

Testimony of Clayton Williams, Director of Urban Health Initiatives
Louisiana Public Health Institute
Before the House Committee on Energy and Commerce
Subcommittee on Oversight and Investigations
August 1, 2007

Mr. Chairman and members of the Subcommittee, thank you for this opportunity to provide an update on the stabilization and expansion of a coordinated system of primary care clinics in Greater New Orleans, and thank you for all you and the Congress have done thus far to support our rebuilding efforts.

I. Louisiana Public Health Institute (LPHI) Background

The [Louisiana Public Health Institute](#) was established in 1997 and is one of 25 Public Health Institutes nationally. LPHI is private not-for-profit organization with a mission to promote and improve the health and quality of life in Louisiana through public-private partnering at the community, parish and state levels.

LPHI maintains a population-level focus on health improvement, and recognizes the relative importance of addressing all determinants of health through its programming—from social, to environmental, to the influences that can be realized through the healthcare delivery system. LPHI places an emphasis on promoting equity and reducing racial and economic disparities in health outcomes.

As it relates to the recovery of the healthcare delivery system in Greater New Orleans, our focus has been on working with healthcare providers with a mission or mandate to provide access to everyone regardless of their ability to pay. For the past six years, LPHI has advanced its work in this area primarily through its support of the Partnership for Access to Healthcare (PATH), which includes most of the public and private healthcare providers in the region that have historically provided healthcare to people falling below 200 percent of the Federal Poverty Level.

Since the day after Katrina and the breaches in the levy system that caused catastrophic flooding throughout the region, LPHI has been very active in recovery. In partnership with governmental, non-profit and private sector stakeholders at all levels, LPHI has:

1. Convened the Greater New Orleans Health Planning Group which created the first comprehensive framework for rebuilding the health system of the region (Framework for Rebuilding a Healthier Greater New Orleans);
2. Created StayHealthyLA.org in partnership with the Louisiana Department of Health and Hospitals;
3. Conducted operations for the [Louisiana Health and Population Survey](#) on behalf of the LA Department of Health and Hospitals and the LA Recovery Authority, the first household population survey of parishes most affected by hurricanes Katrina and Rita (with technical assistance from the US Census Bureau and the US Centers for Disease Control and Prevention); and

4. Following the immediate aftermath, supported the recovery of community-based healthcare services ([PATH](#) and the Health Services Recovery Council), school-based health centers ([School Health Connection](#)) and behavioral health services (Behavioral Health Action Network).

II. Primary Care Recovery and Expansion In the Greater New Orleans Area

If all components of the health system were rebuilt as they were prior to Hurricane Katrina, the people of Greater New Orleans will likely be doomed to the same poor health outcomes that we have historically experienced—nearly the worst in the country. Therefore, we agree with all previous major consensus planning efforts that NOW is the time to get it right, and perhaps in so doing glean some lessons that will be of value to the rest of the country. It is not too late to achieve this *if* we stay aligned at the local, state and federal levels in our pursuit of healthcare equity, quality and efficiency for the people of Greater New Orleans.

LPHI holds a fundamental belief in a healthcare system with a foundation of a public/private network of neighborhood-based primary care clinics to facilitate access to the right care, delivered in the right place at the right time to advance quality and reduce the cost of care at all levels. These neighborhood clinics should be portals to diagnostic, specialty, and acute care, and be linked to other supportive services through a coordinated system, and be under-girded by robust information systems. Advancing this vision is central to our approach to rebuilding.

The Greater New Orleans region does not need to start from scratch to advance towards this vision. In the four-parish region, there are currently 27 fixed-site primary care clinics, of varying

size and scope, delivering discounted services to everyone, regardless of their ability to pay. Most have been participants in the collaborative efforts of PATH's Regional Ambulatory Planning Committee which is staffed and supported by LPHI. These clinics include Federally Qualified Health Centers, school-based health centers, hospital-based clinics of the Medical Center of Louisiana, university sponsored primary care clinics, private not-for-profit health centers, and faith-based organizations.

The heroic group of leaders that have managed to establish these critical community resources in Katrina's wake should be commended. Since January 2006, these clinics provided for more than 120,000 patient visits. In addition to primary healthcare, they provide preventive health services, obstetrics and gynecology, behavioral health, and some specialty care. While they have accomplished a great deal since Katrina, they are still in need of much support as they expand to meet the growing needs of the people of the region. We estimate that 35 additional primary care physicians will be required to meet the needs of the uninsured in the four-parish Greater New Orleans area.

III. LPHI's Administration of the Primary Care Access and Stabilization Grant

The March 13, 2007 testimony to this Subcommittee from stakeholders at all levels emphasized the need for resources to support primary care for the people of Greater New Orleans, with an emphasis on the low-income un- and under-insured. Since those hearings, the federal government has done a remarkable job of addressing short-term stabilization needs and continuing efforts to expand existing primary care clinics. On May 24th, the Secretary of the Louisiana Department of Health and Hospitals (DHH), Dr. Cerise, received a letter from the

Acting Administrator of the US Center for Medicare and Medicaid Services (CMS), the Honorable Leslie Norwalk, announcing the availability of \$100 million to stabilize and expand primary care clinics and behavioral health services. The announcement of the Primary Care Access and Stabilization Grant availability is evidence of the extraordinary work done by the Congress, this Subcommittee, and the Department of Health and Human Services, including officials from CMS, Health Resources and Services Administration and the Substance Abuse and Mental Health Services Administration to address this concern of the people of Greater New Orleans. We in Greater New Orleans would like to offer our sincere thanks to all in the federal government who made this happen.

By responding to a public announcement, the Louisiana Public Health Institute was chosen as the State's local partner in administering the grant, and I serve as the director of this program for LPHI. Since the announcement, LPHI, DHH and HHS have worked steadily to put the pieces in place, and we have reached the following critical milestones:

1. LPHI was chosen as the state's local partner in administering the grant.
2. An application to CMS was completed and submitted by DHH with assistance from LPHI.
3. The Cooperative Endeavor Agreement between LPHI and DHH has been fully executed.
4. HHS issued the official Notice of Award on July 23, 2007.
5. The eligibility screening process and methodology for determining initial base payments to clinics has been finalized.

6. LPHI released the Request for Applications to participate in the grant on July 27th, and a public meeting to address questions about the grant program and application process is scheduled for August 3, 2007.

In the midst of the State's Legislative Session, the DHH staff worked tirelessly with LPHI to put critical elements in place to ensure timely distribution of funds to stabilize the primary care providers of the region. It is anticipated that the initial base payments to clinics will be announced by September of this year.

The principal goals of the Primary Care Access and Stabilization Grant are to demonstrate increased access to primary care, behavioral health care, and other related services; and to ensure greater numbers of low income un- and under-insured individuals are being served in Orleans, Jefferson, St. Bernard and Plaquemines parishes.

In its role as the State's local partner in administering the Primary Care Access and Stabilization Grant, LPHI has committed to:

1. Establish robust administrative systems and controls to ensure the federal funds are spent appropriately by all sub-recipients to achieve the goals of the grant;
2. Work to advance the goals of the grant in an inclusive and transparent way with all major stakeholders;
3. Pursue complementary resources to maximize the impact of federal grant funds towards improving the health of the people of Greater New Orleans as they return;

4. Maximize opportunities to ensure the grant program is designed as a bridge to a well-organized and sustainable system of care for the people of Greater New Orleans;
5. Provide technical assistance and incentives to advance quality and efficiency among participating sub-awardees; and
6. Regularly convene forums among sub-recipients for region-wide health planning and coordination.

This grant represents an opportunity to do much more than simply distribute funds to primary care clinics. Working closely with the healthcare providers in the region and DHH, we are committed to building in mechanisms that will help create an organized system of care that continue to serve the people of the region well beyond the three year grant period (granted, many other areas of concern for the healthcare system must be successfully addressed concurrently if we are to be successful).

With this in mind, LPHI intends to use a portion of its administrative budget and other complementary resources to establish a Scientific Advisory Committee made up of local and national experts to anchor this program in best practices as the program is designed and implemented. In addition, we will continue to convene a stakeholder group to provide a mechanism for input on critical program decision-making, allow for regular communication among sub-grantees, and provide a forum for data-driven planning as sub-grantees grow primary care capacity in the region.

LPHI takes very seriously its role as steward of taxpayer dollars. Therefore, we will request an opportunity to share our proposed fiscal controls and program integrity plans for up-front review by the Department of Health and Human Service's Inspector General. As a responsible public health agency, we believe a pinch of prevention is worth a pound of cure in administration as well as healthcare delivery.

IV. Moving Forward

We have several areas of need that will need to be addressed to ensure our region's success in alleviating the healthcare issues that persist in the region:

1. We will require assistance in either gaining approval for use of grant dollars to establish necessary health information systems, and/or in securing additional funding for this purpose. Robust, standardized, fully implemented and networked information systems need to be in place in the participating primary care clinics if we are to be successful in achieving, measuring and reporting results as required in the terms and conditions of the grant. Despite this reality, health information systems are not an allowable expense under the grant terms and conditions.
2. There are at least two more opportunities to build mechanisms into the Primary Care Access and Stabilization Grant to help drive the development of a high quality, organized, and sustainable system of care for the uninsured in the region. One is the development of the sub-contracts between LPHI and the participating clinic sub-awardees, and the other is the design of the methodology for making supplemental

payments to them. LPHI and DHH will require flexibility from HHS as these program components are developed so we can maximize the opportunities to build in incentives and performance requirements that will help us improve access to sustainable high quality and comprehensive primary care.

3. Accessible and high quality primary care is an important part of a high performing health system, but good primary care must include linkages to timely diagnostic, specialty and inpatient services. There are several looming concerns in the healthcare system beyond primary care that I would like to express. We strongly emphasize the importance of: 1) continued and enhanced attention to helping Greater New Orleans alleviate critical healthcare workforce shortages; 2) flexibility in establishing payment mechanisms for necessary specialty care providers; 3) ensuring the viability of our community hospitals; and 4) providing support for the development of a new academic medical center to serve the region.

Conclusion

It has been an honor and privilege for LPHI to participate in today's hearing. Thank you for your outstanding leadership and responsiveness in the months since the March hearings, and for your continued support of our efforts to rebuild a healthier Greater New Orleans. I welcome your questions.