GRANTWATCH

Foundation Grants On Access To Primary Care

A December 10, 2014, Urban Institute policy brief reminds us that the Affordable Care Act (ACA) temporarily increased Medicaid reimbursement for primary care for calendar years 2013 and 2014. Urban researchers estimated what would happen if that “fee bump” expired on January 1, 2015, as planned. They studied forty-nine states and the District of Columbia and found that the expiration “would lead to an average 42.8 percent reduction in fees for primary care services for eligible providers.”

Kaiser Health News, a service of the Henry J. Kaiser Family Foundation, subsequently reported on December 23, 2014, that the fee bump would expire and that “only a handful of states have acted to continue the Medicaid pay boost, using their own funds.” Reporter Phil Galewitz noted that experts fear that physicians will refuse to see more Medicaid patients in 2015, thus “making it harder for millions of poor Americans to find doctors.”

Accessing primary care is an acute challenge for those who find it hard to get to doctors’ offices. Bruce Leff of the Johns Hopkins University and coauthors published “The Invisible Homebound: Setting Quality-of-Care Standards for Home-Based Primary and Palliative Care” in Health Affairs’ January 2015 issue. Supported by the Retirement Research Foundation, Commonwealth Fund, and California HealthCare Foundation, the article points out that many homebound adults in the United States “cannot access office-based primary care.” Home-based medical care, the article suggests, “can improve outcomes and reduce health care costs.” In a Q & A on Commonwealth’s website, Leff and coauthor Christine Ritchie say that “providers are really desperate for a well-informed standard of care for homebound patients” that takes into account the frailty or multiple chronic conditions they often have.

In an October 2014 press release, though, the Department of Health and Human Services (HHS) announced some good news. Secretary Sylvia M. Burwell said that under the ACA, $283 million had been invested in fiscal year 2014 in the National Health Service Corps to increase access to primary care in underserved communities. The corps offers financial and other support to primary care providers and sites in underserved areas—often urban and rural settings. HHS also stated that since 2008, the number of primary care providers in the corps “has more than doubled through the Recovery Act” and the ACA.

In February 2015 Atul Grover of the Association of American Medical Colleges explained to Health Affairs that data from the National Resident Matching Program show that from 2012 to 2014 the number of medical school graduates choosing a residency in family medicine increased from 2,740 to 3,109. Grover also said that the ACA’s emphasis on primary care likely spurred interest among medical school graduates in practicing primary care.

Here are examples of foundation-funded efforts related to primary care.

Recent Grants

The Colorado Health Foundation devotes some of its assets to preparing medical school graduates to become board-certified primary care physicians. It funds two family medicine residency programs—at Rose Medical Center and at Swedish Medical Center. It also funds an internal medicine residency program at Presbyterian/St. Luke’s Medical Center. Each year a total of fifty-four residents are in training at the three programs (all of which are in the Denver area). Eighteen residents graduate each year from the programs, and, of those, ten, on average, remain in Colorado to practice.

The Blue Cross and Blue Shield of North Carolina (BCBSNC) Foundation’s community-centered health home initiative is being jointly developed between its Health Care and Healthy Living funding priorities “as an opportunity to build a bridge between prevention and care in the community,” according to a foundation spokesperson. The Prevention Institute developed the model, which is “aligned with many other developing payment and practice models” and “recognizes that factors outside the health care system affect patient health,” the funder’s website says. Under the model, primary care providers in clinics actively participate with community-based groups to improve factors such as the environment and the social conditions in which people live.

The BCBSNC Foundation says on its website that several of its recent investments “address the pipeline for primary care physicians training and working in diverse, low-income, rural areas.” Among those is the University of North Carolina (UNC), Chapel Hill, School of Medicine’s Teaching Health Center Family Medicine Residency Track. The goal of this partnership between UNC (the grantee) and Piedmont Health (which runs seven federally qualified health centers [FQHCs]) “is to increase opportunities for family medicine residents to begin their careers caring for underserved communities.”

The Robert Wood Johnson Foundation (RWJF) launched the Primary Care Team: Learning from Effective Ambulatory Practices (the LEAP Project) in 2012. This RWJF national program, housed at the MacColl Center for Health Care Innovation at the Group Health Research Institute, in Seattle, Washington, has aimed to make “primary care more accessible and effective by identifying practices that maximize the services of the primary care workforce.” Ed Wagner, director emeritus of the MacColl Center, and Margaret Flinter, clinical director of an FQHC in Connecticut, head up the LEAP Project, which chose thirty-one practices to visit and learn from. The practices, based in

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varied settings from Maine to California, include community health centers, large health systems, and private practices, according to RWJF blogs. In December 2014 the project released a free, publicly available “Primary Care Team Guide,” which includes case studies, practical advice, and tools from the “exemplary” practices. The LEAP Project is now testing the guide at many sites, MaryJoan Ladden of the RWJF told Health Affairs.

Two funders have awarded grants to help homeless people access primary care. Healthcare Georgia Foundation awarded a one-year, $50,000 grant to Community Advanced Practice Nurses, Inc., to expand primary care services to homeless and medically underserved people in nine shelter-based, free clinic sites in metropolitan Atlanta during 2014. This legacy (or “conversion”) foundation includes “expanding access to affordable quality health care services” among its priority areas, according to its website. Within that area, it focuses on primary care and the patient-centered medical home.

Under its “advancing primary care” priority area, the New York State Health Foundation awarded a $184,454 grant in November 2014 to Care for the Homeless. The funding is for a mobile health clinic, which will offer primary care and mental health services to more than 4,000 new patients in New York City. Clinic aims include integrating medical and behavioral care and enrolling people in Medicaid. Neighborhoods “with poor health outcomes and high rates of emergency department use” will be targeted “to connect with a homeless population that would not otherwise have access to or be likely to engage in a traditional care setting,” said a grant description. Each night, more than 50,000 homeless people reside in the city. Other clinic funders are the Insurance Industry Charitable Foundation and Direct Relief International.

Publications

In January 2015 the Patient-Centered Primary Care Collaborative, a group that advocates the patient-centered medical home approach, released a report on Capitol Hill about this care delivery model. Supported by the Milbank Memorial Fund, the report “provides new evidence” that the model “improves care and reduces costs,” says a press release. The report aggregates outcomes from a number of peer-reviewed studies, state government evaluations, and industry reports on medical homes. Both public and private markets in the United States are using the model.

In January 2015 the RWJF’s Aligning Forces for Quality (AF4Q) national program, based at George Washington University, released a paper titled “Emerging Primary Care Trends and Implications for Practice Support Programs.” This primer discusses external support for primary care practices, especially smaller ones that must consolidate because of “significant change” in health care. The paper gives “an overview of the evidence” on how effective such support programs are in “improving process and health outcomes in primary care,” it says.

The Rhode Island Foundation’s Healthy Lives initiative focuses on improving “access to and quality of primary care for all Rhode Islanders.” In “Creating a Healthy Supply of Nurses,” an August 2014 blog post, Yvette Mendez of this community foundation describes its program that provides nurse practitioners who commit to practice in the state “up to $40,000 to repay student loans.” Rhode Island faces a “looming shortage” of nurses, she said. Also, the RWJF awarded funding for a program for doctoral students at the University of Rhode Island College of Nursing. The Rhode Island Foundation and the university are providing matching funds to strengthen nursing education.

In May 2014 the Foundation for a Healthy Kentucky released an issue brief about two initiatives that have concluded. It chronicles lessons learned from an initiative to make primary care more accessible to low-income families and another to help ensure that patients with both behavioral and medical conditions could get help “regardless of where they first sought care.”

The Colorado Health Foundation’s fall 2011 Health Elevations journal was a thematic issue on primary care. It remains useful today as background reading.

Key Personnel Changes

Terry Fulmer, University Distinguished Professor and dean of the Bouvé College of Health Sciences at Northeastern University, in Boston, Massachusetts, has been named president of the John A. Hartford Foundation. She will start there in May 2015. Fulmer “is nationally and internationally recognized as a leading expert in geriatrics and is best known for her research on elder abuse and neglect,” according to a February 2015 press release. Fulmer will succeed Corinne (“Cory”) H. Rieder, who has led the foundation since 1997 and will be retiring.

Julie Gerberding became Merck’s executive vice president for strategic communications, global public policy, and population health, a newly created position at the global pharmaceutical company, in December 2015. Her responsibilities include overseeing the Merck Foundation. Gerberding was previously president of Merck Vaccines. From 2002 to 2009 she was director of the Centers for Disease Control and Prevention.

Denise Gonzales became program director of the Con Alma Health Foundation, in Santa Fe, New Mexico, in August 2014. Con Alma is the state’s largest private foundation dedicated solely to health. Her previous work includes being director of community philanthropy at the New Mexico Community Foundation.

James (“Jim”) Marks has been promoted to executive vice president of the RWJF. He now oversees all of the foundation’s grant making, research, and communications activities in support of its vision of building a Culture of Health in the United States, according to a January 2015 press release. Previously, Marks was the RWJF’s senior vice president and director, program portfolios. ■

Compiled and written by Lee L. Prina, senior editor