

## The Montana Primary Care Association

The Montana Primary Care Association (MPCA) is a private, not-for profit 501c6 corporation located in Helena, Montana, the state capitol. Incorporated in 1987, MPCA provides a coordinating structure to those health care providers whose principal purpose is to deliver primary and preventive healthcare to underserved and vulnerable populations in a culturally appropriate manner irrespective of the ability to pay. It is an association of community health centers (CHCs) which identifies and engages in training and technical assistance (T/TA) activities designed to improve community health centers' compliance with federal Health Center Program requirements and to enhance each health center's clinical, operational, and financial performance so that the health of underserved communities and vulnerable populations is measurably improved.

MPCA's mission is to enhance access to excellent, patient-centered healthcare for all Montanans by way of the routine assessment of the needs of CHCs, broad examination of the statewide need for additional primary care services for underserved vulnerable and disenfranchised populations, as well as ongoing analysis of the health policy and marketplace conditions in Montana. MPCA's advocacy, training, and technical assistance services are available to all current and potential health center grantees, other primary care and safety net providers, and communities interested in learning about or establishing a community health center. Organizational membership in MPCA entitles the member health center to one seat and one vote on the MPCA Board of Directors. All of Montana's existing 15 330-supported CHCs are current members of MPCA. Affiliated and individual memberships (non-voting) are open to organizations and individuals whose goals are consistent with MPCA's mission.

MPCA provides necessary T/TA and non-financial assistance to potential and existing health centers per section 330(I) of the Public Health Service Act, including training and assistance in fiscal and program management, clinical, operational, and administrative support, and provision of information regarding available resources and how these may best be used to positively impact the health needs of communities. Technical assistance is provided on meeting Health Center Program requirements, needs assessments, workforce, management, finance, governance, and clinical and business operations. MPCA also advocates for the sustained and expanded role of CHCs in state health policy. MPCA takes a leadership role in forming strong, collaborative partnerships that help it respond quickly, effectively, and in a coordinated fashion; assisting CHCs in their efforts to meet the three part aim of improved population health, enhanced patient experience of care, and reduced or controlled per capita cost of care through continuous improvement and the rapid diffusion of best practices across Montana's community health center movement.

Additional information about Montana's community health centers can be found at [www.mtpca.org](http://www.mtpca.org).

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ECONOMIC AFFAIRS INTERIM  
COMMITTEE 2013-14

October 22, 2013

Exhibit No. 12



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CMS Product No. 11632  
June 2013

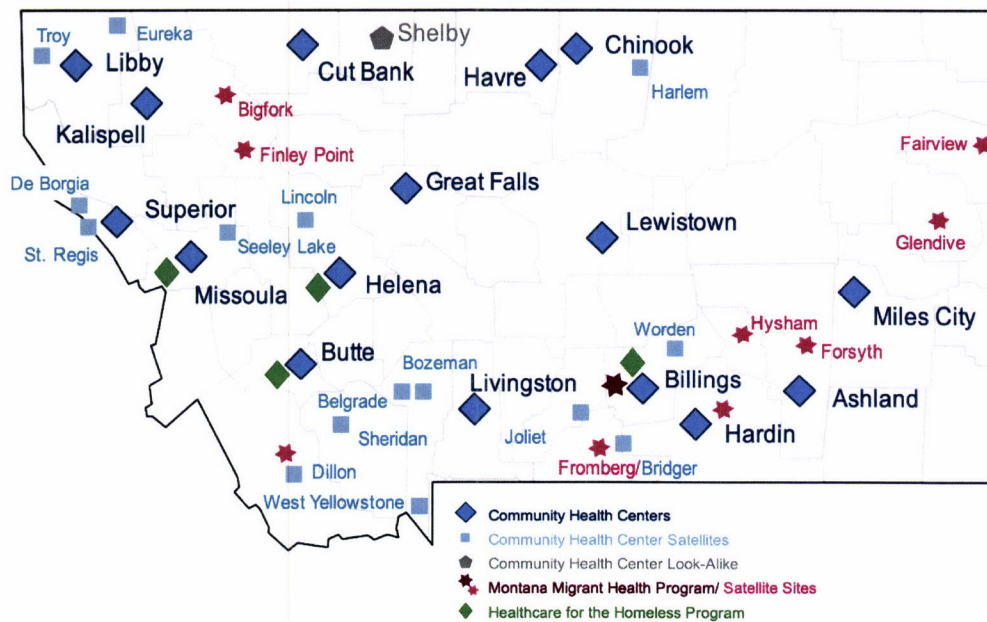
# MONTANA'S COMMUNITY HEALTH CENTERS

## What are Community Health Centers?

Community Health Centers (CHCs) are non-profit or public health care providers with a **mission to provide comprehensive primary care to low income working families**. Montana's 18 CHCs/CHC-LookAlike provide a health care home for over **98,000 Montanans in urban, rural, and agricultural communities - your friends and neighbors!**

Noted for their high quality, affordable, primary care and preventive services, **Montana's health centers offer medical care, dental care, mental health care, case management, and numerous support services.**

## COMMUNITY HEALTH CENTERS 2013



## Who did Montana's Community Health Centers Serve in 2012?

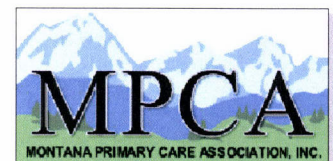
- **88% of patients live on very limited resources** (under 200% of the federal poverty level which was \$47,100 for a family of four in 2012)
- **50% uninsured**, 15% receiving Medicaid, and 12% Medicare
- Of the total **375,929 visits**, 249,272 were medical, 61,221 dental and 22,086 mental health.

## How do CHC Boards Make a Difference?

- Health Centers are governed by local boards that **must have health center patients as a majority of their members** which assures responsiveness to patient needs.

## CHC Model of Primary and Preventive Care:

- **Patient Centered Medical Home** - the patient is the center of all activity and member of the core team
- **Family doctor/dentist care**
- **Preventive education/health screening** throughout all stages of life
- **Early detection** of problems
- **Effective treatment or management of chronic conditions**
- **Manage and coordinate all care** (referral, diagnostics, specialty/inpatient)



406-442-2750 [www.mtpca.org](http://www.mtpca.org)

## CHCs improve the quality of life for patients/communities in the following ways:

Improve access to primary and preventive care. CHCs provide preventive services to people who would otherwise not have access. Low income and uninsured health center patients are **much more likely to have a usual source of care, are much less likely to have unmet medical needs, and are much less likely to visit the emergency room or have a hospital stay than those without a health center.**



Provide cost-effective care. Total patient care costs are **24-50% lower** than those served in other settings, producing up to **\$24 billion in annual health system savings** by lowering utilization of costly specialty care, emergency departments, and hospitals.

Provide high quality care. Quality of care provided at CHCs is **equal to or greater than the quality of care provided elsewhere.** More over, 99% of surveyed patients reported that they were satisfied with the care they receive at health centers.

Effective Management of Chronic Illness. The Institute of Medicine and the Government Accountability Office have recognized health centers as **models for screening, diagnosing, and managing chronic conditions** such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV. Health Centers' efforts have led to **improved health outcomes** for their patients.

Create jobs and stimulate economic growth. In 2012, CHCs employed **683 FTE Montanans** and brought over **24 million in federal grants.** A 2011 study by Capitol

Link found that **Montana CHCs directly infused over \$52 million into local economies with an overall economic impact of over \$119 million.**

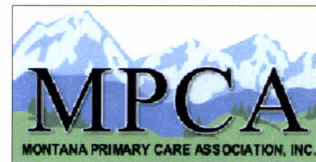
## CHCs Improve Care for Medicaid Patients!

In an effort to assist 3,000 high risk/high cost Medicaid patients to be as healthy as possible and, therefore, reduce their cost of care, 13 Montana Community Health Centers are working with the Department of Public Health and Human Services Medicaid Case Management Division. This project, the Medicaid Health Improvement Program (HIP), utilizes a cadre of nurses and other health professionals located across the state to provide case and care management services to help **keep Medicaid patients well and reduce the need for high cost hospitalization.**

The nurses teach self-care skills, review medication utilization, manage transitions, remind patients of upcoming appointments, and arrange transportation when necessary.

One of three national models being studied as a best practice by the Commonwealth Fund and the National Academy for State Health Policy, this innovative program puts expert care managers in charge of **navigating our complicated system of care for those who need it most.**

*The Federal Office of Management and Budget ranked the CHC program as the #1 Health and Human Services program and one of the "Top 10 federal programs for effectiveness."*



Grantee	Organization Name	Training	First Name	Last Name	City	Direct Line	Email Address
MPCA	Ashland Community Health Center	CAC	Kaaren	Rizor	Ashland	(406) 784.2349	<a href="mailto:krizor@rangeweb.net">krizor@rangeweb.net</a>
MHN	Fallon Medical Complex	Navigator	Jeanna M.	Janeway	Baker	406.778.5160	<a href="mailto:Jmjaneway@fallonmedical.org">Jmjaneway@fallonmedical.org</a>
MPCA	Community Health Partners	CAC	Esther (Tey)	Noe	Belgrade	(406) 922-0820	<a href="mailto:noee@chphealth.org">noee@chphealth.org</a>
MPCA	Community Health Partners	CAC	Karl	Janovits	Belgrade	(406) 220.2131	<a href="mailto:janovitsk@chphealth.org">janovitsk@chphealth.org</a>
MHN	Pioneer Medical Center	Navigator	Jessica	Talkington	Big Timber	406.930.0821	<a href="mailto:jtalkington@pmcmt.org">jtalkington@pmcmt.org</a>
MPCA	Montana Migrant and Seasonal Farmworker Council	CAC	Kelsey	Angel	Billings	(406) 248-3149	<a href="mailto:kangel@mtmigrantcouncil.org">kangel@mtmigrantcouncil.org</a>
MPCA	RiverStone Health	CAC	Carol	Blank	Billings	(406) 651.6470	<a href="mailto:carol.bla@riverstonehealth.org">carol.bla@riverstonehealth.org</a>
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MPCA	RiverStone Health	CAC	Jade	Jagers	Billings	(406) 651.6540	<a href="mailto:jade.jag@riverstonehealth.org">jade.jag@riverstonehealth.org</a>
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PPMT	Planned Parenthood of Montana	CAC	Nona	Main	Billings	406-869-5058	<a href="mailto:nona.main@ppmontana.org">nona.main@ppmontana.org</a>
MPCA	Community Health Partners	CAC	Karl	Janovits	Bozeman	(406) 220.2131	<a href="mailto:janovitsk@chphealth.org">janovitsk@chphealth.org</a>
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MPCA	Community Health Partners	CAC	Amber	Wagner	Bozeman	(406) 585-1360	<a href="mailto:wagnera@chphealth.org">wagnera@chphealth.org</a>
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MHN	Holy Rosary Healthcare	Navigator	Lisa	Marum	Miles City	406.233.2600	<a href="mailto:lisa.marum@sclhs.net">lisa.marum@sclhs.net</a>
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