The Role of Community Health Centers In Improving the Health of Women, Infants, and Families: a personal perspective

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SACIM

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- Residency: Brown Square Health Center
  - CHC site (early version of teaching CHC, 1973)
- Fellowship: Blackstone Valley CHC
  - another version of academic-CHC linkages (1990)
  - NACHC training component
- Practice: Family Health Center of Worcester
  - Umass faculty position (teaching CHC)

Family Health Center of Worcester

- Founded 1970 (Model Cities)
- Worcester: Central Massachusetts
- 1974: Training site for UMass Family Medicine Residency
  - Over 140 family physicians trained
  - Maternity care always a part of care—about 500 prenatal patients, 300 births annually
- Medicaid 58% in 2013
- Uninsured 24% in 2013

Strategic Direction 2 and CHCs

2.A. Strengthen state capacity to reduce infant mortality through the HRSA-MCHB Collaborative Innovation and Improvement Network **(COIIN)**.

2.B. Use **Medicaid** to drive quality.

2.C. Support **quality improvement** activities through other agencies, including the Agency for Healthcare Research and Quality (AHRQ) and CDC.

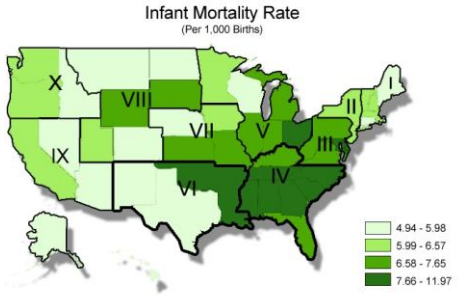
2.D. Support **coverage for all newborns** by requiring newborn coverage for all infants and making temporary coverage available to those who are uninsured at birth.

2.E. Maximize the ACA investments in community health centers and **workforce** capacity.

Strategic Direction 2. Ensure access to a continuum of safe and high-quality, patient-centered care

1. COIIN: smoking cessation, safe sleep, ICC
   - EED, perinatal regionalization (hospital based)
2. Medicaid:
   - CHC funding source
   - Newborns
3. QI:
   - CHCs and UDS, PCMH/NCQA QI
4. ACA:
   - capital investments/expansions, workforce

CHCs and COIIN Programs



- Outpatient improvement networks
  - Health Disparities Depression/Diabetes Collaboratives (early 2000s)
  - Family Medicine IMPLICIT network (Interconception Care)
- Smoking cessation programs
  - FHCW: ob “advocate” is only remaining trained counselor

CHCs and Medicaid: Beyond Strong Start (1)

SACIM previously recommended:

- improved methods for hospital discharge planning and transitions to community care
  - especially for infants with special health care needs
  - for skills support of mothers who are breastfeeding
- appropriate services for low-risk women attended at birth by nurse-midwives
- innovation in screening and treatment for maternal depression and related mental disorders.

CHCs and Medicaid: Beyond Strong Start (2)

- Hospital Discharge Planning
  - Hospital census list managed by residents
  - Keeping NICU babies on the list
  - Keeping “advocate” involved

- Children with Special Health Care Needs
  - Newly hired care coordination manager
  - Need registry and dedicated pediatric time
- Breastfeeding
  - Baby Café program (grant is over)
  - On-site WIC peer counselors
  - Fatherhood program (Kraft Foundation grant)

CHCs and Medicaid: Beyond Strong Start (3)

- Prenatal Care Innovation
  - Centering Pregnancy's promise
- Newborn visits
  - Registration/coverage/timing
- Postpartum visits
  - content, quality, timing, safety (e.g., FP), measurement/accountability
  - Centering Parenting's promise (untested)
- Interconception care at well child visits
  - Addressing depression, family planning, smoking for ALL women
- Integrated behavioral health (in progress)
- Text4Baby: pregnancy and beyond
- Role of CNMs (outpatient and/or inpatient)

text4baby℠
A free service of the National Healthy Mothers, Healthy Babies Coalition

CHCs and Quality

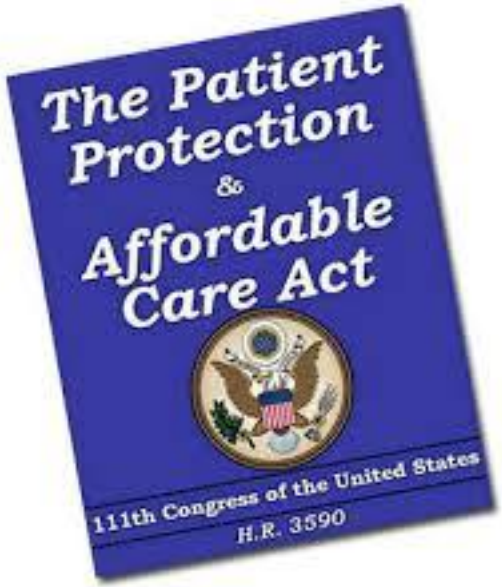
- How to measure quality and safety in outpatient setting
  - AHRQ, NQF, etc.
- UDS (Uniform Data Set) potential?
  - Quality measures about perinatal care are minimal (access to care, LBW rates)
  - Immunizations—changing standards
  - Smoking cessation – how to measure

CHCs and PCMH

- Much of what PCMH is about is what CHCs have been trying to do for decades
- CHCs as Health Homes for Women
- Codifying, standardizing, and institutionalizing beyond the latest grant requirement—the promise and yet the challenge
- What is needed, from women's perspective?
    - E.g. one grant wants EPDS but EMR (and prior grants) supports PHQ-2/9
    - Baby Café program—grant funding but continuation
- Moving Beyond "JUST" NCQA certification

CHCs and the ACA: Space & Workforce

- Renovation in 2011
- Expansion in 2013-4
  - Adding ground floor: PCMH model
  - Additional outlying site
- NHSC workforce issues
  - Our scholars
  - Teaching CHCs (train more for HPSA)
- NP residency program
  - Expand types of providers
  - Retention issues



CHCs and the ACA (2)

- Integration with other initiatives
  - MIECHV
  - Healthy Start 2.0 and beyond
- 2015 Trust Fund issue—what happens next?

CHCs and ACOs

- ACOs/integrated care systems
  - Health systems have their own systems, often poor interface inpatient/outpatient but improving communication internally
  - How to make sure CHC patients' often complex needs are met
    - Language, poverty, transportation

Summary: The Challenges

- The promise of PCMH—inclusive, community-based, patient engagement— “place-based”
- The promise of collaboratives—CHCs have experience in other ones, include them in infant mortality networks
- Medicaid expansion and CHCs—what about the states without it?
- Medicaid innovation and CHCs—sustainability
- Workforce—train more, lose fewer, use alternatives, but also “waste less”