

Community Health Center, Inc.



Community
Health Center, Inc.

**“WHERE HEALTH
CARE IS A RIGHT,
NOT A PRIVILEGE,
SINCE 1972”**



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

COMMUNITY HEALTH CENTER, INC.

Locations and Service Sites – Connecticut



Federally Qualified Health Centers (FQHCs)

- Nation's largest safety net setting
 - 1,400+ FQHCs
 - 14,500 sites in high-need communities
- 30 million patients annually (120+ million visits)
- 93% served are below 200% poverty
- Public reporting on cost, quality, utilization

CHC, Inc.

- Founded: 1972
- Locations
 - Primary Care Hubs: 16
 - Total Sites: 204
- Annual Budget: \$160m
- Staff: 1,440
- Patients/Year: 100,000;
- Visits/Year: 600,000
- SBHC: ~200 sites, ~17,000 students/year
- Nat'l leader in research, innovation, and training

CHCI Model

- Fully Integrated teams and data
- Integration of key populations into primary care
- Data driven performance
- “Wherever YouAre” approach to special populations

Weitzman Institute

- Implementation science research
- Consulting and coaching nationally
- National education and training platform
- Research and Development

Subsidiaries

(Launched from Weitzman Institute)

- National Institute for Medical Assistant Advancement (NIMAA)
- National Nurse Practitioner Residency and Fellowship Training Consortium (Consortium)
- ConferMed



TEAM-BASED CARE

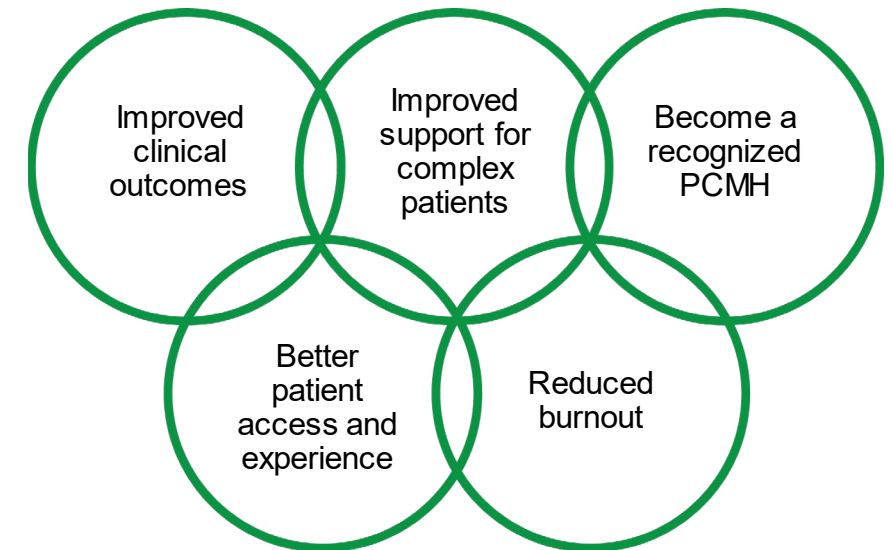
“EVERY PATIENT HAS A TEAM”



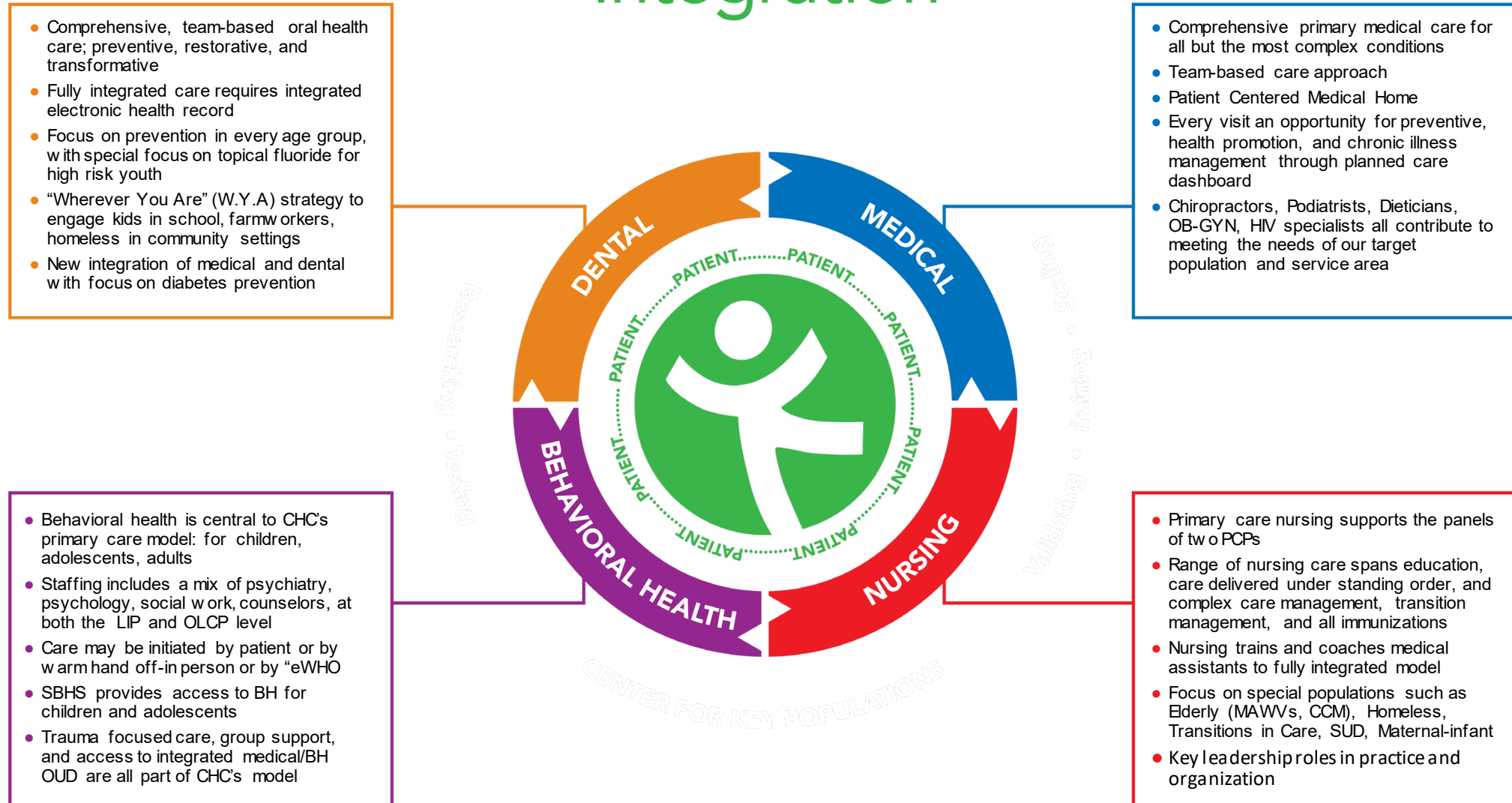
**Weitzman
Institute**
inspiring primary care innovation



**Community
Health Center, Inc.**



Integration



Integration at level of staff, data, facility/technology and leadership = integrated care for patients

CURRENT WORKFORCE TRAINING & DEVELOPMENT PROGRAMS

Program	Established Date	Contact	Contact Email
Clinical Psychology Doctoral Psychology Internship – Child Guidance Center of Southern Connecticut (CGC)	2003	Jessica Welt Betensky, PhD	Jessica@chc1.com
Postgraduate Nurse Practitioner (NP) Residency Program	2007	Charise Corsino	Charise@chc1.com
Postdoctoral Clinical Psychology Residency Program	2011	Tim Kearney, PhD	Tim@chc1.com
National Nurse Practitioner Residency and Fellowship Training Consortium – NNPRFTC	2015	Kerry Bamrick	Kerry@chc1.com
National Institute for Medical Assistant Advancement – NIMAA	2016	Elena Thomas Faulkner	Elena.Thomasfaulkner@nimaa.edu
Administrative Fellowship	2017	Meredith Johnson	johnsome@chc1.com
Center for Key Populations Fellowship	2017	Kasey Harding	HardinK@chc1.com
Psychology GPE Doctoral Practicum Students	2019 – 2021 funding period	Tim Kearney, PhD	Tim@chc1.com
Weitzman Education – Joint Accreditation	2020 (accreditation rec.)	Karen Ashley	ashleyk@chc1.com
Summer Fellows	2020	Victoria Malvey	malveyv@chc1.com
Truman-Albright Health Policy Research Fellowship	2020	April Joy Damian	damiana@chc1.com
AcademyHealth Delivery Science Systems Fellowship	2022	April Joy Damian	damiana@chc1.com
Undergraduate and graduate health professions students in medicine, dentistry, nursing, social work, and more: average 260 per semester	1980 onwards	Victoria Malvey	malveyv@chc1.com

ECONSULTS



An eConsult is *a referral sent electronically to a specialist including appropriate PHI from the patient's chart and a formal consult note in response from the ConferMED Specialist.*



eConsult Request

Current Status: Submitted

Diagnosis: ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG] ICD Code: R94.31	
eConsult Dialog If you would like to rate this consult, please click https://chc1.quickbase.com/db/bmxgggj5w?a=nwr&fid_6=13131234&ifv=1	
06/12/2019 10:47 AM Daren Anderson_pcp	To: Meg Wright_SPC
T wave changes. Pt presents for a cataract surgery preoperative visit. Pt denies any CP, SOB, and has no cardiac issues in past. Pt does have HLD, DM2, and HTN. Pt has T wave inversions to lead I and AVL today; pt had t wave flattening in an EKG done in 2015. I don't think her EKG is significant for cardiac pathology and I doubt there would be any issues with cataract surgery but would like your input. Would pt need a stress test or other cardiac exam?	
06/12/2019 10:49 AM Meg Wright_SPC	To: Daren Anderson_pcp
New Guidelines only delay surgery from a cardiovascular standpoint if the pt is having active ischemia, is in CHF, has severe sx valvular disease or has high degree AV block or arrhythmias. Taken into consideration, also, is the risk of the surgical procedure, the pts comorbidities, and their functional status.	
Functional status (is the pt able to walk 4 blocks and up 2 flights of stairs without sob or cp) should always be evaluated as well.	
Thus if the pt is asx, (no chf/ no ischemia) no murmur of AS, no heart block on EKG, and can walk four blocks or up a flight of stairs without cp, they can be cleared for surgery, with no further testing indicated. Cataract surgery is a low risk procedure. Due to the new ekg changes , the Pt should be evaluated by cardiology due to his risk factors. If he is active and can walk four blocks and up two flights of stairs without CP - surgery need not be delayed , however if he can't , he should be evaluated by cardiology first .	
Risk factor modification, including a healthy low fat diet/ daily walks, weight control and smoking avoidance (including second hand smoke) should be reinforced with the patient.	
LDL and HGBA1C levels should be optimized.	
Thank You,	

ECONSULTS

TELEHEALTH

By Daren Anderson, Victor G. Villagra, Emil Coman, Tamim Ahmed, Anthony Porto, Nicole Jeeval, Giuseppe Maci, and Bridget Teevan

Reduced Cost Of Specialty Care Using Electronic Consultations For Medicaid Patients

ABSTRACT Specialty care accounts for a significant amount of year-over-year Medicaid cost increases. Some referral may be avoided and managed more efficiently by using consultations (eConsults). In this study a large, multi-center linked its primary care providers with specialty endocrinology, gastroenterology, and orthopedics via platform. Many consults were managed without need visit. Patients who had an eConsult had average specialty-of-care costs of \$82 per patient per month less than for a face-to-face visit. Expanding the use of eConsult patients and reimbursing the service could result in cost savings while improving access to and timeliness of specialty strengthening primary care.

Barbara Starfield described primary care as “the provision of first contact, person-focused, ongoing care over time that meets the health-related needs of people, referring only those too uncommon to maintain proficiency.”¹ The number of patients with conditions deemed “too uncommon to maintain proficiency” has shifted over the past two decades, as suggested by a substantial increase in the number of patients referred to specialists from primary care providers. Between 1999 and 2009 the number of visits to specialists in the US increased from 41 million to 105 million.² One study found that approximately 25 percent of all visits to a community health center resulted in a referral to a specialist.³ For such patients who are cared for in the health care safety net, the challenge posed by increased demand for specialty consultations is compounded by limited access, particularly for the uninsured, patients with Medicaid, and those residing in rural locations. Nationally, approximately one-third of specialist providers limited or were unwilling to see patients with Medicaid in 2011.⁴

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The People-to-People Health
Foundation, Inc.

Daren Anderson (Darens)

CLINICAL

A Cost-Effectiveness Analysis of Cardiology eConsults for Medicaid Patients

Daren Anderson, MD; Victor Villagra, MD; Emil N. Coman, PhD; Ianisa Zlateva, MPH; Alex Hutchinson, MBA; Jose Villagra, BS; and J. Nwando Olayiwola, MD, MPH

Many initiatives aimed at transforming primary care have concentrated on the development of patient-centered medical homes, with emphasis on elements including the adoption of electronic health records (EHRs), multidisciplinary team-based care, and care coordination. Fewer efforts have been directed at improving the interface between primary care providers (PCPs) and specialists in the outpatient setting.¹⁻³ This gap is notable given the significant clinical importance and financial impact of the PCP-specialist relationship. Outpatient specialty visits represent a disproportionate source of year-over-year increases in healthcare expenditures,^{4,5} with research suggesting that a typical PCP interacts with more than 200 specialists in a year.⁶ Such financial considerations are increasingly important as payment reform gains momentum across the country and stimulates experimentation with novel reimbursement arrangements. Additionally, the proliferation and adoption of new technologies, including EHRs and secure health information exchanges, are creating fertile conditions for improving the interface between specialists and PCPs.

Electronic consultations (eConsults) are non-face-to-face (F2F) consultations between a PCP and a specialist that utilize secure messaging to exchange information. Unlike electronic referral systems that link primary care practices with specialty providers for F2F appointment triage, eConsults provide a virtual consultation by the specialist after clinical information sent by the PCP is reviewed and returned with recommendations, which potentially eliminates the need for the patient to be seen in person by the specialist. Health systems that implemented eConsults have improved specialty access, reduced wait times,⁷ and decreased F2F consultations between 9% and 51% depending on setting and specialty.^{8,9} However, few studies have evaluated the effects of PCP access to a secure eConsult platform on total healthcare expenditures. Findings using retrospective data from an eConsult program in Canada suggest the potential for cost savings,^{10,11} but these studies were not randomized and did not evaluate the impact on total cost of care. The reduction in F2F

Electronic Consultations to Improve the Primary Care-Specialty Care Interface for Cardiology in the Medically Underserved: A Cluster-Randomized Controlled Trial

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⁷Department of Statistics, University of Iowa, Iowa City, Iowa

ABSTRACT

PURPOSE: Communication between specialists and primary care clinicians is suboptimal, and access to referrals is often limited, which can lead to lower quality, inefficiency, and errors. An electronic consultation (e-consultation) is an asynchronous, non-face-to-face consultation between a primary care clinician and a specialist using a secure electronic communication platform. The purpose of this study was to conduct a randomized controlled trial of e-consultations to test its efficacy and effectiveness in reducing wait times and improving access to specialty care.

METHODS: Primary care clinicians were randomized into a control (traditional) or an intervention (e-consultation) arm for referrals to cardiologists. Primary care clinicians were recruited from 12 practice sites. In a community health center in Connecticut with mainly medically underserved patients. Two end points were analyzed with a Cox proportional hazards model where the hazard of either a visit or an e-consultation was linked to study arm, sex, race, and age.

RESULTS: Thirty-six primary care clinicians participated in the study, referring 590 patients. In total, 69% of e-consultations were resolved without a visit to a cardiologist. After adjusting for covariates, median days to a review for an electronic consultation vs a visit for control patients were 5 and 24, respectively. A review of 6-month follow-up data found lower cardiac-related emergency department visits for the intervention group.

CONCLUSION: E-consultation referrals improved access to and timeliness of care for an underserved population, reduced overall specialty utilization, and streamlined specialty referrals without any increase in adverse cardiovascular outcomes. e-consultations are a potential solution for improving access to specialty care.

Ann Fam Med 2018;04:133-140. doi: 10.1377/afm.1368.

INTRODUCTION

The number of ambulatory care visits that result in a referral to another health care clinician has doubled during the past decade.¹

Electronic Consultations (eConsults)

A TRIPLE WIN FOR PATIENTS, CLINICIANS, AND PAYERS

ABSTRACT

OBJECTIVES: To evaluate the cost-effectiveness of electronic consultations (eConsults) for cardiology consults with traditional face-to-face consults.

STUDY DESIGN: Cost-effectiveness analysis for a subset of Medicaid-insured patients in a cluster-randomized trial of eConsults versus the traditional face-to-face consult process in a statewide federally qualified health center.

METHODS: A total of 349 Medicaid patients were referred for cardiology consultations by primary care providers who were randomly assigned to use either eConsults or the usual face-to-face referral process. Primary care providers in the eConsult arm transmitted consults to cardiologists using a secure peer-to-peer communication platform in an electronic health record. Intention-to-treat analysis was used to assess the total cost of care and cost across categories: inpatient, outpatient, emergency department, pharmacy, lab, cardiac procedures, and “all other.” Data are from the payer’s perspective.

RESULTS: Six months after the cardiology consults, patients in the eConsult group had significantly lower unadjusted total costs by \$455 per patient, or lower mean costs by \$444 per patient when adjusted for non-normal compared with those in the face-to-face arm. The eConsult group had a significantly lower cost by \$81 per patient in outpatient cardiac procedures category.

CONCLUSIONS: These findings suggest that eConsults associated with total cost savings to payers due primarily reductions in the cost of cardiac outpatient procedures.

Am J Manag Care. 2018;24(1)

MAY 2020

Aasta Thielke, MPH, and
Valerie King, MD, MPH

Milbank
Memorial Fund



Community
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eConsults:

- Improve access and reduce wait times for specialty care
- Expand scope of primary care
- Lower medical costs by:
 - Reducing unnecessary specialty visits
 - Reducing need for follow up visits
 - Lowering Emergency Room use
 - Reducing specialty tests and procedures
- Allow more care to be provided in an advanced primary care medical home
- Increase convenience and satisfaction for patients

CHC CURRENT ECONSULT WORKFLOW



Team-Based Care



- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

Training the Next Generation



- Postgraduate Residency and Fellowship Training
- Health Professions Training

Emerging Issue



- HIV Prevention

CHC's NTTAP will provide free T/TA to FQHCs in the following priority areas:

- 1) Developing highly trained clinical care teams that will increase access to **COMPREHENSIVE PRIMARY CARE** services
- 2) Responding to HRSA's plan for ending the HIV epidemic by addressing the emerging issue of **HIV PREVENTION**
- 3) Developing sustainable models for **HEALTH PROFESSIONS TRAINING**
- 4) Establishing **POSTGRADUATE RESIDENCY AND FELLOWSHIP PROGRAMS**
- 5) Enhancing and advancing a model of high performing **TEAM BASED CARE** in FQHCs

NATIONAL HEALTH CENTER TRAINING & TECHNICAL ASSISTANCE PARTNERS (NTTAP)



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Funded by the Health Resources and Services Administration (HRSA) as the organization responsible for The National Training and Technical Assistance Partnership (NTTAP) on Clinical Workforce Development, Community Health Center, Inc. (CHC) and its Weitzman Institute provides a model of free technical and training assistance to Federally Qualified Health Centers (FQHCs) across the United States. This free training and technical assistance is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. CHC and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through National Webinars, “Activity Sessions”, and Intensive months long intensive coaching designed to support practices in advancing team based care and health professions training

CONTACT

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