-based model of care would lead to structural reform of entire U.S. medical system
Delta Health Center
Mound Bayou, Mississippi

- Founded November 1966 in the Mississippi Delta
- Comprehensive model developed to address the root causes of abject poverty: morbidity, substandard housing and lack of economic and educational opportunity
- Model encompassed: health center, school and business cooperative
National Community Health Center Movement

• Success in Boston and Mound Bayou led to the funding of health centers nationally through OEO as one of the “War on Poverty” programs.

• Senator Edward M. Kennedy played key role in creating a permanent structure, the Division of Community and Migrant Health, for administration of the program in the early 1970s.

• Today, more than 1,000 health centers serve 15 million patients nationally; In Massachusetts, 52 health centers serve nearly 700,000 residents through 184 sites.
Community Health Centers as Innovators, 1965

- Prototypes for “patient-centered” care
- Pioneers in eliminating health disparities
- Inventors of cultural competence
- Original practitioners of health education and disease prevention
- Promoters of community-based governance for local health services
- Economic engines for communities
Community Health Centers as Innovators, 2006

Recognized as high-quality, cost-effective providers of care to medically underserved communities as a result of:

- Generating savings for the health system
- Pushing health disparities to the medical forefront
- Providing comprehensive case management
- Promoting nationally recognized disease management models
- Institutionalizing cultural competence
- Pioneering workforce development in the community health sector
“If we didn’t already have community health centers in this country, we would have to invent them.”

Senator Edward M. Kennedy often referred to as the “Father of Community Health Centers”
CHARLES DICKENS

A Tale of Two Cities

150th Anniversary Edition

WITH AN INTRODUCTION BY FREDERICK BUSCH
And Two States...
From Cape Cod to...
…the Berkshires
Massachusetts Community Health Centers

- 52 non-profit community-based health centers serve 1 out of 9 (699,000) state residents
- Offer care statewide through 184 sites
- Provide primary care, dental services, mental health care and other community-based services to anyone in need regardless of their insurance status or ability to pay
- Practice culturally competent care and work to eliminate health disparities
Massachusetts Community Health Centers

- 25 health centers located in Boston; 27 outside of Boston
- All 52 have a community-based board of directors
- Over the last ten years, the largest growth in health centers has been outside of Boston
- Employ more than 10,000 people
Massachusetts Community Health Centers, 1994

Massachusetts Community Health Centers, 1994

as of 1994
Massachusetts Community Health Centers, 2006

Massachusetts Community Health Centers, 2006

MASSACHUSETTS COMMUNITY HEALTH CENTERS

- Boston Health Care for the Homeless Pgm
- Bowdoin Street CHC
- Brookside CHC
- Codman Square HC
- Dimock CHC
- Dorchester House Multi-Service Ctr
- East Boston NHC
- Fenway CHC
- Gtr Roslindale Medical & Dental Ctr
- Harbor Health Services
  - Neposet HC
  - Goergi-Gibson CHC
- Harvard Street NHC
- Joseph M Smith CHC
- Martha Eliot HC
- MGH Community Health Associates
  - MGH Back Bay HealthCare Ctr
- Mattapan CHC
- North End CHC
- Roxbury Comprehensive CHC
- Sidney Borum Jr HC
- South Boston CHC
- South Cove CHC
- South End CHC
- Southern Jamaica Plain HC
- Upham’s Corner HC
- Whittier Street HC

Note: There are 53 Massachusetts community health center organizations with 185 total access sites. Access sites provide primary care, dental care and other community-based health services.

March 2006
Massachusetts Health Center Patients

- Nearly 40 percent are insured through Medicaid
- Approximately 40 percent are low-income uninsured and underinsured
- Fewer than 20 percent are insured by Medicare or commercial insurance
- More than 60 percent belong to an ethnic, racial or linguistic minority group
Health Care Reform 2006

• Coverage for more than 500,000 uninsured statewide

• Increased access to care for:
  – Low-income individuals and families
  – Working residents without access to employer sponsored insurance
  – Small business employees

• Improved quality and affordability of health care
Health Care Reform 2006

Major goals:

1. Create greater access to health care coverage
2. Ensure continuity of safety net
3. Eliminate health disparities
Health Care Reform Goals

→ Create greater access to health care coverage

2. Ensure continuity of safety net

3. Eliminate health disparities
Greater Access to Health Care Coverage

- Medicaid expansions, benefit restorations
- Creation of subsidized insurance products
- Private insurance reforms
Greater Access to Health Care Coverage

Medicaid expansions, restorations
- Expands eligibility for children and people with HIV
- Raises enrollment caps for specific Medicaid programs
- Authorizes a Medicaid program for senior and disabled legal immigrants
- Restores previously cut optional benefits
- Funds $7M, two-year smoking cessation pilot program
Greater Access to Health Care Coverage

Creation of Commonwealth Care Health Insurance Program: subsidized health insurance plans for individuals up to 300% of FPL

- Sliding scale premiums, but no premiums for individuals up to 100% of FPL
- Until 2009, Commonwealth Care offered only through state’s 4 Medicaid managed care organizations
- October 1, 2006 target for initial Commonwealth Care availability
Greater Access to Health Care Coverage

Private Health Insurance Reforms
- Enacts a number of reforms, including creation of the Commonwealth Health Insurance Connector, a major innovation to increase access to and affordability of private insurance coverage for individuals and small businesses
## Greater Access to Health Care Coverage

### Health Care Reform Timeline

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- **Commonwealth Care (<100% FPL)**
  - Enrollment Begins

- **Commonwealth Care (<100 – 300% FPL)**
  - Enrollment Begins

- Employers submit data on employees

- Low Premium Products Available

- Individual Mandate Effective

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11/17/2006 Massachusetts League of Community Health Centers
Health Care Reform Goals

1. Create greater access to health care coverage
   → Ensure continuity of safety net

3. Eliminate health disparities
Ensure Continuity of the Safety Net

The “Safety Net” is maintained through key provisions:

- In FY 2007, Uncompensated Care Pool, a fund that pays hospitals and health centers for medical services provided to uninsured and underinsured individuals in MA
- Successor to Uncompensated Care Pool: Health Safety Net Trust Fund
- Creation of “Essential Community Provider” Trust Fund
Ensure Continuity of the Safety Net

Safety Net is strengthened with creation of Essential Community Provider Trust Fund

- $38M in FY 2007 for distressed and essential community providers
- Grants to community health centers and hospitals
- Emergency funds for severe financial distress/potential closure
Health Care Reform Goals

1. Create greater access to health care coverage
2. Ensure continuity of safety net

→ Eliminate health disparities
Eliminate Health Disparities

Creates permanent Health Disparities Council

• 34 member council includes provider representatives, public officials, academics, municipal health departments and community members

• Charge: make recommendations for reducing and eliminating racial and ethnic disparities in health care and health outcomes; address diversity in the healthcare workforce
Challenges for Health Centers

• Patient education and outreach (current & new health center patients)
• Training and resources for health center “frontline” staff
• Maximizing enrollment in Medicaid and Commonwealth Care
• Ensuring continuity of patient access to culturally-competent, patient-centered care at health centers
• Meeting health center IT and infrastructure resource needs