

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well I am here in Denver, Margaret, Colorado where the inaugural celebrations are underway for New Governor John Hickenlooper. You know it's exciting to be here and see one of our founding members of the Community Health Center get sworn in as Colorado's new governor. But the reverberation of this weekend and the tragic rampage in Arizona where Democratic Congresswoman Gabrielle Giffords was holding a public event are on everyone's mind. It's a sovereign time for the country as we reexamine our heated political climate and try to reach some nonpartisan civility. Margaret, we know health care reform sits at the center of this divide too.

Margaret Flinter: Well Mark, please give my best wishes to John on his inauguration. And I thought how timely that John or the now Governor Hickenlooper is so known for his civility and I was really struck by his comment in the New York Times piece on him this weekend that there is no margin, no margin whatsoever in making enemies of people that it has to be about civility, and certainly that's a great message to our country during this difficult time. And I hope everyone saw the great article in the New York Times Magazine about him.

Mark Masselli: It was wonderful.

Margaret Flinter: And governors across the country will be playing such an important role in the implementation of health care reform, and of course, as to the Arizona tragedy, let's hope it will be a wakeup call to turn down the political heat but first and foremost, our best wishes for a full recovery for the Congresswoman and our deepest, deepest sympathies to the families of the others who were hurt or killed on Saturday. Now the debate about repealing Health care Reform in Congress right now has been pushed off and when the repeal efforts do resurface and they probably will, we will see if we can have a little more of a civil debate on the house floor. Hopefully, an opportunity for the country to come together on some shared values.

Mark Masselli: Well, as you said, the country's thoughts and prayers are with all the families in Arizona and I know the President's heading there. Well certainly, we are going to, as you said, keep an eye on the health care debate. I think the Republican Congress has nicely put off their expected route out of respect for what's happened. And it's also part of our New Year resolution to really reach out and try to bring guests from different perspectives on the show. We are also going to dig deeper into various opinions about how to achieve the greatest benefit out of health care reform.

Margaret Flinter: And speaking of digging deeper Mark, this week we will be digging down to a group that we know well but most of the country does not and that is we will be focusing on community health centers through the National Association of Community Health Centers or NACHC, which is the source for research, advocacy and training for health centers all around the country.

Mark Masselli: You know NACHC's Senior Vice President for policy and research is Dan Hawkins, and we are glad to have Dan here with us today. You know Dan's really spent his lifetime at the cross roads of primary health care and community engagement. He joined the National Association in 1981 and he has been an influential part of the health center expansions. We will speak with Dan about this continued growth for health centers under health care reform as well as the policy agenda for the National Association with the new Congress in power.

Margaret Flinter: And no matter what the story, you can hear all of our shows on www.chcradio.com. Subscribe to iTunes to get our show regularly downloaded or if you like to hang on to our every word and read a transcript of the show, come visit us at www.chcradio.com. And don't forget, you can become a fan of Conversations on Health Care on Facebook and even follow us on Twitter.

Mark Masselli: And as always, if you have feedback, email us at www.chcradio.com, we would love to hear from you. Before we speak with Dan Hawkins, let's check in with our producer Loren Bonner with Headline News.

(Music)

Loren Bonner: I am Loren Bonner with this week's Headline News. The House of Representatives has postponed all legislative activity this week in wake of the shooting incident involving Arizona Democrat Gabrielle Giffords. This includes the vote to repeal the health care overhaul, a first order of business since Republicans took over the house just last week. Several lawmakers like Maryland Democrat, Congressman Chris Van Hollen speaking on ABC's Meet the Press have called for a toned down debate between parties going forward.

Chris Van Hollen: I think that we are obviously going to have a spirited debate; there are strong feelings on both sides. But I hope that in that process, people will reflect on the tone of the debate and be respectful of differences in opinion going forward.

Loren Bonner: But before the announcement that the health care vote and debate would be postponed, Republicans and Democrats were butting heads over a recent report from the non-partisan congressional budget office. It estimated that overturning the health care reform legislation would add about \$230 billion to the deficit by 2021 and result in 32 million fewer people having health insurance. Republicans dismissed the claim and issued their own

findings. Their report says that the new law would in fact add 700 billion to the deficit over the next decade in addition to reducing jobs since employers would be hesitant to add jobs due to the economic uncertainty. Meanwhile, as efforts to implement health care reform continue, the Department of Health and Human Services announced that it will move a key office charged with implementation to the Centers for Medicare & Medicaid Services. The Office of Consumer Information and Insurance Oversight, which was created just after the Affordable Care Act was signed into law, will be folded into CMS and will mark a major organization shift within the departments. HHS officials say that the insurance office was created to swiftly develop new policies and that this reorganization will make efficient use of available resources. As we take a closer look at community health centers on the show this week, we are going to focus on a homegrown effort that got its start right here at our own community health center in Connecticut and it's a big part of our commitment to building a world class primary care organization. Community Health Center, Inc launched the nation's first nurse practitioner residency training program back in 2007. Since then, participants have been trained to provide comprehensive care to a diverse group of patients in a complex community health care setting that's patient-centered, focused on prevention and up-to-date with the use of electronic health records. Kristie Quarles is one of this year's nurse practitioner residents; she is four months into the one year training program.

Kristie Quarles: I have also had the opportunity of being in specialty rotation such as dermatology, orthopedics, and also behavioral health and right now, I am in OB/GYN. So, in school, you do touch on a lot of these specialty rotations but in the residency program you really get a good foundation and a hand-on at one-on-one with different specialists.

Loren Bonner: Quarles said she felt the need for a post graduate training program as a nurse practitioner after she completed her degree, training that's required for other health and medical professionals, and something that she said would transition her smoothly into practice. While CHC has always recognized this need, momentum is building under health care reform. The legislation supports primary care and helps strengthen the workforce that will be caring for the millions more who will be ensured under the new law. Kerry Bamrick, the program coordinator, says the Nurse Practitioner Residency at CHC specifically addresses the need for more primary care providers.

Kerry Bamrick: Nurse practitioners with a focus on prevention, comprehensive care, and holistic focus are ideally suited for FQHC practice as primary care providers.

Loren Bonner: And in this very way the program is serving as a model for other health centers around the country who want to replicate it. The second nurse practitioner residency training program was established in Massachusetts in 2009 at the Family Center of Worcester. Bamrick thinks even more will spring up

over the next year. Not only was a National Demonstration Project to fund multiple nurse practitioner residencies and health centers across the country included in the Affordable Care Act but the recent Institute of Medicine report on the Future of Nursing also included recommendation on implementing nurse residency programs. Bamrick is busy recruiting the fifth class that will start in September of this year and she says this pool of applicants is definitely bigger than the last. Let's turn now to our interview with Dan Hawkins who can tell us more about Community Health Center expansion.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Dan Hawkins, the Senior Vice President for Public Policy and Research at the National Association of Community Health Centers. Welcome Dan. You have spent your life at the intersection of primary health care and community engagement. You served as a VISTA Volunteer, you ran a migrant community health center and you were assistant to secretary of HHS Joe Califano. You have obviously seen a lot of change and in the 1980s you joined the National Association of Community Health Centers; perhaps we can start there and you can tell us and tell our listeners about the important role community health centers have played in our health care system and how does the National Association help support the health center mission.

Dan Hawkins: As your introduction notes, I pretty much spent my entire adult life in primary care and community health. That's something I strongly believe in. And I have seen great, great progress in the years that I have been involved. For most of the 45 year history now, America's community health centers have worked in pretty much relative obscurity occupying forgotten places and serving all too often forgotten people, growing slowly but surely to serve more people in communities in need. And now today, as the family doctor in health care home for more than 20 million Americans, they are no longer the best kept secret in health care as I think you know. I think health centers are one of the best examples of carefully targeted federal resources. That's very important in today's climate, and their patient population tells the story perfectly. You know while the 20 million people they serve represent one out of every about seven Americans, when you look at that population among those in greatest need, those patients include one out of every four low income uninsured persons, one out of every six Medicaid beneficiaries, one out of every four low income children and this is important, one out of every five low income births, and one out of every four low income people of color. And that's because of the way health centers are structured and targeted to meet key specific requirements. Every one of them, and yours included, must be located in a designated high need area, they all have to furnish comprehensive health and related services including those services that facilitate access to care, transportation and outreach, things like that and the services that make the healthcare they get even more effective things like health and nutrition education and what have you. Obviously being open to everyone regardless of ability to pay with charges based on income, a key feature being governed by community boards, this is health care of the

people, by the people and for the people to ensure their responsiveness to local needs and finally having to meet strict performance and accountability standards for administrative, clinical, and financial operations. All of these features have stood health centers in good stead with policy makers on both sides of the aisle, both democrats and republicans, and all across the country as well as they have grown not only in size but also in popularity and recognition and in respect.

Margaret Flinter: So Dan, I think you have laid out a compelling reason for why community health centers got such a significant boost from the federal government both in the Recovery Act and more recently under the Affordable Care Act and also why they have enjoyed the great bipartisan support from Congress throughout the years. Now 2011's beginning, we have a new republican majority in the house, some working to repeal health care reform. What's the policy agenda shaping up to be for health centers in this Congress? We assume there will be some efforts at more forward progress but also probably a fate to hold on to some things, tell us about that.

Dan Hawkins: Well yeah. And I want to begin with I think a very important point and that is that we have to remember that every one of the members of the 112th Congress is giving their time and energy to help our country be a better nation and they all deserve our appreciation. And the work of improving our nation and its health is not a sprint it's a marathon; we have been in it for years and we are going to be in it for years to come. We have to make progress together toward a better living environment for us all. But I want to be very clear, health centers supported the Health Reform Bill last year and that was an easy call to make. Everyday health centers see millions of people without insurance and that makes it harder for them to receive regular care anywhere else and it also makes as you know getting specialty care that much harder if not impossible. The uninsured are sicker and poorer than almost anyone else in the country and insurance expansions in the law are a major step forward toward improving health access for millions of health center patients and many others. In addition to legislation help strengthen and expand health centers, as you have already noted, and our cost effective high quality model of care directly, the law provides \$11 billion in direct funding to expand existing health centers to establish new centers and it also includes payment protections in future insurance expansions that will put health centers in good stead. Thus, supporting the bill was a no-brainer for NACHC. What may be less obvious is how to respond to this effort to repeal the law. For this, I will give you a political answer and also a practical answer. First, the practical answer; the repeal effort will not pass the US senate and it most assuredly will not be signed into law by the President so it won't be repealed this year or next, and I think the point there is no one needs to hit the panic button just yet. The more pressing question is how to respond on the political side of the discussion. And the answer to that is we need to work with everyone in a position of power to help the people we serve live a better life. We can't afford to mischaracterize anyone's intent until we make an effort to work with them directly. Our priority needs to be to work to educate everyone on what health

centers do and how the law would help health centers and their patients and how much more work needs to be done to truly ensure that everyone has access to the care they need.

Mark Masselli: Dan, talking about the people that we serve in improving their lives, community health centers mainly serve low income populations, Medicaid patients, the uninsured and underinsured. And the number of patients as you have indicated has grown and under health reform will continue to grow but how are health centers not only going to be key in delivering necessary care to people under health care reform but how are they going to be able to sort of deal with sort of burgeoning cost of the Medicaid budgets that are crippling so many states across America.

Dan Hawkins: Health centers today saved the Medicaid program billions of dollars. In fact, a study done just last year, said that last year alone health centers saved \$24 billion for taxpayers and private payers alike. And that same study estimated that over the next 10 years, health centers will save anywhere from \$180 to \$300 billion by helping people stay healthier, keeping them out of the hospital and reducing their need for care that can be avoided by good quality care. And you know what that's all about, it's prevention, it's good quality primary care, it's solid chronic care, that's key and that's the secret of the health centers' success and it's a big reason why policy makers again on both sides of the aisle strongly support health centers. Now, there are 37 new governors in states across this country, you have one in Connecticut, and many of them are new to the public policies. These folks need to be educated and to gain an appreciation of what health centers do.

Margaret Flinter: Today, we are speaking with Dan Hawkins, the Senior Vice President for Public Policy and Research at the National Association of Community Health Centers. Dan, I often hear health centers now and I use it myself referred to as the nation's largest primary care system. But unlike the VA for example where there is a level of central control and command, health centers are all independent nonprofit organizations. So if I look back, I trace maybe back to 1999 but the beginning of the push for health centers to be accredited by the Joint Commission and then the Health Disparity Collaboratives to get to a common platform around chronic disease management as really important steps in moving towards a real system of care which you could reliably say the care you might get in California and in Connecticut will be of the same quality. The new kid on the block and the exciting initiative is the release of the Patient-Centered Medical Home Initiative for community health centers. Maybe you could share with our listeners a little bit about why this initiative is so important for health centers around the country.

Dan Hawkins: Well I think it's so important Margaret because it is who we are, it speaks to the whole history, mission, structure, purpose and function of health centers. It's really about a quality focus on patient health care and a patient-

centered focus with availability 24x7. Now not every health center is at that point right now but we all have to get there because when it functions properly, a patient-centered medical home is a reliable place that each and every person served there can turn to and rely on, to be available and accessible and focused on their better health. And we are thrilled that we were able to convince the Health Resources and Services Administration within the Department of Health and Human Services to make sufficient funding available to ensure that every single health center will be able to pursue primary care medical home accreditation or certification over the course of the next year or two.

Mark Masselli: Dan, one of the facts that you mentioned is that community health centers serve around 20 million patients across America and under health reform the hope is that they will add another 20 million to the group that they serve. But one of the struggles that community health centers are facing is recruiting more primary care providers who as we all know are already in short demand. Now the health reform bill did some exciting things around the National Health Service Corps, the loans and the scholarship, but one of the exciting initiatives was the Teaching Health Center. Can you tell us a little more about how that initiative will roll out and its effort at (Inaudible 00:20:31) of primary care providers?

Dan Hawkins: Let me say a quick word about the National Health Service Corps. Here is a program that provides financial assistance to young people who want to go to medical school or become a nurse practitioner, a physician's assistant, a dentist, a dental hygienist, etc. and asks them to pay that back not in dollars but in service in underserved communities. It is a quintessentially wonderful program that hasn't been appreciated enough. We have made a big issue of supporting the National Health Service Corps and we are thrilled that the Health Reform Bill includes 1.5 billion in new funding and that will be enough to support some 16,000 new primary health care professionals just over the next five years. That would be vitally important to meeting the primary care staffing needs of health centers. The Teaching Health Centers piece is something that we have also strongly supported and it would allow health centers in conjunction with and in partnership with academic medical centers, teaching hospitals and medical schools to actually engage in residency training for medical school graduates all in primary care all across the country in a way that would ensure that these residents by the time they finish their training know what a health center is, know what its purpose and mission is, and understand that there is no better place in America to live out the hypocritical and the purpose for which they went to medical school than working at a health center. Now it's been a little bit slow getting going but the HHS has announced the availability and has invited applications for Teaching Health Centers to apply to secure some of that funding.

Margaret Flinter: Dan, we have a final question that we like to ask all of our guests. When you look around, not just the country but the world, what do you

see in terms of innovation and who should our listeners at Conversations be keeping an eye on?

Dan Hawkins: Well it's interesting you should mention that because as we speak right now, I am fully engaged with colleagues in Canada in the development of an international conference on community health centers. And one of the things that we have come to appreciate even more deeply as we have begun to reach out to colleagues in other countries, other nations across the globe, is how many nations make use of a model that look very much like our American community health center model. It's true in Canada, it's true in Britain, in France, in Spain, in Italy, it's true in Australia and New Zealand and even in Taiwan. It's an amazing thing and it's now beginning to develop in South American and African nations.

Mark Masselli: Today, we have been speaking with Dan Hawkins, Senior Vice President for Public Policy and Research at the National Association of Community Health Centers. Dan, thanks so much for joining us today. Each week Conversations highlights a bright idea about how to make wellness a part of our communities in everyday lives.

Margaret Flinter: This week's bright idea focuses on the Neighborhood Help Program at Florida International University College of Medicine in Miami founded in 2009. The college has taken a new approach to medical education by engaging students in a community-based curriculum. It assigns students to medically underserved families who live in nearby neighborhoods. Students work with families in interdisciplinary pairs typically a medical student and a student studying nursing, social work, public health or law and through the course of the program, they develop and implement care plans with the help of the patients' providers. The architect behind the curriculum Dr. Joe Greer developed the community based care program with a hope that the next generation of providers will learn to focus on holistic illness prevention based on a wide range of socioeconomic and environmental factors not just treating specific medical problems in isolation. Participating students are asked to expand their focus beyond the individual family to look critically at the entire neighborhood. The program aims not only to treat the specific health problems of the families but to improve the overall health of the community looking at environmental issues, lack of playgrounds, full-service groceries. The students also conduct baseline and follow-up surveys of the neighborhood to look at the most serious problems and track progress overtime, and the commitment to the neighborhood lasts well beyond the tenure of a single medical student. By partnering medical students with at-risk Miami families, the Neighborhood HELP Program is improving the health of surrounding communities and teaching the next generation of medical professionals to treat health care problems at their source. Now that's a bright idea.

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Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Messalli, peace and health.

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