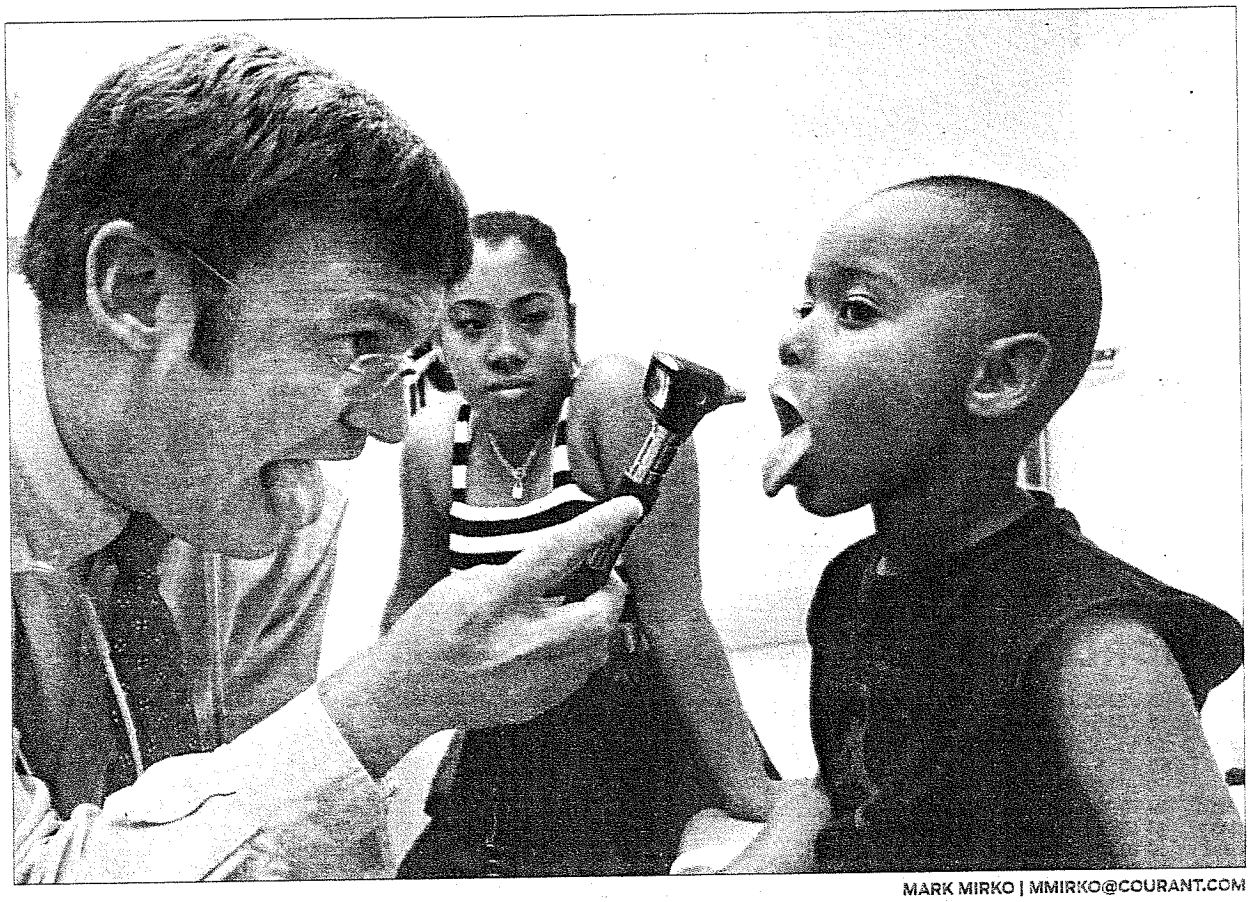
A CHANGING FUTURE

FOR COMMUNITY HEALTH CARE



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DR. ROBERT DUDLEY examines Elvis Garcia, 3, watched by Elvis' sister, Walmeri Abreau, 11, at the New Britain Community Health Center. With health care reform, the role of community health centers is expected to grow significantly.

By ARIELLE LEVIN BECKER

As Reforms Kick In, Local Centers Flush With Funds Are Seeing Previously Underserved Patients

NEW BRITAIN — On his first day in the new digs, Dr. Robert Dudley had already named the exam rooms and offices "the new luxury suite."

"You're the third person to be in this room, ever," he told his patient, a 12-year-old girl in for her physical.

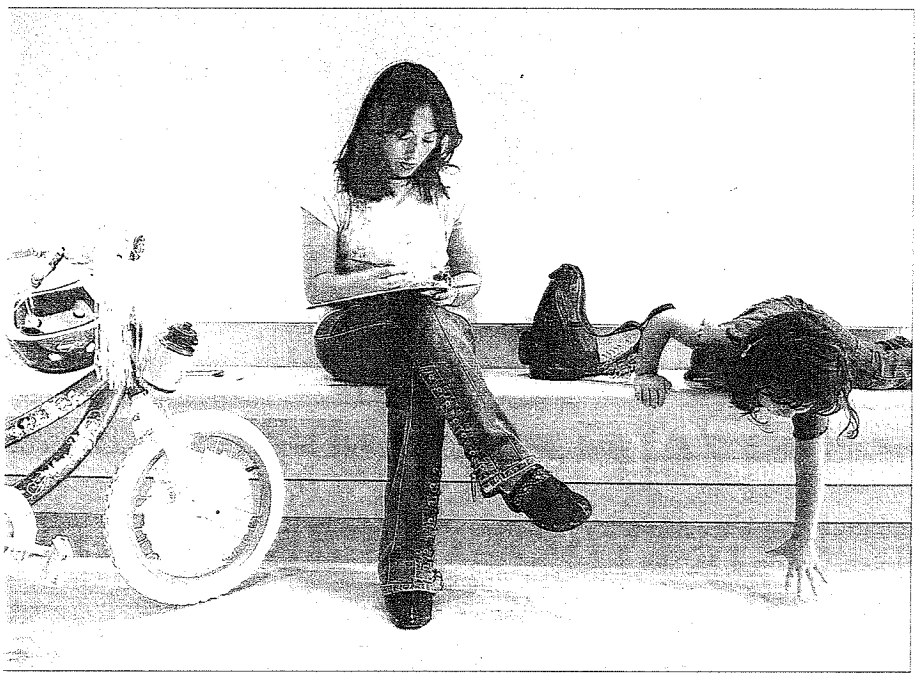
She had been Dudley's patient for nearly all of his 14 years at New Britain's Community Health Center, since the days when the health center, occupying a former limousine garage and city welfare office, was a fraction of its current size. When he started, the medical staff consisted of Dudley — a pediatrician — and two other doctors. They had medical assistants, but no nurses.

Now they were in a brand-new exam room on the second floor of a newly renovated building, opened that same day in June after a $8.5 million project to expand and upgrade the space. Dudley plunked his ever-present laptop, his link to an electronic network that has replaced paper records in the health center. And instead of a three-doctor operation, the staff now included several teams of doctors, nurses and medical assistants, along with a behavioral health staff and a dental staff.

This did not happen by accident.

At a time when hospitals struggle to balance the books and [illegible] organizations cope with budget cuts and [illegible], community health centers across the state are [illegible]. This stimulus program brought more than $87 million to Connecticut's health centers [illegible]

Local Health Centers Flourish



NEW BRITAIN RESIDENT Maria Acosta-Acevedo fills out paperwork for her daughter Alexa, 4, at the New Britain Community Health Center. Hospitals and social service groups in the state are struggling financially, but community health centers have been flourishing. The New Britain center has just finished a $6.3 million project to expand and upgrade.

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help them keep up with increased patient demand, use better technology, and expand their facilities.

The federal health reform law promises to bring billions more to health centers across the country.

That's because community health centers, institutions rooted in the 1960s War on Poverty, which by law must treat any patient who shows up, are a critical part of the health care overhaul — expected to absorb much of the new demand as millions more people get health insurance.

Even before the legislation passed, demand was rising at the health centers, which provide primary care, dental and mental health services, and charge on a sliding scale. Community Health Services, the health center on Albany Avenue in Hartford, saw an 18 percent growth in patient volume from 2008 to 2009 — about the same growth seen by community health centers statewide.

And while many people working in medicine view health reform with a sense of caution, waiting for the effects to shake out, leaders at community health centers have a decidedly more optimistic take.

"I can't think of a more exciting time to be in health care," Community Health Services CEO Michael Sherman said.

'How Much?'

Located in a former supermarket, Community Health Services — a building revamped with state funds in 2007 — is using $6.1 million in federal funds to expand its space for pediatrics, adolescent and adult medicine and dentistry.

At times, it becomes more than a health center. On Friday mornings, a farmers market sets up in its parking lot. The common spaces are available for community gatherings. For a time, the health center even hosted a church on weekends. The church had gone into foreclosure, forcing the congregation to move. We don't use the building on Sundays, Sherman reasoned before turning over the space for worship.

Across town, the Charter Oak Health Center is spending more than $10 million on an expansion, adding an urgent care center, enlarging its pharmacy, and adding more exam rooms and therapy offices.

"I'm happy for the people we serve," CEO Alfreda Turner said. She meant the people who come in and ask "How much is it going to cost me?" before they say what they need, people who go without to save up for a nebulizer to treat their child's asthma.

Connecticut's 13 community health centers treated nearly 213,000 people last year. Sixty-five percent fall below the federal poverty line. Forty-six percent are covered by Medicaid or the HUSKY insurance program for low-income children and their families, while 26 percent are uninsured. Fourteen percent have private insurance.

The health center where Dudley works is one of 12 primary care centers owned by the Middletown-based Community Health Center Inc. Its expansion was funded through $1.2 million in federal stimulus funds and $2.5 million in state bonding money, part of nearly $25.8 million that Gov. M. Jodi Rell authorized for community health centers.

Not that the health centers are struggling to figure out what to do with an influx of cash. Much of the federal stimulus money was intended to help them keep pace with the increased demand in a bad economy.

The health reform law calls for $11 billion in funding over five years for health centers, although it is not yet clear how it will be awarded. Evelyn Barnum, CEO of the Community Health Center Association of Connecticut, said the expectation is that the money will be awarded on a competitive basis.

"It sounds really wonderful and we're really excited about it, but there's so much that we don't know; that's the hard part right now," she said.

'Medical Home'

In Dudley's office, each morning begins with a team huddle, when the doctor, nurse and medical assistant review what care the patient might be due to receive. Patients typically come in for acute problems, like a shoulder injury or an ear infection. Their doctors use it as a chance to catch them up on preventive care that they might have missed since the last visit — a mammogram, perhaps, or a check for how well a child's asthma is under control, or a foot check for a diabetic.

Frequently for Dudley's young patients, that means shots. Many of the 18 to 28 appointments he has in a day include the unwelcome news.

One of the shot recipients was a 15-month old, in for a physical. Does anyone smoke in the home? Dudley asked her mom.

"Outside," the mom said.

"And if you're ever interested in quitting, we've got programs," Dudley told her, before listing some that the health center runs. A few minutes later, he suggested the child get her first dental visit this year.

Back in their new office, Donna Hiscock, the nurse on Dudley's team, consulted on the phone with a visiting nurse who had seen one of their patients, a boy who was paralyzed and had a wound that required regular dressing. Hiscock also routinely keeps in touch with the boy's surgeon and school nurse. Dudley refers to this part of her work as "flight control."

The health center serves as a "medical home." The idea is to give patients a regular source of care that they can access easily, treating all aspects of their health and coordinating their treatment — making sure someone keeps track of referrals, medications and everything else related to the person's health.

The federal health reform law includes provisions for developing medical homes. It offers states money if they develop a care coordination program through Medicaid for people with chronic illnesses, for example. The federal government is also launching a demonstration project for medical homes in Medicare.

Several professional organizations for primary care providers have endorsed the medical home concept. But it might not be easy to build into medical practices, particularly in a state like Connecticut, where the majority of doctors work in small practices with just a few physicians.

The health center in New Britain can take advantage of having multiple services at one site.

Doctors there are on the lookout for depression in new mothers. If he notices it, Dudley sends an e-mail from the exam room to the behavioral health department downstairs, which then sends someone to meet with the mother. The process has been dubbed a "warm handoff," or a "real-time consult."

Doctors used to mention depression and offer a referral for mental health services. Often, that was as far as it went. The mother might be busy and never schedule an appointment. Or she could get intimidated at the prospect of mental health care and skip it.

The warm handoffs allow the mother to form a relationship with the behavioral health worker immediately and get a sense of what treatment might be like. The system relies on having a good collaboration between the medical and behavioral health workers, and having clinicians who can drop what they are doing if they're needed for a real-time consult, Dudley said. But it pays off.

"It dramatically increases the chance that people are going to enter into services," he said.

Electronic Records

Dudley perched at the foot of the exam table, the laptop balanced on his knees, while his 18-month-old patient, Victoria, sat in her mom's lap. Diagnosis: Ear infection.

It's easy enough to treat, except for

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one thing. Victoria had taken Dudley's preferred antibiotic, Zithromax, for her last ear infection, in the past month, her mom recalled. That would make it too soon to take the same drug again. The alternative would probably be another medication more likely to cause an upset stomach.

That's where Dudley's laptop came in handy.

With a few maneuvers with a stylus, he accessed her records. As it turned out, the last ear infection was several weeks ago, long enough that Zithromax was a safe choice.

"You don't have to rely on everybody's memory and paper records that you can't read," Dudley said.

Electronic health records and laptops are replacing paper files in doctors' offices across the country, a trend encouraged by the federal government, which is offering up to $27 billion in incentive payments to doctors and hospitals in the coming decade. The money will be tied to a set of standards for how the records are used. Health care providers that do not meet the requirements by 2015 would see a drop in the amount of money they receive for Medicare services.

The hope is that storing records electronically, rather than on paper that can only be accessed in one place, will cut down on errors or waste — like patients getting repeated tests because the results are missing in a pile of papers somewhere, or one doctor ordering the same test another doctor ordered.

Surveys indicate that the use of electronic records is increasing. In 2008, 41.5 percent of doctors reported using electronic medical record systems in their practices, according to a survey conducted by the National Center for Health Statistics. A year earlier, 34.8 percent did.

But some health care groups, including the American Hospital Association, have expressed concerns, including worries that the federal requirements could be difficult for many hospitals and providers to meet.

The transition to an electronic system was challenging, Dudley said. For a year, he would review paper charts to determine what should be computerized. In some cases, he had to enter information by hand.

"It's a huge investment," he said. "It's not a simple thing."

But Dudley says he wouldn't go back. If he gets a call about a patient in an emergency room, he can easily access the patient's records to offer information.

Not to mention it eliminates the reliance on penmanship, said Dudley, who admits to fulfilling the stereotype about doctors and handwriting.

'Stupidly Simple' Insights

If you go to see Dudley and your child is between 2 months and 6 years old, your visit will include a series of questions from medical assistant Vivian DeJesus. Do you have any concerns about how your child talks and makes speech sounds? Do you have any concerns about how your child behaves?

It's a 10-question developmental screen, which can indicate whether a child should be referred for developmental help. Another screening, given to those 12 and up, looks for depression. Between 35 and 40 percent of the health center's young patients have asthma, and they get a screen to measure how well their asthma is being controlled.

The American Academy of Pediatrics recommends such screenings, although Dudley says they can meet with resistance from already-busy doctors. His own reaction when the concept first came up: Oh, you want me to do something else?

Now he's a convert. Once they began using the developmental screen, about five years ago, referrals for early intervention and other developmental services increased by 30 percent. Adding the depression screen produced an "enormous" increase in the number of teens referred to therapists.

You think you're doing a good job assessing someone's life in 20 minutes, he said, but you can't cover everything. He has found that a set of "stupidly simple" — but standardized and tested — questions can find out far more.

One visit with an adolescent girl hammered that home for him.

During the appointment, Dudley noticed only one problem: The girl had failed a subject in school. Not good, but also not unheard of among his patients.

But the girl's screening results suggested depression. So Dudley asked her mother whether she seemed depressed.

Yeah, the mother said, she's been cutting herself all summer.

The girl's wounds had healed, but the screening revealed a problem.

"It's not that anybody is doing a bad job, or that parents aren't bringing things up appropriately," Dudley said. "It's just a matter that if you look for it, you'll find it, and the more sophisticated way you look, the better you are at finding it."

The questions also have another value, Dudley says: They make people think. If a mother gets asked regularly about how her child is learning or how he uses his hands and fingers, she'll be more likely to notice if one of those things changes.

Finding The Doctors

Much of the success of the expansion of health coverage will rely on getting more doctors like Dudley into primary care.

Connecticut already faces a shortage of primary care physicians, and research by the Connecticut State Medical Society suggests that health reform could exacerbate the problem. A medical society survey found that more than a quarter of internists and family physicians were not accepting new patients.

Adding currently uninsured patients, the medical society's analysis said, would increase the patient load by 7 percent to 20 percent.

Under the health reform law, $1.5 billion will go to the national health service corps, a critical workforce development program for health centers.

The medical society has suggested incentive programs to attract more primary care doctors to the state and changes to liability and administrative work that could make the work environment more palatable. Others have suggested loan-forgiveness programs for people pursuing needed medical fields. Local programs already exist to attract students to community health centers.

"No one's going to walk in and say, 'Gee, I love primary care and can I do it for you?'" said Barnum, of the community health center association.

Dudley came to the health center through a scholarship program that helped cover the cost of medical school in exchange for two years of work in an underserved community. After his time was up, he stayed.

"I loved it," he said.

Now he almost always has a UConn medical student with him when he works. He measures his recruitment successes in the individual students he gets to consider his line of work.

"I'm happy to say I converted one last year," he said.