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
- **24%** LOWER COSTS FOR MEDICAID PATIENTS
- **$447 Million** TOTAL ECONOMIC IMPACT of current operations
- **$312 Million** SAVINGS TO THE OVERALL HEALTH SYSTEM
- **$66 Million** ANNUAL TAX REVENUES
- **$20 Million** STATE & LOCAL TAX REVENUES
- **$46 Million** FEDERAL TAX REVENUES
- **$447 Million** TOTAL ECONOMIC IMPACT of current operations
- **1,937** HEALTH CENTER JOBS
- **1,587** OTHER JOBS in the community
- **$232 Million** DIRECT HEALTH CENTER SPENDING
- **$215 Million** COMMUNITY SPENDING

**CARE FOR VULNERABLE POPULATIONS**

- **206,211** PATIENTS SERVED
- **951,937** PATIENT VISITS
- **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
- **3%** of patients are HOMELESS
- **1%** of patients are AGRICULTURAL WORKERS
- **9%** of patients are LOW INCOME
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### INTEGRATED CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care</td>
<td>166,603</td>
</tr>
<tr>
<td>Dental care</td>
<td>46,777</td>
</tr>
<tr>
<td>Behavioral health care</td>
<td>21,192</td>
</tr>
<tr>
<td>Vision care</td>
<td>4,815</td>
</tr>
</tbody>
</table>

#### ENABLING SERVICE

- 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
- Child care

### MANAGING CHRONIC CONDITIONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>18,175</td>
</tr>
<tr>
<td>Asthma</td>
<td>10,667</td>
</tr>
<tr>
<td>Coronary artery disease</td>
<td>12,294</td>
</tr>
<tr>
<td>Hypertension</td>
<td>39,503</td>
</tr>
</tbody>
</table>

### PREVENTIVE CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-child visits</td>
<td>16,178</td>
</tr>
<tr>
<td>Immunizations</td>
<td>52,388</td>
</tr>
<tr>
<td>Seasonal flu vaccines</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

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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.

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REFERENCES AND DATA SOURCES


- “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).

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.
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