



## Affordable, Accessible, Accountable: Community Health Centers in West Virginia

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As the Chief Executive Officer of the West Virginia Primary Care Association (WVPCA), Louise Reese oversees the implementation of strategic goals and works closely with the board of directors to assure that the WVPCA's mission and vision is achieved. Reese advocates to the state and federal government to strengthen and preserve the health care safety net.

Reese has more than 25 years of progressive health care management expertise. Prior to assuming the leadership position at the WVPCA, she was a senior consultant with Dixon Hughes PLLC, a national accounting and consulting firm. In this role, Reese provided consulting services, including strategic planning, non-profit board development and feasibility studies to rural hospitals, health centers, home health agencies, long-term care facilities and public health departments.

Before working as a national consultant, Reese served as the associate administrator for a small, rural hospital and had administrative responsibility for home health and hospice, laboratory, radiology, physical therapy, respiratory therapy and pharmacy services.

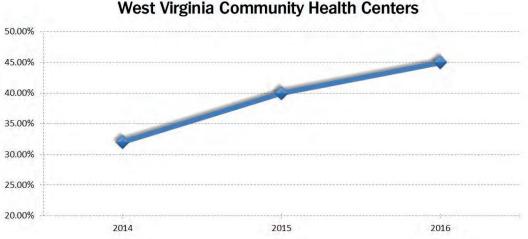
A Fellow in the American College of Healthcare Executives, Reese earned a master's degree in community health and health care administration, an undergraduate degree in biology and was certified as a medical technologist (MT ASCP). In West Virginia, 30 community health centers serve approximately 438,000 patients in more than 250 locations – accounting for nearly 25 percent of the state's population. They are the leaders in providing integrated care that leads to better health outcomes and improved patient experiences and to cost-savings, both for the health care system as a whole and for taxpayers. Health centers operate as medical homes for their patients, providing a broad array of services, including medical, dental, vision, behavioral, school-based health, pharmacy and services that facilitate access to care. In 2016, West Virginia health centers exceeded national health center averages in five clinical quality measures.

The health center movement began in the United States over 50 years ago, with just two health centers in two communities. Today, community health centers provide high-quality primary and preventive care to more than 27 million patients in nearly 11,000 communities nationwide. Health centers serve as critical economic engines helping to power local communities. A study completed in 2015 by George Washington University determined that



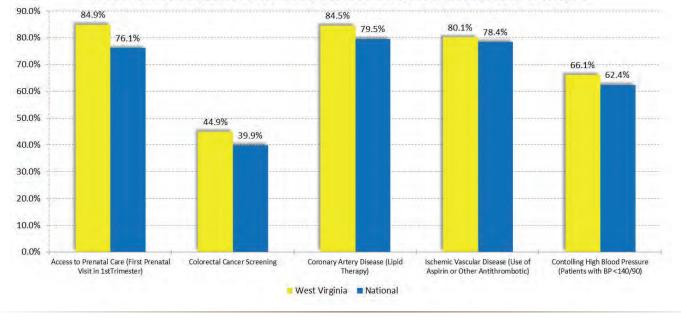
community health centers save the health care delivery system \$24 billion annually. Despite countless economic and political changes, support for health centers continues to grow because of grassroots advocates who inform policy makers about the critical role that health centers play in their communities.

Explaining how a community health center is different from other health care organizations is a complicated task. They rely on a delicate and unique balance of three very important factors



## 2014-2016 Colorectal Cancer Screening West Virginia Community Health Centers

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## 2016 West Virginia Community Health Centers vs National Averages

to assure their sustainability: federal grants, market forces and community support. All three factors must be carefully managed to assure that the health center has the necessary resources to provide access to basic health care services in the communities that need them most. Their doors are open to everyone – families, children, the homeless and those who are uninsured, on Medicaid or have private insurance.

Federal grants (generally less than 20 percent of a health center budget) are used to offset care provided to individuals with no insurance, provide resources to build capacity to care for complex patients and improve infrastructure. Acceptance of these federal grants requires health centers to meet rigorous financial/operational standards and to demonstrate high quality care through a robust quality improvement program. Since health centers serve all patients, they must also compete with regional market forces and offer services typical of larger medical centers. And finally, health centers rely on community support. Community health centers have a unique structure, developed to assure that they provide services most needed in their communities. They are non-profit organizations governed by a board of directors with 51 percent patient

representation. Because major decisions for the health centers are made primarily by patients, health centers are held accountable to the unique needs of their communities.

So, how do health centers manage this impressive quality improvement work? It is accomplished by a team of committed staff who believe that providing high quality, cost effective care to all West Virginians is a priority. They work in teams (physicians, nurse practitioners, physician assistants, nurses, social workers, pharmacists, behavioral health staff and others) and rely on the expertise within the team to develop care plans for individual patients and address social issues that prevent patients from focusing on their medical issues (i.e., housing, food insecurity, violence).

This team approach, used to improve colorectal cancer screening, demonstrates the effectiveness of this strategy. In 2014, 32,002 adults (ages 51-74) were screened for colorectal cancer, and 51,319 adults were screened for colorectal cancer in 2016 – resulting in a 60 percent positive increase in the number of patients screened (see chart on previous page). Colorectal cancer is West Virginia's second leading cause of cancer-related deaths. Detection through screening is one of the most effective ways to prevent cancer.

Health centers in West Virginia will continue to utilize this effective team approach to improve care and will be focusing on diabetes, hypertension, improving screening rates for cervical cancer and increasing immunization rates for children over the next several years.

The West Virginia Primary Care Association (WVPCA) provides training, technical assistance and advocacy to all of the community health centers in West Virginia and is an integral part of these initiatives to improve patient outcomes. The WVPCA also supports health centers by using data analytics and population health tools to drive quality improvement efforts.  $\mathbb{V}$