



*The mission of the Maine Health Access Foundation is to promote affordable and timely access to comprehensive quality health care, and improve the health of every Maine resident.*

*The Maine Health Access Foundation (MeHAF) is Maine's largest health care foundation. MeHAF was founded in 2000 and each year provides approximately \$4 million in grants and program funding to expand access to health care (particularly for people who are uninsured and medically underserved) and improve the health of all Maine residents.*

### **Targeted Technical Assistance Increases Access to Care for Underserved Maine Patients**

#### **Goal:**

To improve access to primary medical, dental and behavioral health care for underserved residents of Maine through more competitive federal grant applications to the Bureau of Primary Health Care in the Health Resource and Services Administration. Prior to 2003, no Maine application to the Bureau of Primary Health Care for New Access Point designations received “new start” funding over the preceding twenty years.

#### **Need:**

Federally Qualified health Centers are community health centers that predominantly serve low income patients in rural or underserved regions. In Maine, FQHCs are commonly located in our most remote rural areas, providing access to preventive and primary health care, behavioral health, and dental health for many people who might not otherwise have access to care. MeHAF sought to expand the capacity of health centers under its priority to *Strengthen Maine’s Safety Net*.

#### **Program:**

Between 2003-2006, MeHAF invested nearly \$160,000 in grants to the Maine Primary Care Association (MPCA) and in contracts with an experienced grant writer to help Maine’s community health centers better compete for federal grant dollars. The technical assistance provided through this funding included coaching and strategic guidance to the health center sites in developing their workplans, narratives, and budgets, and completing grant applications. The funding for technical assistance became a catalyst, supporting health centers in their efforts to improve their planning as well as their actual grant applications, ensuring that applicants were better prepared to compete for federal funding and implement the work if awarded funding. In follow-up interviews, all six sites indicated that MeHAF support was a critical component to success.

The application planning and implementation was a collaborative process, so MeHAF’s funding was not the only cause of the health centers’ success. The grant development work by the health center staff was supported by health center funds, state and federal employees, health center board members and community partners.

#### **Results:**

*Federal Grant Procurement:* Of the seven health centers to complete federal applications, six successfully received federal funding. The six sites now receive federal funding totaling \$2.2 million per year. Federal funding also leverages millions of dollars in additional funding from grants, contracts and patient revenue with enhanced federal reimbursement rates.

*Increased Access:* Among the six health centers awarded federal funding, the numbers of patients served grew from 35,835 in 2005 to 65,107 in 2007, and an additional 161,880 medical, dental and behavioral health visits were provided. Surveys indicate that the FQHCs provide access to new patients who previously did not have a regular source of care. Patient surveys reveal that approximately one-third of respondents reported they had no care or depended upon more expensive emergency room care prior to accessing services through a FQHC. The access issue is underscored in behavioral health where 44% of respondents were not receiving behavioral health services prior to coming to the FQHC.

*Increased Number of Providers and Services:* The six FQHCs have increased the number of new providers across the state: 15 new physicians, 10 new dentists and 2 new nurse practitioners were recruited – 63% from outside Maine – representing an increase in provider capacity. The FQHCs also reported an expansion of comprehensive services – dental, behavioral health, pediatric care – to chronically underserved rural areas.

**Lessons:**

*Tailoring Grant Resources:* MeHAF's support to Maine Primary Care Association and an experienced grant writer provided tailored technical assistance and well informed application support and coaching. This produced tremendous gains in the number of rural underserved and uninsured Maine people receiving access to comprehensive health services, improved the planning and grant writing capacity of the community health centers and the capacity of the MPCA to provide technical assistance to community health centers interested in federal grant opportunities that allow them to expand their work.

*Local Support:* Gaining support among other health providers in the community ensures a more successful outcome as well as an increase in care options for patients, and a stronger and better coordinated health system.

*Leverage:* Catalyzing the expansion of FQHCs through successful federal grant applications helped ensure additional funding, providing more sustainable revenue streams for health care providers and more comprehensive access to care for rural Maine people. While the full report cites a return of investment (ROI) of \$14 federal dollars for each MeHAF dollar invested in the first full year of new funding, advisors to the Foundation have expressed concern that that calculation may overestimate MeHAF's direct impact, and that a lower ROI of \$5.5 per year for each dollar invested may be a more accurate figure. In aggregate, the federal grant awards are the result of the contributions of many individuals and organizations, so however the ROI is calculated, for MeHAF's modest investment, it is substantial.

*Impact on Cost:* The impact of primary care expansions on systems such as MaineCare – Maine's Medicaid program – is complicated, and while discussed at length in the final report, is not clear from the data available. The tension between cost and access is one that needs to be carefully monitored throughout the entire health system, and should include consideration of the cost offsets attributed to improved access to primary, behavioral and dental care.