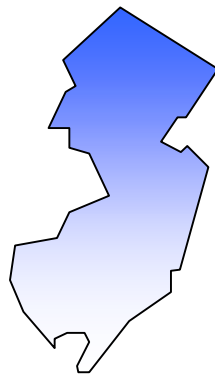


Access For All New Jersey

In
Participation of National Association of Community Health Centers' (NACHC)
All America Access Plan



**New Jersey Primary Care Association (NJPCA)
3836 Quakerbridge Road, Suite 201
Hamilton, NJ 08619**

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Access for All America Plan

Under the Access for All America Plan laid out by the National Association of Community Health Centers (NACHC) for the community health centers, the nationwide health center network will be expanded to serve 30 million patients by 2015. This represents an average annual growth of 13.5% for the next seven years adding 13 million patients to the existing 17 million being served by the network of community health centers nationwide. Given the growing number uninsured and underserved nationwide and the alarming cost of health care, the ultimate goal of this plan is to preserve, strengthen, and expand the community health care safety net to create a high quality health care system that is more accessible, affordable and cost-effective.

Access for All New Jersey

After giving careful consideration to the existing capacity of the New Jersey health centers, growth needs in the underserved areas of the state, and service expansion needs for the existing patient base, New Jersey's 19 health centers are poised to take part in the Access for All America Plan by adding 20,008 new patients by 2010 and another 36,105 patients by the year 2015. These 56,113 patients to be reached by 2015 represent an annual average growth rate of 2.0% over the next seven years (please see Table 1). While this targeted growth rate is lower than the average annual rate of growth (11.1%, please see Table 2) experienced by the FQHCs in the past (2002-2007), this rate sets a reasonable goal for the health centers in the context of existing capacity of the health centers and the need to strengthen the existing health centers (structural and financial infrastructure) so that they can continue to deliver high quality, affordable, and accessible services to the existing and expanding patient populations.

Table 1: Estimated Growth in Patient Base

Year	Estimated Patients Served*
2008	333,424
2009	340,092
2010	346,894
2011	353,832
2012	360,909
2013	368,127
2014	375,489
2015	382,999

*Represents an annual average growth of 2.0% in the patient base each year.

Table 2: Growth in Services to the Underserved

Year	Medicaid	Growth Rate	Medicare	Growth Rate	Uninsured	Growth Rate	Other	Growth Rate	Total	Growth Rate
2007	147,563	2.4%	12,220	-6.5%	138,454	-2.4%	28,649	15.3%	326,886	0.9%
2006	144,159	16.0%	13,016	6.2%	141,802	4.4%	24,846	-17.0%	323,823	8.0%
2005	124,195	9.2%	12,213	13.9%	135,505	8.1%	29,092	14.5%	301,005	10.0%
2004	113,676	8.5%	10,513	17.2%	124,441	20.7%	24,874	15.7%	273,504	17.0%
2003	104,751	7.5%	8,698	6.6%	98,603	15.8%	20,973	-8.8%	233,025	10.0%
2002	97,392	30.0%	8,118	11.0%	82,957	8.8%	22,816	26.0%	211,283	20.5%
Avg.		13.0%		10.0%		10.1%		10.5%		11.1%

Growth in Services to the Underserved

The current health care safety net for New Jersey’s medically underserved, uninsured, and the underinsured consists of 96 satellite sites operated by 18 FQHCs and 1 FQHC look-alike (LAL) in 19 counties of the state. As reported by the health centers, in 2007, these centers served about 326,886 patients and provided over 1 million patient visits. About 45% of these patients were dependent on Medicaid and 42% were uninsured. By virtue of their locations in

medically underserved and high need urban and rural communities of the state, these centers also serve a high number of ethnic/racial minorities; about 62% of the total populations served by the health centers belong to an ethnic or racial minority. These health centers provide a one-stop shop for culturally-sensitive, comprehensive, preventive and primary care services for a diverse group and promote the concept of medical care homes in underserved communities of the state.

According to Kaiser Family Foundation's state health facts report, out of 8,595,443 New Jersey residents, about 2,416,784 (28%) were at or below 200% of the Federal Poverty Level (FPL) and 1,344,323 (16%) were uninsured during the 2006-2007 period.¹ In 2007, New Jersey FQHCs provided health care services to about 10.7% of the low income population and 10.2 % of the total uninsureds in the state. While New Jersey FQHCs have served a growing number of uninsureds since 2002, in recent years, this growth has slowed down substantially. For the first time in six years, New Jersey health centers experienced a negative growth in their uninsured population of about -2.4% (please see Table 2 above). However, this is more of a testament to the success of the health centers' outreach efforts to enroll eligible uninsureds in state Medicaid plans than a reduction in the uninsured population. Consequently, the Medicaid population at the health centers has been growing steadily.

¹ The Kaiser Family Foundation. State Health Facts. "New Jersey: Health Insurance Coverage of the Total Population, states (2006-2007), U.S. (2007) available at www.statehealthfacts.kff.org.

Planning for the Future

In New Jersey, efforts to plan better access for its medically underserved populations have always focused on areas of unmet needs and working through existing infrastructure of health centers and their satellite sites. About 19 of New Jersey's 21 counties have a part or full Medically Underserved Area (MUA)/Medically Underserved Population (MUP) designation; and there are a total of 28 MUA/MUPs in the state. Through focused and planned expansion activities, New Jersey health centers now have sites located in 27 of the 28 MUA/MUPs and have been able to reach out to the underserved and the most vulnerable in those high need areas of the state. Over a period of six years (2002–2008), the New Jersey health centers added 34 new sites, added numerous mental and dental health programs; prenatal care programs, supported select on-site specialty care services for patients; added 653 new medical, clinical, and administrative staff and in the process reached about 115,603 more patients statewide. Both local and national resources have been instrumental in implementing the growth strategy over the years.

As part of the Access for All New Jersey activities, all 19 New Jersey health centers were invited to estimate the growth in their patient base over the next 7 years and concomitant costs associated with expanded patient populations and services. While majority of the health centers feel that the projected 2% growth in the patient population over the next 7 years is a reasonable goal to aim for; only 5 of the 19 centers indicated that they are able develop any growth and cost estimates given the uncertainties surrounding the local primary care market, budget constraints, and local policy changes. And the five centers that submitted growth numbers and cost estimates were able to do so for the next three years (2008-2010) only because the future is too uncertain to make any reliable assumptions. However, all the health centers agreed that workforce

development issues and specialty care are the primary concerns that should be addressed to ensure better access to the underserved and should be the focus of New Jersey's Access for All planning activities.

Access for All New Jersey: Addressing Current Issues

To be successful, any growth strategy or access plan must be cognizant of state-specific needs, financial health of the health centers, and local constraints/issues. A number of local issues and health center specific concerns are driving the current growth strategy in New Jersey. While New Jersey health centers will continue to focus on planned growth activities based on a sound assessment of service needs in remaining MUAs and among medically underserved populations; the New Jersey Plan will include activities focused on a number of issues and concerns that have been confronting New Jersey's health centers. Addressing these issues would be paramount to securing the existing health center infrastructure and providing a basis for expansion of sites and services deemed essential for their patients.

Focus on Workforce Issues at the Health Centers that Support Health Center Growth and Expansion:

In order to continue to provide the same level of care and services to their patients and to ensure future growth, New Jersey's health centers need to address important workforce issues currently facing the health centers.

There is increasing awareness among public health professionals and others in the field that the ever decreasing pool of primary care physicians nationwide is going to pose a major health problem for Americans in the near future. While the pool of this category of physicians

has been decreasing, it is estimated that the demand for primary care physicians will increase by 38% from 2000 to 2020.²

As a major recruiter of primary care physicians, New Jersey's Federally Qualified Health Centers (FQHCs) are already confronting shortages in their primary care workforce.

However, the workforce issues confronting New Jersey FQHCs are multifaceted and are posing challenges for the human resources (HR) professionals at every health center. As reported by the HR professionals at the New Jersey health centers, recruitment and retention of medical as well as other health care personnel are equally challenging. Some of these challenges are as follows:

- High rate of turnover among access/registration staff/office staff. Recruiting qualified people for these positions and retaining them over a longer period is hard because of pay issues. It is also hard to attract suitable candidates with professional demeanor and responsibility for these positions because pay scales are lower than what these employees can earn elsewhere.
- Lack of adequate pool of skilled/qualified candidates to recruit from. Available pool of candidates often does not have the proper work ethic or organizational experience; and consequently requires longer training time for optimal productivity.
- Lack of adequate pool of Licensed/Certified Social Workers (LCSWs) and managerial level nurses.
- Lack of an adequate pool of qualified bilingual candidates to fill these positions.
- Lack of salary competitiveness at all levels of medical and other professional positions.
- In some counties, high concentration of competitors (hospitals, ambulatory care facilities, other practices) poses challenges for recruitment and retention (i.e. Hudson County).
- Over all, management and supervision of staff at multiple site locations is hard because of lack of resources.

² Lewin Group. *The Critical Care Workforce: A Study of Supply and Demand of Critical Care Physicians*. Prepared for the Health Resources and Services Administration under contract number HRSA-250-01-0001. Senate Report 108-81.

To address the recruitment and retention issue at the health centers, with grant support from Health Resources and Service Administration (HRSA), Bureau of Primary Health Care, NJPCA has developed a resource manual to serve as a guide for staff recruitment at all levels of the New Jersey FQHCs. The manual identifies multitude of valuable web based and printed resources available locally and nationally for the recruitment of physicians, nurses, medical assistants, health educators, nutritionists, social workers, and bilingual staff for the North, Central, Shore, and Southern Jersey regions of the state. The manual also identifies professional schools and associations in New Jersey and the surrounding areas for the purpose of developing partnerships and identifying opportunities for internships/placement at the health centers. In addition to the development of this resource manual NJPCA will continue:

- To provide a common forum for HR professionals to share and discuss health center specific problems, share best practices, and identify feasible solutions to human resource problems for their centers.
- Identify and secure additional local and national resources and training opportunities to support recruitment and retention efforts at the health centers.
- Continue to support health centers post and recruit for their open positions.

Specialty care for health Center patients:

In order to continue to grow, health centers need to be able to ensure continuity in care for their patients. Often patients need specialty care services that are beyond the scope of services provided at the health centers. At present, most FQHCs provide specialty care services through referrals to specialists affiliated with local hospitals or specialty care clinics as needed. Only a handful of these health centers have on-site specialty care services for selected specialties. Since many of the medically underserved areas also suffer from severe shortages in health care providers, in many instances, the current referral system fails to provide timely

treatment for the health center patients often resulting in harmful health effects, high number of emergency room visits, and costly hospitalizations. Reportedly, in certain specialty areas such as gastroenterology, the average wait for a specialist for FQHC³ clients can be as long as ten months, with dire health consequences for patients waiting to be seen by a specialist.

In an attempt to better understand the existing need for specialty care services at New Jersey's primary care centers, New Jersey Primary Care Association (NJPCA) conducted a specialty care needs assessment survey of its 19 FQHCs. In this survey, the FQHCs were primarily asked to identify various types of specialty care needs they have at their centers based on patient visits, the specialty areas in which they need assistance, and the kind of specialty care services they can provide on-site if resources were available. To date, sixteen (16) health centers have responded, and among these respondents, most frequently cited specialty areas of need were Gastroenterology, Podiatry, Cardiology, and Dermatology. Only a select few of the respondents indicated that they have specialty referral networks that are working well. A few others indicated having arrangements or were in the process of making arrangements with outside specialists to provide services on site. Majority of these respondents indicated their willingness to support on-site specialty care services for the above priority and other areas of specialty care if resources were available.

As part of the growth strategy under the Access for All New Jersey Plan, health centers will continue to explore collaborative opportunities with specialty care physicians to bring required specialty care services. Utilization of semi-retired specialty providers and volunteer physicians can ease some of the burden of specialty care the health centers. However, because the Federal Tort Claims Act (FTCA) that provides malpractice coverage to health center

³ 2003 report by Metropolitan Family Health Network formerly known as Jersey City Family Health Center.

providers can not be extended to such providers, health centers are currently unable to utilize interested volunteer physicians in their areas.

NJPCA has been working with the Medical Society of New Jersey (MSNJ) for over a year to ensure better access to specialty care services for health center patients. In early 2007, MSNJ and its affiliate, the Institute of Medicine and Public Health (IOMPH) expressed interest in initiating a pilot project that would create a pool of specialty care providers to provide services at a select FQHC site. Because of availability of resources in the area, IOMPH Board members wanted to focus on the Camden area first for the pilot project; they also expressed interest in visiting the CAMCare Corporation as a possible pilot site. A site visit was arranged for the IOMPH Board members, the MSNJ representative, and NJPCA staff on November 29, 2007.

Once the site visit was concluded, IOMPH Board members, in consultation with the MSNJ representative, developed the following activities as next steps for the project:

- The IOMPH will create a registry of specialists who have interest in providing care to FQHC patients. This will be an MSNJ database of members in the Camden area. Initially, these providers would have to be insured under their own liability policy. This activity began in March 2008.
- To resolve the problem of liability/malpractice insurance, IOMPH will consider two options: a) IOMPH will investigate the availability of charitable care liability policy for non-interventional specialty consults; b) it will also consider subsidizing insurance coverage for physicians who provide care through this program.
- The IOMPH will also consider assisting in the purchase of certain equipment to offset the costs associated with providing specialty care at the FQHC.

In order to assist the health centers address their specialty care problems, NJPCA will:

- Continue to look at other collaborative opportunities with private specialty providers to support specialty care at the health centers.

- On May 22, 2008, Bill No. A2861 related to malpractice coverage for volunteer physicians was introduced to the State Assembly; if passed, the bill will provide immunity for certain volunteer physicians, non-profit clinics, and Federally Qualified Health Centers. Legislative actions such as this can facilitate the use of retired and semi-retired volunteer physicians who do not have malpractice coverage but want to volunteer their time to treat patients at the health centers. NJPCA will continue to monitor and support such state legislative actions that can ease the burden of providing specialty care for patients at the health centers.

New Jersey health centers have been successful in maintaining a steady growth in their patient populations and adding new services and sites to address patient needs over the years. A major part of this success can be attributed to intensive marketing and promotional activities carried out by the health centers in their communities and success in securing local and national resources to support these activities. To maintain this growth, New Jersey health centers will continue their marketing initiatives, site and service expansion activities to bring health center services to the underserved. However to ensure the existing base of services to their patients and to strengthen the capacity to provide expanded care in the future, Access for All New Jersey Plan will focus on workforce recruitment and retention issues, and addressing specialty care needs at the health centers.