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Craig Glover, MBA, FACHE, CMPE, CHCEF, serves as President and Chief Executive Officer of FamilyCare Health Centers, a non-profit organization that provides comprehensive health care services to over 33,000 unique patients through 17 community health centers and school-based locations. Glover previously served executive leadership roles for community health centers in Connecticut, Illinois and Missouri.

Community Health Centers

The Past, Present and Future

The United States Department of Health and Human Services describes community health centers as community-based and patient-centered organizations that deliver comprehensive and high-quality primary health care services. Community health centers, also known as Federally Qualified Health Centers, specialize in reducing barriers to care, particularly for people living in poverty or areas where health care services are lacking.

The first community health center opened in Mound Bayou, Mississippi in 1965 as a demonstration project through President Johnson's Office of Economic Opportunity. Guided by the civil rights movement and the War of Poverty, the first community health centers focused on changing the health and lives of people in their communities through



The health care industry has been labeled a late adopter of innovation and technology services when compared to other industries such as banking and manufacturing. Consider that people have been able to manage their bank accounts online for decades, while accessing medical information via patient portal has only been available for a few years. Despite this generalization of the health care industry, community health centers should be considered an exception.

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a strong health care system. Transforming health and improving lives is still a core mission of community health centers.

Today, community health centers are a significant part of the U.S. health care delivery system. There are approximately 1,400 health center organizations operating over 11,000 locations in every state and territory. In 2018, community health centers collectively cared for over 28 million patients, resulting in one in every 12 people in the United States.

Community health centers are accustomed to operating on a lean budget. As such, they have learned to solve complex issues through the use of technology and innovation. Community health centers are continually identifying new ways to improve their services with the goal of becoming more efficient and cost-effective. For example, The Commonwealth Fund reported that 93 percent of community health centers utilize an electronic health record system to manage patient records. Electronic health records allow medical staff members to care for more patients. Furthermore,



electronic health records enable clinical staffers to more easily monitor and quickly respond to health outcomes, thus allowing patients to save money.

Future advancements in technology and innovation will continue to provide effective ways for community health centers to provide for their patients. The future will also bring changes to the reimbursement model. Currently, community health centers utilize a fee-for-service model, a method where providers are paid for each service performed. Examples of fee-for-service include office visits and lab tests. Quality and patient outcomes are not a factor in the fee-for-service model, so providers get paid in the fee-for-service system regardless of clinical outcomes.

The industry is moving toward a value-based reimbursement system that takes clinical outcomes into consideration as part of the payment process. Value-based arrangements typically provide differential payments based on clinical quality and cost. Reimbursements may be based on meeting specific clinical measures or negotiated through shared risk where the cost of the patient's illness is shared by the provider and payer.

To be successful in a value-based reimbursement environment, community health centers must redesign the delivery of care to a system that provides proactive care to patients. Care must be coordinated between primary care providers and specialists. Additionally, providers will need to closely monitor the patient's non-medical needs, such as housing status and access to food, because those factors can impact health outcomes. Providers will also need to maintain regular communication with patients even when they are not in the office.

Value-based care will force community health centers and other providers to be innovative and adopt new technologies to be successful. The industry will witness an increase in technologies such as telehealth, home monitoring equipment and wearable devices. These technologies will transform data into actionable insights for providers managing patient outcomes in a value-based reimbursement model.

Community health centers have encountered many changes in their 54-year history. Over the years, they have expanded services, adopted new quality standards and implemented new technologies to meet the needs of their patients. Adjusting

to a new reimbursement model will merely be just another speed bump for the 207,000 associates working in community health centers. **V**