Providing Specialty and Primary Care to Underserved MS Patients through a Federally Qualified Health Center (FQHC)

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Objective

To offer subspecialty and primary care services to underserved patients with MS in a cost-effective manner through an FQHC.

Background

FQHCs are generally well-suited to meet the primary care needs of underserved patients, including patients insured through Medicaid or Medicare, patients without insurance, and undocumented patients. In part, this is because FQHCs receive enhanced reimbursement from Medicaid and Medicare as well as other financial benefits. While well-suited to meet the primary care needs of the underserved, many FQHCs lack specialty care services. For underserved patients with MS, this may result in decreased access to specialty care. However, the laws governing FQHCs are flexible, therefore specialty care such as neurology, may be added to an FQHC's scope of services. To do this, an FQHC must submit a narrative to the Bureau of Primary Health Care indicating that the specialty care qualifies as "additional health services," as defined by federal law. This is possible if the specialty care is "necessary for the adequate support of the primary health services" and the target population needs the specialty.

Methods

Working through a large FQHC (MCPN) and in collaboration with a variety of organizations, we obtained an expanded scope of services to include MS specialty care. The MS Clinic consists of an interdisciplinary team consisting of a neurologist (from a nearby academic MS specialty clinic, the Rocky Mountain MS Center), physician assistant, registered nurse, physical therapist and care coordinator. The entire MS-specialized team is part-time, but is available by phone for urgent matters. Primary care is provided by full-time FQHC clinicians.

Establishing MS Specialty Care as "Necessary for the Adequate Support of the Required Primary Health Services"

- Colorado has a high incidence of MS. Estimated that 1 in 800 Coloradans have MS as compared to 1 in 1,000 people nationally.[1]
- Direct and indirect costs of MS are now estimated to be $57,500 per patient per year and the total lifetime costs are estimated to be ~$2.2 million.[2]
- Approximately 20% of Coloradans with MS receive insurance through the Medicaid system and have limited access to specialty care.[2]
- Annual income threshold in CO for an individual to receive Medicaid is $15,528.
- For 2015, the average SSDI benefit amount is $1,165/month or $13,980.[3]

[1] http://www.epmedical.net/newsletter/geography-of-disease
[2] https://www.mscenter.org/education/ms-the-basics
[3] http://www.nolo.com/legal-encyclopedia/how-much-social-security-disability-ssdi-benefits-can-you-get.html

Results

In the last year alone, approximately 150 patients, who would otherwise have had difficulty accessing MS experts, disease-modifying treatments, MRIs, or physical therapy services, were able to receive these and other services at reduced or no cost. The clinic serves as a medical home for our patients to ensure management of primary care needs in an effort to reduce comorbidities. The MS Clinic is funded, in part, by the Rocky Mountain MS Center and the National MS Society to provide additional services such as education classes and physical therapy.

Model for Collaboration

Metro Community Provider Network

- MCPN is the FQHC that hosts the MS Clinic
- Patient navigation, care coordination and health education services are available to all patients
- Outreach & Enrollment staff offers insurance assistance as well as sliding scale programs
- Pharmacy services accessible to all patients
- Behavioral health services available to all patients
- Dental services available for eligible patients or emergencies

Rocky Mountain MS Center – the answers begin here –

- RN from our clinic also works part time at King Adult Day Enrichment Program (KADEP), an adult day program for individuals with acquired neurological conditions
- Free to low cost health education and informational programs
- Patient referrals to MS Clinic

University of Colorado Hospital

- Neurologist from UCH oversees patient care
- Neurologist is contracted with MCPN and sees patients once a month at MCPN
- Rocky Mountain MS Center Clinic at UCH can refer under or uninsured patients to our clinic

Physician Assistant:

Coordinates primary/specialty care; Clinic hours 1.5 days/week

Neurologist:

Oversees patient specialty care; Sees patients at MCPN once/month

Registered Nurse:

Clinic nurse; Coordinates care; Connection to MS Adult Day Program

Access to MCPN Services:

Care Coordination, Behavioral Health, Emergency Dental, Financial Screening

AmeriCorps Member:

Office manager; Available clinic & non-clinic days

Physical Therapist:

Provides free small group PT classes through National MS Society

Patient Focused Care

National Multiple Sclerosis Society

- Care managers through National can offer case management services to our patients through an internal referral
- Funding through National supports free physical therapy classes for our patients
- Our physical therapist offers small group classes in 7-week periods for patients

Community HealthCorps

www.communityhealthcorps.org

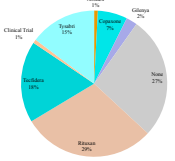
- Through the Community HealthCorps program, one AmeriCorps member each year is assigned to the MS Clinic position
- This individual acts as the office coordinator for the clinic and assists in managing the long-term care needs of the patient
- Acts as the connection between part-time clinic staff and MCPN services

MSAA Multiple Sclerosis Association of America

- MRI Access Fund provides under and uninsured individuals with the means to receive diagnostic MRIs and follow-up MRIs every two years

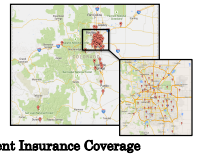
Patient Demographics

Use of Disease-Modifying Therapies & Free Drug Programs

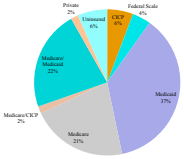


83% Rituxan Patients Enrolled in Free Drug Program
39% Tysabri Patients Enrolled in Free Drug Program
33% Gilenya Patients Enrolled in Patient Assistance Program
23% Tecfidera Patients Enrolled in Free Drug/Patient Assistance Program

Patients Travel from Distant Locations for Care



Patient Insurance Coverage



92% State/ Federal Program
6% Uninsured
2% Private

Benefits of MS Specialty Care in an FQHC

FQHCs serve as safety nets for underserved populations and are well established for primary care services. Specialty care services are largely unavailable to underserved patients, creating a gap in the safety net for patients with chronic conditions.

*For information regarding FQHC requirements and how to establish specialty care within an FQHC, see *Adding Specialty Services to a California FQHC: Legal and Regulatory Issues*, Regina M. Boyle, J.D.

Percent Difference in Reimbursement Rates for Medicare/Medicaid for non-FQHCs v. FQHCs

Required FQHC Services

- Basic Health Services
- Referrals to Medical Services (including specialty, care, substance abuse and behavioral health)
- Patient Case Management Services
- Services Enabling the Use of FQHC Services (including outreach, transportation, resources in multiple languages)
- Health Education Services
- No one can be denied health services due to inability to pay

Conclusions

FQHCs may broaden their scope of practice to include subspecialty care. Further, patients who may not otherwise have access to specialty care can receive primary and coordinated specialized care in the same facility.

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*If you have questions or would like further information, contact Tom.Stewart@mcpn.org.