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Female Speaker: Welcome to Conversations on Healthcare with Mark Masselli and Margaret Flinter, a weekly show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the health care of future. This week Mark and Margaret Flinter speak with Dan Hawkins Senior Vice President for Policy and Research at the National Association of Community Health Centers a trade organization supporting the nation's health centers who provide care for 27 million underserved Americans.

Lori Robertson also checks in, Managing Editor of FactCheck.org looks at misstatements about health policy in the public domain separating the fake from the facts, and we end with a Bright Idea that's improving health and well-being in everyday lives.

If you have comments, email us at chcradio@chc1.com or find us on Facebook, Twitter, iTunes or whatever you listen to podcast, and you can also hear us by asking Alexa to play the program Conversations on Healthcare. Now stay tuned for our interview with Dan Hawkins at the National Association of Community Health Centers

Mark Masselli: We are speaking today with Dan Hawkins, Senior Vice President for Public Policy and Research at the National Association of Community Health Centers, a trade organization representing the nation's community health centers serving the health needs of some 27 million Americans. Before joining NACHC in 1981, Dan served as director of migrant and community health centers in South Texas serving the needs of the region's migrant population. He was assistant to former HHS secretary Joseph Califano under President Carter, Mr. Hawkins teaches health policy at George Washington University and he has also lectured at Harvard and Johns Hopkins. He has been named one of those thousand most influential health policy makers in America. Dan, welcome back to Conversations on Healthcare.

Dan Hawkins: Thank you Mark, appreciate it. It's a pleasure being here.

Mark Masselli: Yeah. And first of all for all of our listeners, full transparency, we are a proud member of the National Association of Community Health Centers, but Dan you have been an activist in the health center movement now for 40 years, served with the national association for decades working on public policy issues in Washington and ensure that millions of Americans who were served by health centers continue to have access to quality and integrated primary care. Sometimes folks just don't know about the fundamental mission of community health centers, the care model, the patient

Dan Hawkins

populations who are served by the health centers. Can you share that story with our listeners?

Dan Hawkins: To me the best description of the fundamental mission of community health centers and the best description of my job over the past almost 50 years was provided by my goddaughter and the daughter of my boss CEO Tom Van Coverden, Debbie Van Coverden. One day in school teacher asked her, well what does your daddy do for a living? She said, well he tries to help poor people get health care, and that's about the best job description I have ever heard.

The model Mark for health centers has been there since the beginning in 1965 and the purpose is to meet the people that serves where they are at, locations, where there are few or no other providers especially in rural and inner city [Inaudible 00:03:27] communities. It means hours of operation evenings and weekends when working people can actually get to the doctor. It means making the cost affordable especially for those who are low income or poor. It means services more than just medical, and more than just health; transportation, outreach, counseling. It means staffing that virtually all health centers in America, a majority of those who work at the health centers come from the community being served, they speak the language of the community being served.

And of course the key part of the model this is health care of the people, by the people, for the people with community boards a majority of whom are registered patients at the health center.

Margaret Flint: Well Dan, we are particularly pleased to welcome you during National Health Center Week, one week where the health center world galvanizes to highlight the great work that's being done in our communities and by your organization the National Association for Community Health Centers as well. You served on the front line of care delivery, I am not sure our listeners know that you are a VISTA volunteer first and then the director of a migrant health center. Talk with us about those early experiences, how did the experience of being a VISTA volunteer and then the director of a health center formed your work and really formed your current work?

Dan Hawkins: Well it really set the paths for my life. As a young VISTA volunteer, one of our jobs down there in deep South Texas was to bring representatives of the community together and ask them what they needed and then figure out how we could help them achieve those objectives. The priority was health care, because that was a home base area for many of the nation's migrant seasonal farm workers we found a program that been signed into law by President John F Kennedy that provided support for migrant health care. With that we opened a community health center actually on

[Inaudible 00:05:26] in 1970 the first patient who came through the door that day was a diabetic whose leg was so gangrenous it was amputated at the knee the next day. When the physician on call asked him why did you not come see me in my office? He said, well because I can't afford it, and I have a sick child I am still paying the hospital \$5 a week, in my family, my daughter comes first, my wife comes second and I come last, that confirmed to me the desperate need as well as the value and importance of the work that we do.

Mark Masselli: Well it also confirmed the need I think for many Americans of why the Affordable Care Act was so important. Dan, you had a seat at the table during those policy discussions and the creation of the ACA and CHCs were expected to provide medical homes for more than of 20 million newly insured Americans. Five years later that policy change in Washington now threatens some of the gains that have been made, what has the Affordable Care Act done to advance health care in the country and what's at risk in the current climate?

Dan Hawkins: The Affordable Care Act has essentially extended coverage to more than 27 million Americans who are today newly insured for the first time; that includes 17 million people covered by Medicaid, and by the way of those 17 million new Medicaid beneficiaries 7 million are being cared for at health centers. The ACA also extended private insurance to 11 million people, a million and a half of them are getting cared at health centers today.

Finally, the ACA provided \$11 billion for health centers, it allowed the funding of more health centers and more health centers sites, 250 new health centers and 3500 new sites, new communities that are getting health care in a direct way for the first time, and those sites are serving 9 million new patients. Secondly, it expanded coverage for dental, oral health care and for behavior health and for vision care, there are now more than 250 health centers that are funded for dental care and 350 health centers had been funded for mental or behavioral health including care for the opioid epidemic. Today, 87% of all health centers offer behavioral health care.

Margaret Flinter: Well you know Dan, health centers are often the place where innovations develop, they develop because they are necessary and responsive to the needs of the community; primary care medicine, dentistry, behavioral health all co-located, and now we think of this as integrated care. HHS secretary Alex Azar recently spoken at gathering at Washington and said, this model wasn't just part of solution, it is the solution. What is next seen about how the model actually improves outcomes and why it should be a model for primary care writ large in this country?

Dan Hawkins

Dan Hawkins: Well dozens of studies that have been done over the years have pointed to the fact that people who use health centers for their care have better health, more improved health, have access to more services at an affordable rate, and as a result, their health is significantly improved over the long run. We have 16,000 oral health professionals working at health centers today, we have almost 11,000 behavioral health professionals and we have nearly 12,000 nurse practitioners, physician assistants and nurse midwives. And as you know Margaret, that is the future of health care, the number of physicians who are providing primary health care family medicine, pediatrics is declining dramatically and yet important providers at health centers today are the nurse practitioners and the physician assistants and nurse midwives. They are providers in their right and they are fabulous.

Mark Masselli: We are speaking today with Dan Hawkins, Senior Vice President for Public Policy and Research at the National Association of Community Health Centers and serving the health needs of some 27 million Americans. The health centers are really on the forefront of the most pressing problem facing the American population and I think obviously one of the major problems that we face is the devastating opioid crisis that's underway. More than 60,000 deaths per year and recovery and treatment options while there are few elsewhere health centers have been very effective ambulatory medicated assisted treatment options, and they are saving lives. But also talk about the work that health centers are doing with our nation's veterans, so often we are hearing about the inability for veterans to get access to health care, wonder if you could talk about those two pressing public health problems.

Dan Hawkins: Sure. The opioid crisis is the single most devastating public health crisis in America today. More than 60,000 people are losing their lives to this crisis every year, that's more than the number of people who are killed in auto accidents, and there is care available. One of the places they can get that care is at a health center, health centers are caring for more than a million people with substance use disorder today, that's four times the number of people they were serving in 2010, plus a million more with mental health issues, stress, anxiety, depression and the like. Health centers unlike so many other providers run toward the fire, like our nation's first responders not away from it.

In Flint, when the water was polluted and people were being affected by tainted water, it was the health centers who identified the problem and began providing care immediately. During the zika virus, one square mile of Miami was identified as a zika hot zone, and it turned out that three quarters of the people living in that hot zone were patients of the community health centers, all of this is what health centers are doing.

Dan Hawkins

You mentioned veterans, health centers are serving more than 350,000 veterans today across the country and I believe frankly that's an under –

Mark Masselli: Under – I think it is.

Dan Hawkins: -- because there is so many that come don't even identify themselves as a veteran, and what they are seeking is health care. Health centers are working hard with the Veterans' Administration VA health clinics and the like to ensure that the special care that our nations veterans need for post-traumatic stress syndrome and other kinds of health related conditions that flow from their service to our country can be organized and coordinated for care. there are 500,000 pregnant women in this country, that's 1 out of every 8 who deliver in America today who get their care at a health centers, and 300,000 of them are delivered by the health centers. There are 2.5 million diabetics who are getting care at a health center and almost 4 million women are receiving breast and cervical cancer screenings. Health centers are providing millions of immunizations to children. And so you can go up and down the age, gender and health care scale, and it's health centers that are on the front lines that they are the ones running toward the fire.

Margaret Flinter: Well Dan, I would add the health center role in having responded to the HIV epidemic early on, and what all this really speaks to then is this is high complexity care that needs to be done to a really performance model. And if we are going to do that, we have to train the next generation and I'd love for you to speak a little bit about the – sort of the broad view of what the health center world is doing to train the next generation? We saw progress within the Affordable Care Act, with the teaching health centers, you know about the work with the nurse practitioners residency and others, why don't you give our listeners an overview from your perspective of that training?

Dan Hawkins: Sure. One thing that we said at health center is that if we are going to have a workforce for the future to serve the population that's so desperately needs them, then we are going to grow our own. And so health centers have participated in training programs for nurse practitioners, PAs, nurse midwives and nurse practitioners alone are 36% of the clinical workforce at health centers.

There are a couple of workforce programs that health centers rely on heavily, one is called the National Health Service Corps, and it provides scholarship assistance and loan repayment for not only physicians but dentists who train and then go out and serve in an underserved community as a way of payback for the financial assistance they received. There is little over 10,000 folks working at sites across the country who have

been assisted through the National Health Service Corps and more than 60% of them are actually working at health centers. Number two is something called the Teaching Health Centers program which was a program created under the Affordable Care Act and is now training something like 600 primary care physician residents, 300 health centers are doing primary care residency training across the country. That needs to happen in dentistry, needs to happen in behavioral health care, all the way across to down the line.

Mark Masselli: Well Dan, you are really covering the waterfront of the work that health centers are doing, but they are also leading in innovations, we are seeing the high uptake of telemedicine as a useful tool to connect remote clinicians. I know when Dr. Francis Collins was thinking about launching his one million lives study on genomics with the All of Us programs, he reached out to community health centers to be part of that initial cohort. I am wondering if you could talk about how health centers really leading the edge on research and also adopting new tools in their delivery system?

Dan Hawkins: From my time in south Texas almost 50 years ago I appreciated very deeply having come from Connecticut it struck me firmly just how difficult it is to secure the right kind of care when you live in a rural area. Telehealth wasn't really around in those days, thank God it is today, and more than half of all the health centers use telehealth for example for behavioral health. In fact I think 60% use telehealth more generally and it's more like 80% in states like Alaska and Tennessee and Washington states. So that is so vitally important.

And you mentioned the Precision Medicine Initiative at NIH, health centers have been leading participants in the Million Lives Campaigns and so many other precision medicine efforts under taken by the premier organizations and agencies or government engaged in health care. And that is so vitally important because 90% of those served by health centers are poor or low income, doesn't mean that their health care has to be poor. Everybody, poor or rich or in-between, deserve the highest quality health care that could be made available for them, and that's what health centers strive to do.

Margaret Flinter: You know Dan, we have always appreciated and recognized that there has really been tremendous bipartisan support for community health centers, but of course a lot of uncertainty as we look to the political future, and even this year there was the threat of health center funding falling off the cliff as we have learned to say from you all, what policies are you and NACHC focusing on to ensure that health centers remain strong in their quest?

Dan Hawkins

Dan Hawkins: Well we continue to work hard to earn and deserve the bipartisan support of members of congress, there are heroes on both sides of the aisle I know we are in a very heavily partisan time today, but we pride ourselves on bipartisan support. I don't care what the reason is for a policymaker to support health centers, is it because they serve the population that otherwise wouldn't have access to care, because of who they are, where they live? Is it because health centers are more effective and efficient, studies have shown that care provided at health center is up to 24% less expensive and more effective than that provided elsewhere including some of our nation's pristine medical centers. And that's because the striving is to provide that care the most economically and the most effectively as can possibly be done. Our job is to continue to seek out that bipartisan support today our effort is to seek a permanent fix to that funding cliff, because the way it's working is that couple of years we have to come around and fight that good fight to keep the funding come in in order for health centers to do the great work that they do. We have had some good response, positive response from key members of congress and I feel confident that we will solve the funding cliff on a permanent basis in the very near future.

Mark Masselli: We are speaking today with Dan Hawkins Senior Vice President for Public Policy and Research at the National Association of Community Health Centers. You can learn more about their work by going to nachc.org or you can follow them on Twitter @nachcdan [PH]. Happy national health center week, and thank you so much for your tireless advocacy and for joining us today on Conversations on Healthcare.

Dan Hawkins: Thank you.

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Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: The Trump Administration issued a final rule on August 01 to expand short term limited duration insurance plans. These plans were limited to a duration of less than three months under an Obama-era rule that took effect in 2017. The new Trump administrator rule would allow plans to be extended for up to three years. The plans will likely be cheaper than other options on the individual market, that's because they don't have to meet Affordable Care Act requirements including covering the 10 essential health benefits, restricting how premiums can be priced, prohibiting annual or

lifetime benefit caps and prohibiting insurers from denying coverage or pricing plans based on health status.

The nonpartisan Kaiser Family Foundation explained in an issue brief earlier this year that short term policies have lower premiums than ACA compliance policies “because short term policies offer less insurance protection”. The review of two insurance website showed that the cheapest short term plan cost 20% or less of the premium for the cheapest ACA bronze level plan. The short term plan could siphon off healthy individuals leaving the individual market with a higher concentration of unhealthy and therefore higher costs people. The administration estimates that in 2019 when there is no longer a penalty for not having ACA compliant coverage between 100,000 and 200,000 people would drop ACA exchange coverage to purchase short term plans instead. And that’s my fact check for this week, I am Lori Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. When Wichita, Kansas nurse practitioner Michael Wawrzewski learned of the harsh and often fatal conditions that expectant mothers endure in sub-Saharan Africa all because they live too far from a medical clinic, he thought there has to be a way to fill that need. Believing that every human being should have access to quality healthcare, he came up with a solution, Clinic In A Can, transforming shipping containers into fully equipped mobile clinics and operating rooms that can be shipped anywhere in the world where there is a need.

Michael Wawrzewski: When you walk in the inside, you will believe or think that you are inside your doctor’s office or inside at the clinical environment maybe an emergency room or ICU unit. They look exactly the same.

Margaret Flinter: Wawrzewski learned from his early iterations that gas powered generators could be problematic in low resource areas and switched all of his portable clinics to solar power which he says was a game changer.

Dan Hawkins

Michael Wawrzewski: There's no part of the world that does not have sunlight. And so six solar panels on the top and eight batteries is enough to run a clinic for 18 hours.

Margaret Flinter: Since its founding a decade ago, Clinics In A Can had been delivered to war-torn Sudan, to earthquake ravaged Haiti, and more recently to Santa Rosa California an area decimated by the wildfires that also destroyed the main community health center there. Santa Rosa Community Health Center CEO Naomi Fuchs says that the portable clinics provided a lifeline for her patients and was a godsend for her providers.

Naomi Fuchs: These are converted shipping containers that arrive fully equipped as a medical exam room. These have been an outstanding way to respond to emergency.

Margaret Flinter: The roughly 120 square feet shipping container clinics are designed to support workflow and to become a permanent fixture in low resource areas serving as long term primary care centers as well.

Michael Wawrzewski: A containerized clinic is something that's a turnkey and we equip it with the best equipment and we ship it as a completed project that once on a ground within 20-30 minutes it's ready to be use.

Margaret Flinter: Clinic In A Can, a professionally outfitted shipping container fully equipped with medical and surgical equipment, ready for deployment anywhere in the world where disaster strikes, solar powered, providing quality state-of-the-art medical facilities in the low resource area, now that's a bright idea.

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Mark Masselli: You have been listening to Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Peace and health.

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