

**TESTIMONY BEFORE THE
SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS
OF
THE COMMITTEE ON ENERGY AND COMMERCE
ON
A REVIEW OF COMMUNITY HEALTH CENTERS:
ISSUES AND OPPORTUNITIES**

**Presented by:
A. Janelle Goetcheus, M.D.
Chief Medical Officer
Unity Health Care, Inc.
Washington, D.C.**

May 25, 2005

Good afternoon, my name is Dr. Janelle Goetcheus, Chief Medical Officer of Unity Health Care, Inc. (Unity), Washington, D.C., a Federally Qualified Health Center (FQHC) that operates a large network of health centers which provided health care services to 55,500 patient in 2004, generating over 240,000 patient encounters.

It is a privilege to testify before this Sub-Committee and I thank you Mr. Chairman for the opportunity to do so.

I have over 20 years of experience serving the medically underserved in Washington, D.C., and I wish to speak to you today about the unique value of a community health center in addressing the health care needs of the medically underserved. Let me first tell you about Unity, and the people we serve. Unity began as a private non-profit with funds from the Robert Wood Johnson/Pew Charitable Trust providing health care services to homeless persons. In 1987 we were one of the first federally funded programs under the Stewart B. McKinney Homeless Assistance Act. Over time we expanded our services to include provision of health services in neighborhood/community settings. Today we are the recipient of federal grants under the Community Health Center Consolidated Act, with grants to serve fixed populations in community health centers, homeless persons and we also receive a school based health grant.

Unity provides primary health care services, mental health services, case management, pharmacy, dental, WIC and HIV/Hep-C services throughout the eight (8) wards of the District of

Columbia. We do this in fixed sites, homeless shelters, and outreach mobile vans. We have a total of 31 access points throughout our Citywide network.

Of the approximately 55,500 persons served by Unity in 2004 over:

- 75% of them were at 200% or lower of the Federal Poverty Level, most of them were actually 100% or below,
- 74% were uninsured
- 16% were recipients of Medicaid
- 10% Medicare and other
- of our total population served 21% were homeless (on the streets or in shelters)

Of the homeless persons we see approximately:

- 36% are substance abusers
- 19% have mental health issues; much higher percentage for women
- 16% are dually diagnosed
- 20% are veterans, and
- 12% are person living with HIV/Aids.

The ethnic make up of Unity's population is as follows:

- 77% are African American
- 18% are Latino
- 4% other
- 21% are best served by a language other than English.

I share these statistics only to point out that health centers are adept at cultural competence, able to recognize the unique needs of their patients, address them in their own language and culture, and thus remove barriers to care that are often present when serving a mixed racial, ethnic and low income population.

It is important to recognize that health centers provide comprehensive primary health care. This federal requirement to provide comprehensive services enables patients to have the majority of their health care needs addressed in a one stop setting. The comprehensive nature of the care provided goes far beyond a doctors visit. My role as a provider in the health process is important, but I could not practice medicine without the support of a myriad of other providers/services that go into this healing process. Patients we serve have a host of problems, beyond chronic illness. Social workers are an essential part of the provision of health care in a community health center. They assist the provider with arranging for entitlements, and in some cases housing, since over 20% of our patients are homeless, or living in shelters, and many of them suffer from chronic illnesses. As a primary care provider, I often rely on the psychiatrist or mental health worker on staff to link that patient to them so that they can begin to address underlying problems that often go much deeper than the initial presenting symptom. Our patients experience trauma, domestic violence, a family facing eviction, a person with a cocaine addiction, a grieving mother; all of these issues can be addressed in a comprehensive manner within a community health center setting.

As the Bureau of Primary Health Care (BPHC) increasingly encourages health center grantees to

participate in the Disease Collaboratives, the role of comprehensive health care, and coordinated care management is further emphasized. The Disease Collaboratives are a model of care that places the patient at the center of the care, and he/she is supported in their goal of self-management by a Care Management Team often consisting of a nurse care manager, a social worker, the provider, and other support personnel as needed, such as mental health therapist, pharmacist and speciality providers, i.e. ophthalmologist, podiatrist, in the case of diabetes.

The Chronic Disease Collaboratives nationally have shown that even an indigent and hard to manage population can still generate good health outcomes and improve health status if the care is provided in a coordinated manner. The community health center is the ideal location for the implementation of these Disease Collaboratives because most of the services are on site and the support offered by the overall care team goes far beyond the type of care that an individual physician could provide alone. The clinical data collected through these Disease Collaboratives substantiates the effectiveness of this model of care.

Patients who participate in this model of care have expressed their satisfaction with it, and many for the first time are taking ownership of their health status and realize that their own self involvement, and reliance on support from the care management provided between physician appointments plays a crucial role in their health status.

Unity Has in addition, to the care management structure outlined above, launched its own

initiative called “open access” or “same day appointment”. This process again calls for a radical re-design of the traditional doctors office visit. A pilot program, with guidance from the Institute for Health Care Improvement (IHI), Unity staff and providers are accommodating patients within 24 hours of their request for care. Traditionally patients requesting care would call up and unless it was an emergency, would be given an appointment on the next available opening which could be weeks or months away. The theory behind “same day access” is to “do today’s work today”, to address the needs of the patient immediately, and to reduce waste and lost time both for the patient and the staff of the health center. This initiative is now operative in three (3) of Unity’s major sites with plans to expand it to the whole network over time.

I point this initiative out as another example of the creativity and adaptability of health centers in addressing the needs of their community, as well as pointing out that health centers are in the forefront of the provision of state of the art health care.

Health Centers are extremely creative in their ability to generate revenues to address the ever increasing number of uninsured and working poor who are coming through their doors. We multiply the Federal dollars made available through the federal grant.

Unity like all other Community Health Centers faces this challenge on a daily basis. We must constantly insure that our ability to survive as a private non-profit is essential, so that we can continue to remain faithful to our mission, a mission ***“to provide health care to all regardless of ability to pay”***. Unity currently participates in a District of Columbia sponsored Alliance

program, which is essentially a local sponsored uncompensated care pool for uninsured patients under 200% of poverty. We rely on Medicaid, and a vital component of the Medicaid program for us, and for all health centers is the Prospective Payment System (PPS). The PPS system is a method which enables health centers to be compensated for the care they provide to Medicaid patients at a reasonable rate of reimbursement. In a time of budget crunch at the Federal and State levels it is important that the PPS system remains in place for the viability of health centers.

While we are extremely grateful for the President's Five Year Initiative to expand access to care through Community Health Centers it is also important to point out that Unity's base grant has remained stagnant for almost five (5) years. The President's Initiative increases access through "new starts" and "new access points" but does not provide for any base adjustment to existing grantees like Unity, whose numbers of uninsured are rising. Unity like most health centers is creative in building partnerships with other entities, hospitals, health care institutions and corporations to support the strategic interests of their mission. One such partnership of which Unity is extremely proud is our partnership with United Health Care (United), Minnesota. This joint venture results in an annual investment of \$1,000,000 over several years by United to one of Unity's health centers to develop a "Center of Excellence" where the model of care management can be implemented in treating several chronic diseases, such as diabetes, cardiovascular, and asthma, as well as the development of systems to insure improved outcomes in the area of pre-natal care. This "Center of Excellence" drawn from many of the concepts of the Institute for Health Care Improvement (IHI) will serve as a model for further expansion of the concept throughout Unity. Without the financial support of United Health Care, Inc. Unity could

not from its existing revenue undertake such a broad based initiative.

For over twenty years it has been my privilege to serve the patients who come to our health centers. I am grateful for how they challenge us, and for the trust they place in us. I have also been privilege to work alongside a committed group of health care professionals, physicians, nurse practitioners, physician assistants, specialists, nurses and social workers. Their commitment to Unity and indeed to the health center movement nationwide is the soul of our success. Many of these professionals come to us through the National Health Service Corps (NHSC) or the Corps Loan Re-Payment Program. This is a vital cog in the machine of recruitment and retention for our health centers. At Unity we witness young African American physicians returning to their neighborhoods giving back to the very people who are their neighbors. Their willingness to come to Unity, often for salaries much less than could get in the commercial market, is another example of the unique role that health centers play in the community, because of their ability to attract such dedicated, committed professionals.

I thank you again for allowing me to testify before you Sub-Committee and I am available to answer any questions.

House Committee on Energy and Commerce

Witness Disclosure Requirement - "Truth in Testimony"

Required by House Rule XI, Clause 2(g)

| | | |
|--|---|--|
| Your Name: <u>A. Janelle Goetcheus</u> | | |
| 1. Are you testifying on behalf of a Federal, State, or Local Government entity? | Yes | No <input checked="" type="checkbox"/> |
| 2. Are you testifying on behalf of an entity other than a Government entity? | Yes <input checked="" type="checkbox"/> | No |
| 3. Please list any federal grants or contracts (including subgrants or subcontracts) which you have received since October 1, 1999: <u>See Attachment</u> | | |
| 4. Other than yourself, please list what entity or entities you are representing: <u>UNITY HEALTH CARE INC.</u> <u>WASHINGTON D.C.</u> | | |
| 5. If your answer to question number 2 is yes, please list any offices or elected positions held or briefly describe your representational capacity with the entities disclosed in question number 4: <u>CHIEF MEDICAL OFFICER</u> <u>1985-2005</u> | | |
| 6. If your answer to question number 2 is yes, do any of the entities disclosed in question number 4 have parent organizations, subsidiaries, or partnerships to the entities for whom you are not representing? | Yes | No <input checked="" type="checkbox"/> |
| 7. If the answer to question number 2 is yes, please list any federal grants or contracts (including subgrants or subcontracts) which were received by the entities listed under question 4 since October 1, 1999, which exceed 10% of the entities revenue in the year received, including the source and amount of each grant or contract to be listed: <u>See ATTACHMENT</u> | | |

Signature: Janelle Goetcheus MD

Date: 5-23-05

Unity Health Care, Inc.
Witness Disclosure Requirement Question #3
Federal Grantor

| Grant # | Grant Name | Amount | Date Since 10/1/1999 |
|---------------|-----------------------------|---------------|----------------------|
| H80CS00070E0 | Community Health Center | 20,483,352.00 | 12/1/99-12/1/04 |
| H80CS00070E0 | Healthcare for the Homeless | 14,112,182.00 | 12/1/98-12/1/04 |
| H17MFC00135A0 | MCH Health Street | 200,000.00 | 12/1/99-12/1/04 |
| H76HA00071C0 | Ryan White III | 3,676,489.00 | 12/1/99-1/1/2005 |
| H80CS00070E0 | School Base Health | 925,045.00 | 12/1/99-12/1/04 |

Total Federal Funds 39,397,068.00

Unity Health Care, Inc.
Federal Grantor/Pass Through Grantor

| U.S. Department of Health and Human Services | Total |
|--|---------------|
| Ryan White Title I/CBC and MAT | 4,626,565.72 |
| Ryan White Title I Phoenix Center | 4,068,409.00 |
| Ryan White Title II | 797,872.00 |
| Project Orion - Addiction Prevention and Recovery Administration | 1,679,170.00 |
| Project Orion - Department of Health | 89,750.00 |
| Title X Planned Parenthood | 485,000.00 |
| Total U.S. Department of Health and Human Services | 11,241,757.72 |

| AmeriCorps | Total AmeriCorps |
|--|------------------|
| National Association of Community Health Centers, Inc. | 398,400.00 |
| Total AmeriCorps | 398,400.00 |

| U.S. Department of Housing and Urban Development | Total U.S. Department of Housing and Urban Development |
|--|--|
| Community Partnership for the Prevention of Homelessness | 922,690.00 |
| Total U.S. Department of Housing and Urban Development | 922,690.00 |

| U.S. Department of Agriculture | Total U.S. Department of Agriculture |
|---|--------------------------------------|
| Special Supplemental Nutrition Program for Women, Infant and Children (WIC) | 6,395,228.08 |
| Total U.S. Department of Agriculture | 6,395,228.08 |

**Unity Health Care, Inc.
Witness Disclosure Requirement--Question 7
Grants in Excess of 10% of Revenue**

| <u>Year</u> | <u>Grant #</u> | <u>Grant Name</u> | <u>Amount</u> |
|-------------|----------------|-----------------------------|----------------|
| 1999 | CSH302377A | Community Health Center | \$3,012,656.00 |
| 1999 | CSH302326A | Healthcare for the Homeless | \$2,103,214.00 |
| 2000 | CSH302377A | Community Health Center | \$3,537,356.00 |
| 2000 | CSH302326A | Healthcare for the Homeless | \$2,217,984.00 |
| 2001 | H80CS00070A0 | Community Health Center | \$3,387,356.00 |
| 2002 | H80CS00070A0 | Community Health Center | \$3,487,356.00 |