



President's Report July 22, 2021

Now that we have had a chance to recount the stories and assess the lessons learned from the pandemic, we are turning our attention to what comes next, how to adapt to the changed environment, and how we can collectively shape the future. Our membership retreat will help us to assess the key trends and drivers impacting health centers, analyze possible future scenarios, identify our priorities, and ultimately plan a strategy to accomplish our mission.

Recent changes at the State and Federal government are part of the landscape that health centers will navigate in the near term. Both State and Federal Administration officials have expressed and demonstrated strong support for primary care and community health centers. We must be prepared to take advantage of the opportunities in this environment and address the challenges that come with the increased attention.

At the State level, the departure of the former Medicaid Director, and the appointment of Brett Friedman, as Acting Director, will inject new energy and perspective into the program. The following priorities have been articulated by the Mr. Friedman for the Medicaid program overall, and specific to planning for a new 1115 Medicaid Waiver:

- Promote value-based payment (VBP) arrangements that incentivize health equity and care for high need populations.
- Move to capitated payments to enable better patient caseload management, create flexibility with upfront payments, and alleviate administrative burdens related to administering supplemental wrap payments.
- Foster contracting partnerships that include primary care and behavioral health.
- Integrate social care and primary care.
- Integrate human services/social care data into health care data systems.
- Streamline care management and locate within the primary care medical home.
- Advance health equity and reduce health disparities.
 - o Improve race and ethnicity data collection and analysis.
 - o Stratify health outcome data by race and ethnicity.
 - o Create financial incentives to address disparities and advance equity based on data.
- Reform facility licensure across state agencies to promote integration, patient access, and engagement.
- Require managed care plans to share data that is usable and actionable.

These priorities align with our health center priorities and support the work we have underway to develop a capitated Alternative Payment Methodology. We will continue to play a pivotal role in the Medicaid delivery system, advancing our work to address health equity and incorporate innovative care delivery modalities. There is a strong recognition by the Medicaid program of the importance of

primary care, the need for ongoing investment of resources to support patient centered medical homes, and the need for reforms of current regulatory systems that would simplify integration of primary care and behavioral health.

At the federal level, the administration's trust and confidence in community health centers is clearly evidenced by the reliance on CHCs throughout the pandemic to achieve public health goals, specifically in communities that have been most adversely impacted by the pandemic. CHCs have been called upon to assist with reaching the vaccination rate goals for the country, particularly in those areas with lower vaccination rates.

Throughout the pandemic, the Primary Care Association Leadership Committee (PCA LC), comprised of PCA CEOs from each of the 10 HRSA Regions, has met regularly with leadership of the Bureau of Primary Health Care. The frequency of these meetings has ranged from weekly at the height of the pandemic to monthly. In recent meetings, leadership has shared plans for a reorganization of the internal structure of the Bureau, spurred by the evolution of the health center program, the change in administration, and the influx of federal funding to CHCs. The new structure will have a significant focus on CHC compliance with federal program rules and requirements, and Bureau leadership has been clear that there will be a high level of scrutiny on pandemic related supplemental funding.

Project Officers will sit within two newly restructured divisions: the Office of Health Center Investment and the Office of Health Center Program Monitoring. To reflect the increased emphasis on demonstrating the value of the federal funding flowing to CHCs, the Bureau has proposed renaming Project Officers "Investment Advisors." Project Officers will be assigned to groups of health centers that are participating in specific projects, such as HIV or hypertension, or have common characteristics, such as those CHCs serving rural populations or homeless individuals. The new structure and the timeline for the transition are still in development and BPHC is still developing the infrastructure needed to support the new model.

To elevate the impact that CHCs are able to have as a result of the federal pandemic funding, BPHC is seeking specific stories describing the work happening in communities to advance vaccination efforts, particularly in partnership with other community organizations. I strongly encourage all members to share with the Bureau and CHCANYS stories about your extraordinary efforts and successes you have had in leading the fight against the pandemic. I love to hear about the great work that is happening, and those real-life heroics are a powerful advocacy tool.

Health centers' profiles have risen as a result of the pandemic. We are now experiencing the benefits - significant federal funding and the interest at the State level in advancing new models of primary care. We must also be prepared for the challenges associated with greater recognition - particularly increased oversight and scrutiny and higher expectations for performance and outcomes. Our strategic plan will create a pathway to allow us to navigate these waters and arrive at our destination.

I hope that you are as excited as I am to see all of you at our first post-pandemic membership meeting. I am renewed and invigorated by the creativity and passion generated by the interaction of the cumulative wisdom and experience of the membership leadership and am looking forward to the opportunity to be together, catch up, and reconnect.