The Nurse Managed Health Centers Model in Health Care Reform—Challenges and Opportunities

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Goal and Objectives

GOAL: Explore the challenges and opportunities encountered by nurse managed centers related to health care reform.

OBJECTIVES:

• Outline the business case of a nurse managed health center seeking financial sustainability.

• Review funding opportunities related to federally qualified health center status for nurse managed health centers.
The Larry Combest Community Health and Wellness Center

• Academic Nurse Managed Health Center

• Established in 1988 to provide TTUHSC student health services

• Changed focus to provide primary care services to underserved population in East Lubbock in 1998
To provide comprehensive health services to residents of East Lubbock and surrounding areas;

To contribute to the effort to reduce or eliminate health disparities among high risk populations; and

To integrate student clinical experiences and faculty practice in effective delivery of health care services.
Our Current Status

• Nurse Managed Health Center
• Federally Qualified Health Center since 2009 (ARRA)
  • Public entity = TTUHSC + non profit governing board
• Community Partnerships
  • MHMR, YWCA, LISD...
Programs Provided: Revenue vs Non-Revenue Generating

- Primary Care for children and adults (clinic)
- Senior House Calls
- Diabetes Education Center
- Nurse Family Partnership
- Patient Navigator
- Stork’s Nest
- Komen Breast Cancer Outreach Program

“Increase access to Healthcare”
Primary Care Clinic

- Adult and Children
- Sick and well visits
- Physicals for all ages
- Immunizations
- Minor injuries

Chronic Disease Management
Onsite Laboratory
Prescription Assistance
Nutritional Education
Case Management
Counseling
Senior House Calls

• Provide unique primary care to patients in their own home
• Our FNP’s can be designated as a patient’s primary care provider
• Treat and manage both acute and chronic illness
• Coordinate care between families, community, social services, and home health/hospice management
Diabetes Education Center

- Only certified program in Lubbock
- Registered Dietician and Bilingual RN
- One on one education
- Group classes
- Support groups
- Home visits
Nurse Family Partnership
(Department of Health and Human Services)

• 1st time pregnant women, low income
• Specific model of care
• Improve outcomes for mom and baby
• Four certified community health workers
• 200 clients will be recruited from chronic disease management program
  • Diabetes, hypertension, asthma, congestive heart failure
  • Co-morbidities include obesity and depression
**Major objectives:**

Provides prenatal education and incentives to low income pregnant women.
Motivates women to get early, regular prenatal care through earned incentives.
Educates women on self-care during pregnancy, childbirth, and postpartum.

**The Curriculum:**

The Stork's Nest and You: All About Prenatal Care
Keeping Yourself Healthy
Eating for Two
The No's of Pregnancy: Drugs, Alcohol & Tobacco
Warning Signs: What to Watch For
The Big Day
Caring for Your Baby
Dicken’s County

- Provide Breast Cancer Education
- Improve Screening rates
- Navigate patient’s through the healthcare system

Utilizing a CHW in the outreach role
Other Services and Future Collaborations

• Improve Access through Patient Transportation
• 340B Pharmacy
• Dental Care
• Collaborative relationships—change in scope
• MHMR Collaboration for Mental Health and Primary Care Integration
The Larry Combest Community Health and Wellness Center, a nurse managed health center operated by the TTUHSC School of Nursing, has provided primary care and a comprehensive range of health services to vulnerable pediatric, adult, and geriatric populations since 1998, but has never been financially sustainable without significant resource assistance from grants and the School of Nursing.
More than 50% of Nurse Managed Centers (NMCs) have closed in the last 20 years due to financial viability issues.

(Esperat, Green, & Acton, 2003)

Reasons for closure:

- Low patient volume
- Inadequate reimbursement rates
- Poor business management

(McBryde-Foster, 2005)
Options:
1. Remain unchanged
2. Apply for additional short term grants
3. Apply for FQHC or FQHC Look Alike status

Federally Qualified Health Center (FQHC) status will enable the Combest Center to be financially sustainable, primarily through cost based reimbursement from Medicare and Medicaid, as well as additional support through federal grant dollars.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>FQHC applications submitted</td>
<td>2003, 2005</td>
<td>Not funded</td>
</tr>
<tr>
<td>FQHC Look-Alike application submitted</td>
<td>2004</td>
<td>Not funded</td>
</tr>
<tr>
<td>FQHC application submitted</td>
<td>December 2007</td>
<td>August 2008—not funded</td>
</tr>
<tr>
<td></td>
<td></td>
<td>March 2009—notified of funding for a 2 yr period through ARRA</td>
</tr>
<tr>
<td>FQHC Look-Alike application submitted</td>
<td>January 2008</td>
<td>September 12, 2008—funded</td>
</tr>
<tr>
<td>Submitted Medicare and Medicaid applications</td>
<td>September 2008</td>
<td>December 2008—approved. Unable to bill Medicaid due to system delays until April 2009</td>
</tr>
<tr>
<td>Interim cost report rate set</td>
<td>January 2009</td>
<td>80% of cost based rate</td>
</tr>
<tr>
<td>Billed enhanced reimbursement</td>
<td>September 2009</td>
<td>Received first wraparound payment</td>
</tr>
<tr>
<td>12 month FQHC funding</td>
<td>February 2010</td>
<td>Evaluate sustainability</td>
</tr>
<tr>
<td>Cost report, final</td>
<td>March 2010</td>
<td>Rate increase effective to initial FQHC billing</td>
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</tbody>
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Strategic Planning

Strategic Alignment

• TTUHSC and SON Strategic Plans
• LCCHWC, SON, CHWCCA joint strategic planning session
• Growth benchmarks
• Partnerships to expand and enhance services

Organizational Impact Analysis

• Additional resources: faculty, staff, equipment, space
• Constant state of change/reorganization
# The Challenge of Growth and Sustainability

## Coverage

<table>
<thead>
<tr>
<th>Coverage</th>
<th>2009 US</th>
<th>2009 Texas</th>
<th>Combest 2009</th>
<th>Combest 2010</th>
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</thead>
<tbody>
<tr>
<td>Medicaid/CHIP</td>
<td>37.1%</td>
<td>24.6%</td>
<td>19.3%</td>
<td>25.5%</td>
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<tr>
<td>Medicare</td>
<td>7.3%</td>
<td>5.9%</td>
<td>21.8%</td>
<td>20.0%</td>
</tr>
<tr>
<td><strong>All Public Insurances</strong></td>
<td><strong>47.2%</strong></td>
<td><strong>35.1%</strong></td>
<td><strong>43.7%</strong></td>
<td><strong>46.7%</strong></td>
</tr>
<tr>
<td>Private Insurances</td>
<td>14.6%</td>
<td>8.9%</td>
<td>10.2%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>38.2%</td>
<td>56%</td>
<td>46.1%</td>
<td>45.2%</td>
</tr>
</tbody>
</table>
## Patients and Encounters

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
<th>Encounters</th>
<th>Encounters/Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 (Before FQHC status)</td>
<td>2092</td>
<td>3000</td>
<td>&lt;2</td>
</tr>
<tr>
<td>2009</td>
<td>3825</td>
<td>9159</td>
<td>2.4</td>
</tr>
<tr>
<td>2010</td>
<td>4027</td>
<td>10,667</td>
<td>2.65</td>
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<tr>
<td>2016, Projected</td>
<td>6312</td>
<td>18,937</td>
<td>3.0</td>
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Initial Impact of FQHC Funding (ARRA)

- FQHC 330 grant: $1,048,100 for 2 years
  - $48,000 Capital Purchase (Van)
- Increased Demand for Services (IDS) $100,000
- Capital Improvement Project (CIP) $248,988
- Enhanced Reimbursement (cost based)
Alternate Revenue and Expense

- NTP Subsidy
- NTP Reimbursement
- Non Recurring Grants
- FQHC Grant

Revenue and Expense over FY 2007 to FY 2011
Revenue, Expense, and FQHC Grant

- Revenue
- Expense
- FQHC Grant $
Medicaid Rate Comparisons: Pre and Post FQHC

Fee For Service
Cost Based Reimbursement

FY 2007 FY 2008 FY 2009 FY 2010
2010-2011 Health Care Reform: *What is the implication for Nurse Managed Centers?*

- Defined "nurse-managed health clinic" in the Public Health Service Act
- Authorized a new $50 million grant program to support the development and operation of nurse-managed health clinics that provide primary care or wellness services to underserved or vulnerable populations
Current Legislative Climate

- Continuing Resolution Budget
- House vote: no continuation of funding for ARRA funded NAPs
- Senate: proposal to restore funding for NAPs funded under ARRA
- Grassroots efforts by NACHC and PCAs