

Working together

Many benefit when EMS partners with local clinic

By Kelly Harrell



A new health care delivery model is at work in Atascosa County, home to the Atascosa Health Center, Inc. This clinic, one of the 65 Federally Qualified Health Clinics in Texas, covers Atascosa County and parts of Wilson and Karnes counties and provides services that include everything from chronic disease management to dental care. But more than that, the clinic works with Atascosa EMS in a way that integrates different elements of the health care system – and it may be a glimpse into the way health care will work in the future.

Never heard of Federally Qualified Health Clinics? You're not alone. These clinics — FQHCs, for short — are local, non-profit or public clinics providing health care for low-income and medically underserved communities.

They are funded in part by the federal government and must treat patients regardless of insurance status, health status or ability to pay. In 2007, they saw 16 million patients at 7,354 sites around the United States, including 770,578 patients at 300 sites in Texas. FQHCs may be one way to cure – or at least treat – some of what ails our health care system by giving some patients a way to access primary health care other than the emergency room.

“It's a matter of helping the patient navigate the (health care) system and it involves the whole community,” says Cheryl Garcia, chief operating officer of the Atascosa clinic. “It can save a lot of unnecessary calls to 9-1-1 and visits to the emergency room.”

FQHCs started more than 40 years ago as a way to get people health care not otherwise available because of cost or location. These clinics offer a wide range of primary and preventive health services (see box). Nationwide, most clients – about 92 percent – have incomes at or less than 200 percent of the poverty level set by the federal government. In Texas, nearly 74 percent of patients live below the federal poverty level (\$22,000 for a family of four) and 57 percent are uninsured. Another 24 percent are on Medicaid and 6 percent on Medicare. About half of the clinics serve rural residents while those in urban areas draw clients from the inner city.

In Texas, clinics receive about 30 percent of their funds from federal grants; the rest of their funding comes from donations, state money, fees and Medicaid and Medicare reimbursement.

FQHC Services

Below is a list of services that may be available at your local FQHC.

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| 24 Hour Telephone Coverage | Health Education |
| Cancer Prevention | HIV Testing |
| Cardiovascular Disease Prevention | Immunizations |
| Case Management | Integrated Eligibility Assistance |
| Dental Care | Interpretation/ Translation Services |
| Diabetes Prevention | Nutrition Services (other than WIC) |
| Diagnostic Laboratory | OB/GYN |
| Diagnostic Tests/ Screenings | Outreach |
| Environmental Health Risk Reduction | Parenting Education |
| Family Planning | Pharmacy |
| Following Hospitalized Patients | Urgent Medical Care |
| General Primary Care | Vision Screening |

A sliding fee scale set by the clinic's board of directors is used to determine fees, which are based on family size and income. No one who lives in the service area is turned away for lack of insurance or because they are on public insurance. Indeed, while many health care providers have restricted the number of patients they'll accept on Medicaid and Medicare, FQHCs welcome those with public insurance because they qualify for a higher reimbursement rate from the feds.

Still, what does this have to do with EMS? In short, FQHCs have the potential to relieve some of the pressure on the emergency response system by treating chronic diseases before they turn into 9-1-1 calls.

"EMS is on the front line of the health care system," says Kate Martin, who works with DSHS' FQHC Incubator Program, which provides grant monies to communities developing FQHCs. "They make calls that don't always end up as a visit to the ER. If there is an FQHC in that area, they'd be able to make a referral."

The Incubator Program provides about \$5 million each year for planning, operational support, capital acquisitions, training and technical assistance to new clinics. Since the office began providing grants to communities in 2003, the number of FQHCs in Texas has nearly doubled.

A few caveats. Texas is a big state, and although the number of FQHCs has grown dramatically in the last decade, many places still do not have clinics. And, Martin says, while the concept is tried and true, "An FQHC might not be just right for every community. FQHCs face what EMS faces: limited resources — from local funding to finding people willing to serve on the volunteer boards."

Martin encourages people to call her office if they are interested in finding out more about developing FQHCs in their communities.

Federal guidelines and clinic boards restrict the service areas, so a patient outside a clinic's service area might not be able to receive care. Service areas can be as large as entire counties, or as small as a census tract within a city. And not all locations offer all services. Mental health services, in particular, are hard to come by.

"It's best to check service area and services before any referral is made," says Martin.

EMS providers can call the nearest FQHC (see box for website with map) and see if any

of the EMS' service area falls within the clinic's service area. Martin suggests asking for a list of services and even taking a tour of the facility to see what they offer.

"The point is to build a relationship with the clinic and find out what services they provide and what the requirements are for eligibility," Martin says, and find out "how EMS and the FQHC can work together to increase access to primary care."

In Atascosa County, the clinic and EMS have worked closely together for many years. Clinic staff knows that if an emergent patient shows up at the clinic, EMS is just a short distance away and is familiar with the facility. EMS personnel benefit from an agreement that allows them to practice some skills at the clinic. And they know telling patients about clinic services might save an expensive EMS run somewhere down the line.

Jimmy Day, administrator for Atascosa EMS, has been with the service for 18 years and has seen the number of people who need health care grow in the county as the population grows. He makes sure his crews know about clinics.

"We run across a lot of people who are not aware of the different (health care options) they have access to and it's nice to have a solution and somewhere to send them," Day says. Besides, "anytime you can help someone ease their problems, it feels good."

What can EMS do?

If you're interested in referring patients for primary, preventative or dental services, you'll need to do a little homework.

Go to www.dshs.state.tx.us/chpr and click on FQHCs.

Call the nearest FQHC and ask to speak to the administrator about that FQHC's service area. Ask about services provided on site.

If EMS is covered in that service area, ask how EMS can help make people in the community aware. Is there a brochure or phone number EMS can give to patients?

Finally, ask for a site tour so you'll be able to tell patients what to expect when they visit an FQHC.

If you're interested in learning more about FQHCs or DSHS' Texas Primary Care Office, go to www.dshs.state.tx.us/chpr or call Kate Martin at (512) 458-7111, ext. 6654.

For a map of FQHC locations go to www.dshs.state.tx.us/chpr.