

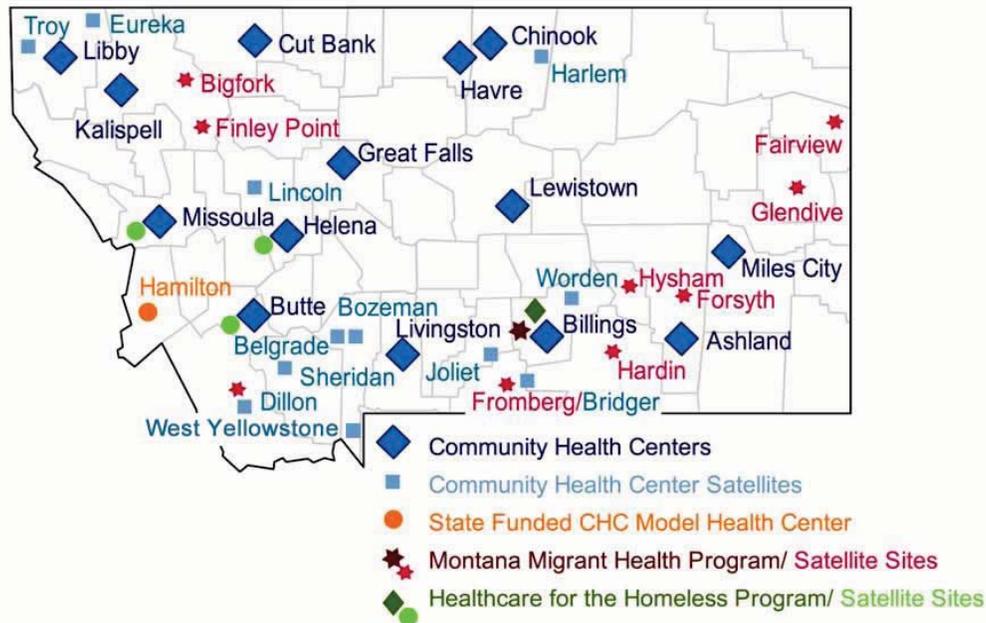
MONTANA'S COMMUNITY HEALTH CENTERS

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 15 CHCs provide a health care home for nearly **100,000 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.**

Montana Community Health Centers 2011



Who did Montana's Community Health Centers Serve in 2010?

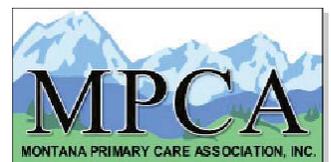
- Over **85.9%** of patients live on **very limited resources** (under 200% of the federal poverty level which was \$22,050 for a family of four in 2010)
- **50% uninsured**, 17% receiving Medicaid, and 10% Medicare
- Of the total 353,642 visits, 56,482 visits were dental and 20,068 visits were mental 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:

- **Medical Home** - don't just treat illness
- **Family doctor/dentist care** - team approach - the patient is the center of all activity
- **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)



CHCs improve the quality of life for patients and 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. Last year, CHCs **employed 598 Montanans (FTEs).** CHCs have brought over \$182,612,843 in federal grants to Montana since 1985.

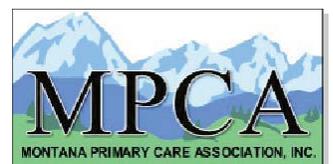
CHCs Improve Care and Lower Costs for Medicaid! Montana Medicaid's Health Improvement Program (HIP)

In an effort to assist 1,200 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.**

In the first five months of operation, DPHHS reported a **cost savings of \$304 per patient per month or \$4 million.** 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."



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