## The Value and Impact of

# **Maine Primary Care Association**

#### **Nineteen Maine Primary Care Association**

health centers provide tremendous value and impact to the communities they serve, including CARE FOR VULNERABLE POPULATIONS, SAVINGS TO THE SYSTEM, ECONOMIC STIMULUS, and STATE-OF-THE-ART PRACTICES and INTEGRATED CARE with a focus on MANAGING CHRONIC CONDITIONS, PREVENTIVE CARE, and QUALITY HEALTH OUTCOMES.

This report highlights their 2018 savings and contributions.

#### **SAVINGS TO THE SYSTEM**



24%
LOWER COSTS
FOR HEALTH CENTER
MEDICAID PATIENTS



\$111 Million SAVINGS TO MEDICAID



\$312 Million SAVINGS TO THE OVERALL HEALTH SYSTEM

#### **ECONOMIC STIMULUS**



3,524
TOTAL JOBS

1,937
HEALTH CENTER JOBS

1,587
OTHER JOBS
in the community



\$447 Million
TOTAL ECONOMIC
IMPACT of current
operations

\$232 Million

DIRECT HEALTH
CENTER SPENDING

\$215 Million

COMMUNITY SPENDING



\$66 Million
ANNUAL TAX

\$20 Million

STATE & LOCAL TAX REVENUES

\$46 Million

**FEDERAL TAX REVENUES** 

## **CARE FOR VULNERABLE POPULATIONS**



951,937

PATIENT VISITS

206,211

**PATIENTS SERVED** 

10%

4-YEAR PATIENT GROWTH **68%** of patients are **LOW INCOME** 

**47,171** of patients are CHILDREN & ADOLESCENTS

**9%** of patients identify as an ETHNIC OR RACIAL MINORITY

**5%** of patients are **VETERANS** 

1% of patients are AGRICULTURAL WORKERS

**3%** of patients are **HOMELESS** 

#### **INTEGRATED CARE**



166,603
patients received
MEDICAL care



**46,777** patients received **DENTAL** care



21,192 patients received BEHAVIORAL HEALTH care



**4,815** patients received VISION care



**18,485** patients received at least one **ENABLING SERVICE** to overcome barriers to care

Patients also received non-clinical services to connect them to community resources such as **HOUSING**, **JOB TRAINING**, **AND CHILD CARE** 

# MANAGING CHRONIC CONDITIONS



**10,667** patients were diagnosed with **ASTHMA** 



**12,294** patients were diagnosed with CORONARY ARTERY DISEASE



**18,175** patients were diagnosed with DIABETES



**39,503** patients were diagnosed with **HYPERTENSION** 

### **PREVENTIVE CARE**



16,178 children attended WELL-CHILD VISITS



**52,388** patients received **IMMUNIZATIONS** and **SEASONAL FLU VACCINES** 

### STATE-OF-THE-ART PRACTICES



100% of health centers have installed and currently use an ELECTRONIC HEALTH RECORD (EHR)

74% of health centers are currently participating in the Centers for Medicare and Medicaid Services EHR INCENTIVE PROGRAM "MEANINGFUL USE"



**37%** of health centers are using TELEHEALTH TO PROVIDE REMOTE CLINICAL CARE SERVICES

## **QUALITY HEALTH OUTCOMES**

100% of health centers met or exceeded at least one
HEALTHY PEOPLE 2020 GOAL FOR CLINICAL PERFORMANCE







Capital Link prepared this Value & Impact report using 2018 health center audited financial statements and Uniform Data System information. Economic impact was measured using 2017 IMPLAN Online.



## **Maine Primary Care Association**

#### REFERENCES AND DATA SOURCES

- Economic Stimulus: Economic impact was measured using 2017 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, <a href="https://www.IMPLAN.com">www.IMPLAN.com</a>. Learn more at <a href="https://www.caplink.org/how-economic-impact-is-measured">www.caplink.org/how-economic-impact-is-measured</a>.
- Savings to the System: Nocon et al. Health Care
   Use and Spending for Medicaid Enrollees in
   Federally Qualified Health Centers Versus Other
   Primary Care Settings. American Journal of Public
   Health: November 2016, Vol. 106, No. 11, pp.
   1981-1989.
- Care for Vulnerable Populations, Integrated Care, Managing Chronic Conditions, State-of-the-Art Practices: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System. Note: UDS data collection for telehealth began in 2016.
- Quality Health Outcomes: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System, and relevant Healthy People 2020 targets at www.healthypeople.gov/2020/data-search.
- "Low Income" refers to those who earn below 200% of federal poverty level guidelines.
- Full-Time Equivalent (FTE) of 1.0 is equivalent to one full-time employee. In an organization that has a 40-hour work week, an employee who works 20 hours per week (i.e., 50 percent of full time) is reported as "0.5 FTE." FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as "0.33 FTE" (4 months/12 months).

		Economic Impact	Employment (# of FTEs <sup>*</sup> )
Community Impact	Direct	\$231,651,839	1,937
	Indirect	\$69,481,201	477
	Induced	\$145,491,409	1,110
	Total	\$446,624,449	3,524
	Total		2018 TAX REVENUE
	Total	SUMMARY OF 2	2018 TAX REVENUE
		SUMMARY OF 2 Federal	<b>2018 TAX REVENUE</b> State
	Direct	<b>SUMMARY OF 2</b> Federal  \$30,346,007	2018 TAX REVENUE State \$6,056,676
Community _		SUMMARY OF 2 Federal	<b>2018 TAX REVENUE</b> State
Community _ Impact	Direct	<b>SUMMARY OF 2</b> Federal  \$30,346,007	2018 TAX REVENUE State \$6,056,676
	Direct Indirect	SUMMARY OF 2 Federal \$30,346,007 \$5,201,917	2018 TAX REVENUE State \$6,056,676 \$3,998,377

#### **ACKNOWLEDGEMENTS**

This report was created by Capital Link and funded by Maine Primary Care Association for its members.

Capital Link is a non-profit organization that has worked with hundreds of health centers and primary care associations for over 20 years to plan for sustainability and growth, access capital, improve and optimize operations and financial management, and articulate value. We provide an extensive range of services, customized according to need, with the goal of strengthening health centers—financially and operationally—in a rapidly changing marketplace. Capital Link maintains a database of almost 12,000 health center audited financial statements from 2005 to 2018, incorporating approximately 75% of all health centers nationally in any given year. This proprietary database is the only one of its kind as it exclusively contains health center information and enables us to provide information and insights tailored to the industry. For more information, visit us at www.caplink.org.

# **Maine Primary Care Association**

#### **HEALTH CENTERS INCLUDED IN THIS ANALYSIS**

**Bucksport Regional Health Center** 

**Community Clinical Services** 

**DFD Russell Medical Centers** 

Eastport Health Care, Inc.

Fish River Rural Health

**Greater Portland Health** 

Harrington Family Health Center

**Health Access Network** 

HealthReach Community Health Centers

Hometown Health Center

**Islands Community Medical Services** 

Katahdin Valley Health Center

Maine Mobile Health Program

Nasson Health Care

Penobscot Community Health Care

**Pines Health Services** 

Regional Medical Center at Lubec

Sacopee Valley Health Center

St. Croix Regional Family Health Center