“Sustaining Mississippi’s Health & Economic Well-Being”

2010
MISSISSIPPI QUALIFIED HEALTH CENTER (MQHC) PROGRAM REPORT
Dear Friends,

As the State of Mississippi is faced with difficult budget decisions, we encourage the state to continue its commitment to those most in need of health care assistance by supporting the Mississippi Qualified Health Center (MQHC) Program and Mississippi’s Community Health Centers (CHCs). These CHCs are vital in “Sustaining Mississippi’s Health and Economic Well-Being,” particularly in these financially challenging times.

Twenty-one Community Health Centers in Mississippi continue in their mission of providing quality, affordable primary and preventive health care services to the uninsured and underserved. Currently, these CHCs operate over 170 delivery sites with more than 120 of these sites offering comprehensive, primary health care services. These centers continue to increase the number of individuals served each year. In 2009, more than 310,000 individuals (accounting for nearly one million visits) chose Mississippi Community Health Centers as their health care home. More than 44% of those patients were uninsured and 29% of them were Medicaid recipients.

Mississippi CHCs are also contributing to the economic well-being of the state. In addition to savings generated through reduced emergency room utilization, CHCs directly employ over 1500 FTEs (including over 100 physicians) and generate over $197 million in total statewide economic benefits annually.

We appreciate your past support and renewed commitment to the MQHC Program and Mississippi’s Community Health Centers. As we continue efforts to navigate the ever-changing health care landscape, MPHCA is working with renewed passion and a strong commitment to be good stewards of the support the Mississippi Legislature has entrusted to us. We look forward to working with you to achieve our shared goal of “Sustaining Mississippi’s Health and Economic Well-Being.”

Sincerely,

Robert M. Pugh
Robert M. Pugh, MPH
Executive Director
Mississippi Primary Health Care Association

The MQHC Program has been successful in providing comprehensive health care to many uninsured and medically indigent Mississippians. However, access to health care remains a vital issue for the state. Continued MQHC funding is a cost-effective method of providing necessary health services to disadvantaged, vulnerable and uninsured Mississippians.

Source: Unless otherwise noted the data in this publication is from the Bureau of Primary Health Care, Uniform Data Set 2009.
<table>
<thead>
<tr>
<th>Community Health Center</th>
<th>Annual Award Amount</th>
<th>Services Provided Through MQHC Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron E. Henry Community Health Services Center, Clarksdale</td>
<td>$189,795</td>
<td>• Primary Care, Mobile Unit • Transportation</td>
</tr>
<tr>
<td>ACCESS Family Health Services, Smithville</td>
<td>$179,795</td>
<td>• Primary Care • Diagnostic Imaging • Patient Assistance</td>
</tr>
<tr>
<td>Amite County Medical Services, Liberty</td>
<td>$189,795</td>
<td>• Dental • Specialty Care</td>
</tr>
<tr>
<td>Central MS Health Services, Jackson</td>
<td>$159,795</td>
<td>• Primary Care • Pediatric • Pharmacy</td>
</tr>
<tr>
<td>Claiborne Co. Family Health Center, Port Gibson</td>
<td>$179,795</td>
<td>• Dental, Pharmacy, Transportation</td>
</tr>
<tr>
<td>Coastal Family Health Center, Biloxi</td>
<td>$179,795</td>
<td>• Dental • Primary Care • Pharmacy</td>
</tr>
<tr>
<td>Delta Health Center, Mound Bayou</td>
<td>$179,795</td>
<td>• Primary Care • Transportation</td>
</tr>
<tr>
<td>East Central MS Health Care, Sebastopol</td>
<td>$169,795</td>
<td>• Primary Care</td>
</tr>
<tr>
<td>Family Health Care Clinic, Brandon</td>
<td>$159,795</td>
<td>• Primary Care, Prenatal Care, Nutrition, Family Planning</td>
</tr>
<tr>
<td>Family Health Center, Laurel</td>
<td>$169,795</td>
<td>• Dental • Diabetic • Car Seats</td>
</tr>
<tr>
<td>G. A. Carmichael Family Health Center, Canton</td>
<td>$189,795</td>
<td>• Diabetic • School Based Services • Asthma Program</td>
</tr>
<tr>
<td>Greater Meridian Health Clinic, Meridian</td>
<td>$179,795</td>
<td>• Primary Care, Dental Services • Outreach Programs • Patient Education</td>
</tr>
<tr>
<td>Greene Area Medical Extenders, Leakesville</td>
<td>$189,795</td>
<td>• School Based Services, Primary Care, Hearing &amp; Vision Screening • Counseling, Social Services</td>
</tr>
<tr>
<td>Jackson-Hinds Comprehensive Health Center, Jackson</td>
<td>$189,795</td>
<td>• Dental Services, Dental Mobile Unit • Primary Care</td>
</tr>
<tr>
<td>Jefferson Comprehensive Health Center, Fayette</td>
<td>$169,795</td>
<td>• School Based, Dental, Pharmacy • Laboratory • Primary Care</td>
</tr>
<tr>
<td>Mallory Community Health Center, Lexington</td>
<td>$169,795</td>
<td>• Primary Care, Health/Wellness • Dental Services • Nutrition</td>
</tr>
<tr>
<td>Mantachie Rural Health Care, Mantachie</td>
<td>$158,959</td>
<td>• Pharmacy Assistance, Primary Care, Diabetic Care, Mental Health</td>
</tr>
<tr>
<td>Northeast MS Health Care</td>
<td>$159,795</td>
<td>• Primary Care, Pharmacy • Dental • Case Management</td>
</tr>
<tr>
<td>North MS Primary Health Care, Ashland</td>
<td>$169,795</td>
<td>• Primary Care • Pharmacy Assistance • Specialty Care Referrals</td>
</tr>
<tr>
<td>Outreach Health Services, Shubuta</td>
<td>$168,938</td>
<td>• Dental • Pharmacy • Health Education</td>
</tr>
<tr>
<td>Southeast MS Rural Health Initiative, Hattiesburg</td>
<td>$189,795</td>
<td>• Dental, Social Work, Medication Assistance</td>
</tr>
</tbody>
</table>

*Source: Mississippi State Department of Health MQHC Grant Program SFY 2010 Closeouts and Grant Agreement*
Mississippi CHCs provide considerable benefits to the entire state that include the provision of quality health services as well as substantial economic benefits.

**Economic/Employment Impact**

CHCs provide significant statewide benefits that go beyond patient care. For example, rural health systems that include CHCs experience lower uninsured utilization of emergency room resources.\(^1\) On top of generating substantial savings, health centers generated $20 billion in economic activity for low income communities last year by providing employment opportunities and indirectly purchasing goods from other local businesses.\(^2\)

Mississippi CHCs directly employ a total of over 1500 FTEs (full-time equivalent employees), including over 100 physicians. The total estimated county economic impact attributed to a single physician is estimated to be over $2 million in Mississippi.\(^3\)

### Statewide CHC Employment Totals and Annual Patient Visits

<table>
<thead>
<tr>
<th>Discipline/Profession</th>
<th>FTE</th>
<th>Patient Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>103</td>
<td>413,377</td>
</tr>
<tr>
<td>Mid-Levels (i.e. NPs, PAs)</td>
<td>118</td>
<td>323,092</td>
</tr>
<tr>
<td>Nurses</td>
<td>250.7</td>
<td>41,802</td>
</tr>
<tr>
<td>Dentists</td>
<td>28.6</td>
<td>76,534</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>9.7</td>
<td>10,371</td>
</tr>
<tr>
<td>Behavioral Health Specialists</td>
<td>15.2</td>
<td>11,405</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>17.7</td>
<td>N/A</td>
</tr>
<tr>
<td>Total Enabling Services</td>
<td>87.8</td>
<td>38,807</td>
</tr>
<tr>
<td>Other Staff</td>
<td>879</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1509.7</strong></td>
<td><strong>928,033</strong></td>
</tr>
</tbody>
</table>

In 2009, economic benefits generated for local communities by CHCs totaled $197,819,426.\(^4\)

**Health Service Impact**

CHCs provide health services to vulnerable populations that would otherwise not have access to care. The health center program has grown significantly over the past decade. In 2009, over 310,000 patients received care from one of the state’s 170 CHC Service Delivery Sites.

![Mississippi Community Health Center Patients, 2000-2009*](image)

Preventive and comprehensive primary care is made available to uninsured and Medicaid patients providing access to a regular and on-going source of care. CHCs also provide enabling services, such as transportation, translation, and case management that help patients connect with needed health care.

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Mississippi CHCs provide high quality care to over 300,000 individuals, reducing health disparities and improving patient outcomes. CHCs are located in high-need areas identified as having elevated poverty, higher than average infant mortality, and where few physicians practice. CHCs are open to all residents, regardless of insurance status or ability to pay, and services are tailored to fit the special needs and priorities of their communities. The vast majority of health center patients fall below 200% of the federal poverty level, while nearly 62% are below 100% FPL.

Mississippi CHCs serve a disproportionately large percentage of minority residents. 65% of CHC patients are African American, compared to only 12% of the US general population.

Mississippi CHCs provide access to care for all residents, regardless of ability to pay. Special emphasis is placed on the state’s medically disadvantaged population. Almost half of all CHC patients are uninsured, while only 29% are covered by state Medicaid programs.
Mississippi Community Health Centers: Main Site Locations and Counties Served

1. Aaron E. Henry Community Health Services Center (Clarksdale) Coahoma, Quitman, Tallahatchie, Panola, Tunica
2. ACCESS Family Health Services (Smithville) Chickasaw, Itawamba, Pontotoc, Calhoun, Tishomingo, Monroe, Lee, Union, Prentiss, Northwest Alabama
3. Amite County Medical Services (Liberty) Amite
4. Central Mississippi Health Services (Jackson) Hinds, Rankin, Madison
5. Claiborne County Family Health Center (Port Gibson) Claiborne, Copiah, Jefferson, Warren
6. Coastal Family Health Center (Biloxi) Harrison, Hancock, Jackson
7. Delta Health Center (Mound Bayou) Bolivar, Sunflower, Washington, Coahoma
8. East Central MS Health Care (Sebastian) Scott, Leake, Neshoba, Newton, Smith
9. Family Health Care Clinic (Brandon) Rankin, Lawrence, Jefferson Davis, Simpson, Scott, Walthall, Marion, Grenada, Calhoun, Montgomery
10. Family Health Center (Laurel) Jones, Wayne, Smith, Jasper, Clarke
11. G.A. Carmichael Family Health Center (Canton) Madison, Yazoo, Humphreys
12. Greater Meridian Health Clinic (Meridian) Lauderdale, Noxubee, Kemper, Winston, Oktibbeha
13. Greene Area Medical Extenders (Leakesville) Greene, South Wayne, George, Washington(AL)
16. Mallory Community Health Center (Lexington) Holmes, Carroll, Madison, Attala, Leflore, Montgomery
17. Mantachie Rural Health Care (Mantachie) Lee, Itawamba, Prentiss, Monroe
18. North Mississippi Primary Health Care (Ashland) Benton, Marshall, Union, Tippah, Alcorn, Prentiss
19. Northeast Mississippi Health Care (Byhalia) Tate, Marshall, Desoto
20. Outreach Health Services (Shubuta) Clarke, Jasper, Wayne
21. Southeast Mississippi Rural Health Initiative (Hattiesburg) Covington, Lamar, Forrest, Perry, Pearl River

Numbers Represent Main Site Locations
Circles Represent All Other Locations

165 Locations Statewide
21 Main Clinic Sites
67 Satellite Clinics
42 School-Based Clinics
11 Specialty Sites
10 Stand-Alone Dental Clinics
6 Mobile Medical/Dental Units
8 Stand-alone Administrative Sites
What are Community Health Centers (CHCs)?

• **Local, non-profit, community-owned health care providers** serving low income and medically underserved communities.
• Also known as Federally-Qualified Health Centers (FQHCs), they are **located in areas where care is needed but scarce**, and improve access to care for millions of Americans regardless of their insurance status or ability to pay. Their cost of care rank among the lowest, and they reduce the need for more expensive hospital-based and specialty care, saving billions of dollars for taxpayers.
• CHCs provide **quality, affordable, comprehensive primary care and preventive services**, including dental and mental health and substance abuse services, as well as affordable pharmaceuticals. CHCs are recognized leaders in treating chronic diseases and reducing health disparities.

Who do Community Health Centers serve?

• 20 million people across the country, including **more than 310,000 Individuals in Mississippi**.
• Most of health center patients in Mississippi live below 200% of the federal poverty level.
• Almost half of health center patients in Mississippi are uninsured.

How do Community Health Centers overcome barriers to care?

• Located in high-need areas identified as having elevated poverty, higher than average infant mortality, and where few physicians practice.
• **Open to all**, regardless of income and insurance status, and provide free or reduced cost care based on ability to pay.
• Services are **tailored to fit the special needs and priorities of the community**, and provide services in a linguistically and culturally appropriate setting.
• Offer services that **help patients access health care**, such as transportation, interpretation, case management, health education, and home visitation.

How do Community Health Centers make a difference?

• **Improve access to primary and preventive care.** Uninsured people living in close proximity to a health center are less likely to have an unmet medical need, **less likely to visit an emergency room or have a hospital stay, and more likely to have had a general medical visit** compared to other uninsured.
• Effective management of chronic illness. Health centers meet or exceed nationally accepted practice standards for treatment of chronic conditions. In fact, 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, as well as lowered the cost of treating patients with chronic illness.
• **Reduction of health disparities.** Because of their success in removing barriers the care, the Institute of Medicine and U.S. General Accounting Office recognized health centers for reducing or even eliminating the health gaps for racial and ethnic minorities, as well as for the poor in the U.S.
• **Cost-effective care.** Care received at health centers is ranked among the most cost-effective. Several studies have found that health centers **save the Medicaid program around 30% in annual spending** for health center Medicaid beneficiaries. Furthermore, health centers **generate savings for the entire health care system of up to $17.6 billion a year**. These savings are the result of less reliance on costly specialty, inpatient, and emergency room care. Furthermore, if avoidable visits to the emergency rooms were redirected to health centers, over $18 billion in annual health care costs could be saved nationally.
• **High quality care.** Studies have found that the quality of care provided at health centers is equal to or greater than the quality of care provided elsewhere. Moreover, 99% of surveyed patients report that they were satisfied with the care they receive at health centers.

*Information courtesy of the National Association of Community Health Centers*
The Mississippi Primary Health Care Association (MPHCA) is proud to share its Community Health Center (CHC) member organizations, collaborators, and constituents with a listing of reflections and accomplishments during 2010. The year represented the closing of the previous decade and signals the beginning of a new one for MPHCA. MPHCA’s staff thanks each of you for the tremendous year that you have helped shape and the support you have provided in our achievements. The past year has been a busy and a very successful one for MPHCA.

- Conducted comprehensive UDS training workshop in Natchez, MS.
- Delta Health Alliance funded Project Redirect ER diversion grant was expanded to two additional health centers.
- Completed re-design of MPHCA website (web development and expansion continues).
- Participated in Office of Regional Operations’ Mississippi NHSC Regional State Stakeholder Meeting.
- Developed and introduced additional non-voting categories of Association membership.
- Conducted financial training workshop, Budgeting for Success, for member financial staff.
- Provided onsite member technical assistance regarding financial accounting software installation and training.
- Received a 2010 Congressional Earmark grant of $693,000 to expand tele-health and electronic network capabilities.
- Legislative passed activities involving HB941, HB 1192, and HB 1067 respectively.
  - HB941 - MS Health Information Network (MS-HIN)
  - HB1192 - Guidelines for Patient Centered Medical Home
  - HB1067 - Mississippi Family Nurse Partnership Program
- Worked with the Governor’s office on development and expansion of HIT/HIE broadband and fiber optic network proposals.
- Conducted two day, hands-on Excel training for member staffers.
- Participated in formation of the Mississippi Perinatal Association.
- Partnered with CMS on the roll-out of the Mississippi Health First chronic disease training program.
- Assisted MSDH in finalizing PRAMS survey questions for Medicaid mothers.
- Assisted in Mississippi REACH US curriculum development for instructing community health educators regarding breast and cervical cancer.
- Partnered with MSDH and DHA on a CDC Quality Improvement Initiative.
- Conducted 2010 Recruitment/Retention workshop in Flowood, MS.
- Convened meeting with US Assistant Surgeon General Donald Weaver, UMMC Vice-Chancellor James Keeton, State Health Officer Dr. Mary Currier, and President of the MS State Medical Association Dr. Randy Easterling, along with other UMMC and MSDH officials to discuss state challenges and opportunities regarding health workforce.
- Conducted development and adoption of new MPHCA corporate logo identity package.
- Conducted MPHCA 2010 Annual Conference: April 14-17, in Tunicia, MS.
- Conducted Risk Management & Performance Improvement Workshop: April 28, 2010, in Pearl, MS.
- Conducted Customer Service Workshop: May 26, 2010, in Jackson, MS.
- Conducted Community Outreach Specialist Training: May 24-27, 2010, in Philadelphia, MS.
- Conducted CHC Growth and Capacity Building Symposium in Biloxi, MS.
- Conducted ABCD Mississippi Training Session: July 27-28, 2010, in Jackson, MS, in collaboration with Morehouse School of Medicine.
- Quality Improvement Initiative Tackling Diabetes and Heart Disease in the MS Delta: September 9-10, 2010, in Tunica, MS – Conducted in partnership with MSDH.
- Provided direct financial sub-awards from other grantees to member CHCs totaling $906,535.63.

MISSION STATEMENT

Mississippi Primary Health Care Association (MPHCA) is a member organization which supports its members in their collaborative efforts and advocates for the provision of equal access to quality, comprehensive health care services and the elimination of health disparities in the state.

FOR MORE INFORMATION
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