Maine Primary Care Association

Office of Affordable Health Care
2023 Public Hearing Comment Solicitation – **Advocacy/ Professional Associations and Others**

Submitter Information
Organization: Maine Primary Care Association
Individual Submitter's Name: Darcy Shargo
Title: CEO

October 5, 2023

Ms. Meg Garratt-Reed
Executive Director
Office of Affordable Health Care
Augusta, Maine

Dear Ms. Garratt-Reed,

Maine Primary Care Association (MPCA) is a non-profit membership organization representing the collective voices of Maine's 20 Federally Qualified Health Centers (FQHCs) also known as Community Health Centers (CHC), which provide high-quality and equitable primary and preventive medical, behavioral, and dental health services for 1 in 6 Maine people at over 70 service sites across the state. MPCA's mission is to champion and maximize the value of Maine's FQHCs for the health and well-being of all Maine people. For more than 40 years, MPCA has provided technical assistance and training, housed relevant programs and services, and advocated on behalf of Maine's 20 health centers and the hundreds of thousands of patients they serve each year.

MPCA welcomes the opportunity to provide comments to the Office of Affordable Health Care on trends in health care costs in Maine and barriers to affordability. As an organization representing FQHCs, providers who care for some of the state's most vulnerable patients, we hope that the insights provided below will assist in informing the work of your office.

Please identify and briefly describe the top cost-related barriers consumers in Maine face when attempting to access necessary health care.

Maine's 20 FQHCs make up the largest independent primary care network in the state. They are a provider of choice for community members and the health care safety net in Maine, providing care to 1 in 6 Maine people.[1] As an organization representing this network, we can answer this question from both the consumer and provider perspectives. Cost-related barriers consumers in Maine face when attempting to access necessary health care include:

- *High Cost of Health Insurance*. Many can often not afford the out-of-pocket costs required to access insurance and are functionally uninsured as a result. FQHCs are required to provide care regardless of a patient's insurance status or ability to pay. When patients are uninsured, this puts a strain on resources that health centers must use to serve those without any coverage.

[1] MPCA 2023 Legislative Briefing Book

FQHCs end up subsidizing millions of dollars in costs that a robust and meaningful health insurance plan should cover.

- *Complex and Inter-Generational Social Health Issues*. Maine is a state with a particularly complex set of social health issues that converge to create substantial barriers to accessing care at a reasonable cost. Some of these issues include, but are not limited to, rurality, social isolation (especially for older Mainers), lack of transportation, low wages—especially when added to the high cost of living, food and housing insecurity, rates of high disease burden, and the rising costs of prescription drugs. Recent economic pressures like inflation and the rise in energy costs have also exacerbated these long-standing social health issues.

- *Lack of Adequate, Targeted, and Consistent Primary Care Support*. As the National Association of Community Health Centers (NACHC) underscored in an early 2023 report, "the community health center program presents an opportunity to address critical public health vulnerabilities that result from a lack of primary care services." **In our state, there is not yet a collective vision and accompanying commitment to bolstering access to primary care, especially in the wake of the recent global health crisis. This lack of vision exacerbates barriers to care, especially when we know that "the community health center model has proven to increase access to primary care, reduce health disparities, lower costs, and improve community health."**[2] There is ample research to suggest that increased access to and use of primary care can significantly impact the Office of Affordable Health Care's key goals, including increasing patient/consumer experience satisfaction, and improving the overall efficiency and quality of care in the system.

Of the barriers described in question one, are there characteristics specific to Maine (geographically, economically, demographically) that contribute to the significance of the issue here?

Characteristics specific to Maine that contribute significantly to the barriers consumers in Maine face when attempting to access necessary health care include:

- *Rurality.* Maine is the most rural state in the U.S., and this plays a key role in limiting access to care. It's well-documented that rural residents encounter more significant barriers. For example, the lack of widespread transportation in most rural areas presents affordability challenges since consumers need to get creative to access what is in their area, let alone travel to a specialty care referral in a farther-flung service hub. While we cannot change the rural nature of our state, we need to start thinking about how primary care—and FQHCs in particular—can help to shape systems solutions in our most rural areas.

- *Lack of Internet Connectivity.* Lack of access to the Internet also creates a barrier for accessing care. For those with internet connectivity and sufficient equipment, telehealth plays a key role in healthcare access. Increasing broadband access, continuing flexible telehealth policies, and the creation of a specialty referral network for telehealth service delivery either in patients' homes or in FQHC clinics so patients in rural areas can access specialty services more in a more affordable and timely manner, are necessary steps to ensure care remains accessible for many individuals.

[2] Closing the Primary Care Gap, National Association of Community Health Centers, February 2023

- *High Cost of Essential Goods.* Treatment plans for remaining healthy and/or adequately addressing chronic health conditions such as diabetes, hypertension and heart disease rely on the availability of a healthy diet. Maine is the third most expensive state in the U.S. in which to buy food, therefore creating food insecurity for many rural low-income populations. Community Health Workers (CHWs) currently employed by FQHCs assist patients by connecting them with FQHC food banks and community resources. The sustainability of these CHW services depends on insurance coverage options for the services of CHWs. Medicare has proposed for CY 2024 to include CHW time as billable within Chronic Care Management Services and it is essential that all payors follow suit with a way to reimburse for CHW time.

Please identify and briefly describe the top strategies your organization is pursuing to address these concerns, as well as metrics for success and any results observed.

MPCA provides technical assistance and training and houses relevant programs and services for FQHCs. Through this work, we are pursuing several strategies to address the concerns described in previous sections of this comment letter. These strategies include:

- *Enhancing Workforce Programs.* MPCA aligns its workforce programming with broader population health initiatives, helping us to focus on providing resources and training where they are needed most. This purposeful alignment ultimately helps to improve health outcomes for underserved populations.

- *Supporting Community Health Workers.* CHWs are an increasingly important part of the care team and they play a critical role when it comes to addressing population health outcomes and access to care. CHWs are, by definition, members of their communities with skill sets that include care coordination, health education, coaching, and peer support, cultural mediation among individuals, communities, and health and social services systems, and individual and community asset-based approaches.

MPCA has been proactive in its efforts to engage with health centers and support the implementation of CHWs over the past year. By learning from the experiences of CHWs and staff, we can adapt our strategies for support and ensure that best practices are shared that are best suited for the unique needs of the communities in Maine. In rural areas, where resources are often scarce, the role of CHWs becomes even more pivotal. They serve as a bridge between communities and healthcare systems, helping to ensure that people receive the support and services they need. Examples of our direct support to FQHCs in relation to CHWs include:

  - MPCA's collaboration with MCD Global to offer CHW core competency and supervisor training is a significant step in investing in the professional development of CHWs, which not only enhances their effectiveness but also elevates the quality of care provided by FQHCs.

  - MPCA holds a monthly peer call for FQHC CHWs. Peer support and knowledge sharing fosters a sense of community among CHWs and can help them stay updated on best practices and resources which, in turn, helps them improve their ability to serve their communities effectively.

- *Understanding Social Determinants of Health*. The MPCA Health Center Controlled Network (HCCN) team is developing ways to track key information from Social Determinants of Health (SDoH) Risk Assessments, including positive findings, referrals to care, and closing the referral loop, thus enabling health centers to track the volume and nature of actions taken. This information will be used for population health initiatives and feedback to state agencies based on the proven needs of rural low-income populations. This program development includes networking with Community-Based Organizations (CBO) and may involve the HealthInfoNet connectivity platform as they are also working to consolidate CBO and Health Center data.

With as much specificity as possible, please identify and describe the top state health policy changes your organization would recommend to reduce or eliminate these barriers.

Maine's FQHCs serve a large percentage of the state's population. Because FQHCs are required to provide care regardless of a patient's insurance status or ability to pay, the state should prioritize policies that study and bolster this tremendously effective —and proven—model of care. Additionally, a recent National Academies of Science, Engineering and Math (NASEM) report provides guidance in terms of where to make investments that are guided and supported by sound policy.[3] A synopsis of their key recommendations is as follows:

- *Macro Level.* Create policies that support the following: new health centers, community-based training and GME payment for medical and dental providers, community-oriented models of care, and progress in tracking primary care performance through a "scorecard." The report suggests that these actions be taken at the federal level, but they can also be implemented at the state level to varying degrees.

- *Meso Level.* Create policies in state government that: 1) push payment reform to advance primary care; 2) publicly report on Medicaid standards, 3) incentivize team-based care, 4) increase training options and loan repayment programs for primary care workforce, and generally look for ways to bolster the primary care system that is already in place. An example of "bolstering" primary care would be to look for policies that eliminate administrative barriers to care for both providers and patients, such as prior authorization or administrative blocks that exist within both the private and public insurer systems.

- *Micro Level.* Develop policies that enable primary care providers to have flexibility within a system in terms of payment and care delivery. Develop state level policies in support of programs to train nonclinical team members, such as families and communities, to be part of care teams as Medicare has proposed in the CY 2024 PFS Rule.[4] To emphasize the importance of primary care and its impact on cost and outcomes, the state could also consider a marketing campaign that encourages Maine people to establish primary care.

The NASEM report has some very important and concrete suggestions that could be catalyzed by the State engaging in dialogue with federal entities such as the U.S. Department of Health and Human Services, Health Resources and Services Administration, Centers of Medicare & Medicaid Services, commercial payers, and others.

[3] Implementing High-Quality Primary Care, National Academies of Sciences, Engineering, and Medicine. 2021.
[4] CMS Proposed Rule, CY 2024 Physician Fee Schedule

Please share any additional comments.

Additional sources consulted for this comment letter can be found here:

- Implementing High-Quality Primary Care, National Academies of Sciences, Engineering, and Medicine, 2021
- NASEM Report Heralds Primary Care Evolution, Urges Action, American Academy of Family Physicians, May 2021
- Closing the Primary Care Gap, National Association of Community Health Centers, February 2023
- Access to Rural Health Care – A Literature Review and New Synthesis, Rural Policy Research Institute, August 2014
- Maine Residents Struggle to Afford High Healthcare Costs; COVID Fears Add to Support for a Range of Government Solutions Across Party Lines, Healthcare Value Hub, January 2022

Thank you for your consideration of these comments. Please contact me if we can provide additional information or assistance.

Sincerely,

Darcy Shargo, MFA
Chief Executive Officer
Maine Primary Care Association
dshargo@mepca.org