Southwest Montana Community Health Center

Keeping your whole family healthy
The Vision of Southwest Montana Community Health Centers

The Southwest Montana Community Health Center will meet the needs of every patient by offering quality health care with compassion and respect regardless of income or ability to pay.
We are here to serve YOU
The Medical Home is defined as “an approach to providing comprehensive primary care...that facilitates partnerships between individual patients, their providers, and when appropriate, the patient’s family”.
Team Based Care

Our care teams are made up of:

• Providers
• Medical Students and Residents
• Nurses and Medical Assistants
• Team Assistants
• Behavioral Health Therapists
• Care Managers
• Clinical Pharmacists
• AND the Patient!

Our care team members practice evidence based care and will provide you with information and treatments that have been proven to help patients better manage their health. They take the time to get to know you as a whole person and make an effort to develop a strong relationship with you.
PRIMARY CARE SERVICES
Family practice, Pediatrics, OB/GYN
Internal medicine
10 FTE

110 Total FTE’s  126 staff
Services We Provide

- Medical – 1986
- Mental Health – 1999
- Dental – 2001
- Health Care for the Homeless – 2001
- Licensed Pharmacy – 2001
- Satellite site in Dillon and Twin Bridges Dec. 2002
- Sheridan site 8/2004 – Now closed for medical care
- Mac’s CHC Pharmacy 9/2004 moved to Sheridan 10/1/07
- Mac’s Pharmacy moved to the Sheridan CHC Oct. 2010
- Butte CHC Pharmacy moves to the Rosenthal Building which was donated by Paul and Barb Rosenthal Opened April 2012
- 2012 Integrated Substance Abuse into primary care
Dental is provided in both Butte and Dillon

- Butte site is open Monday-Friday 8-5 with walk-in appointments daily from 8-10
- Dillon site is open Tuesdays and Thursdays from 8-5
- In 2015 there were 6,842 total dental visits consisting of 2,647 patients
Dillon Clinic Site Opened
December 2002
Butte
Child Evaluation Center

- Butte CEC the first accredited child advocacy center in Montana
- Average 100 cases a year
- Ranging from a couple months old to 17 years old.
- Evidence gathered leads to increased prosecution of offenders and less trauma for the child.
PHARMACY

Open M-F 9-6 & Saturday 9-5 in Butte
Open M-F 9-5 in Sheridan

• Full service retail pharmacy in Butte and Sheridan.
• Discounted medications are available based on income.
• Clinical pharmacists work directly with our medical providers.
Healthcare for the Homeless

Serves over 500 patients a year at the Rescue Mission, Emma Park Center and the Butte and Dillon sites
2015
158 PREGNANCIES 58 DELIVERIES

Average 500 births a year in Butte
Purpose Of FQHC:

- Provide Health Care For All
- Special Fees For Low Income, Uninsured, And Underinsured
- Sensitivity To Various Cultures---culture Of Poverty
What are the requirements for a Federally Qualified Community Health Center

- Affordability – must serve a low income population
- Uninsured – large portion of population has no health insurance or high deductibles; must offer a Sliding Fee Schedule
- Must have a governing Board of Directors
- Not enough Doctors – HPSA
- Have a Quality Assurance Program
SWMT Community Health Center is a non-profit corporation

Federally Qualified Community Health Center

Federal Bureau of Primary care

Look Alikes

County Health Department 4 in Mt

Non-profit Organization

Butte Community Health Center 1986
How We Are Structured

SWMTCHC Organizational Chart
Why have teams:
Better coordination of care for the patient—less duplication
Better health care experience for the patient—everyone on the team knows who you are
Outcomes remain high and continue to improve
Cost of care goes down over time
How we are funded

- Federal Grant: 20%
- Medicaid: 41%
- Medicare: 18%
- Insurance: 33%
- Sliding-Fee: 6%
# SWMTCHC Sliding Fee 2015

Southwest Montana Community Health Center
Sliding Fee Schedule - Effective March 1, 2015
Based on Federal Poverty Guidelines (FPG) guidelines published January 22, 2015

<table>
<thead>
<tr>
<th>Family Size</th>
<th>A: Nominal Fee</th>
<th>B: 80% Discount</th>
<th>C: 60% Discount</th>
<th>D: 40% Discount</th>
<th>E: 20% Discount</th>
<th>F: No Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FPG &lt;= 100%</td>
<td>From To</td>
<td>From To</td>
<td>From To</td>
<td>From To</td>
<td>From To</td>
</tr>
<tr>
<td>1</td>
<td>$0 - $11,770</td>
<td>$11,771 - $14,713</td>
<td>$14,714 - $17,655</td>
<td>$17,656 - $20,598</td>
<td>$20,599 - $23,540</td>
<td>$23,541 And over</td>
</tr>
<tr>
<td>3</td>
<td>$0 - $20,090</td>
<td>$20,091 - $25,113</td>
<td>$25,114 - $30,135</td>
<td>$30,136 - $35,158</td>
<td>$35,159 - $40,180</td>
<td>$40,181 And over</td>
</tr>
<tr>
<td>6</td>
<td>$0 - $32,570</td>
<td>$32,571 - $40,713</td>
<td>$40,714 - $48,855</td>
<td>$48,856 - $56,998</td>
<td>$56,999 - $65,140</td>
<td>$65,141 And over</td>
</tr>
<tr>
<td>7</td>
<td>$0 - $36,730</td>
<td>$36,731 - $45,913</td>
<td>$45,914 - $55,095</td>
<td>$55,096 - $64,278</td>
<td>$64,279 - $73,460</td>
<td>$73,461 And over</td>
</tr>
<tr>
<td>8</td>
<td>$0 - $40,890</td>
<td>$40,891 - $51,113</td>
<td>$51,114 - $61,335</td>
<td>$61,336 - $71,558</td>
<td>$71,559 - $81,780</td>
<td>$81,781 And over</td>
</tr>
<tr>
<td>9</td>
<td>$0 - $45,050</td>
<td>$45,051 - $56,313</td>
<td>$56,314 - $67,575</td>
<td>$67,576 - $78,838</td>
<td>$78,839 - $90,100</td>
<td>$90,101 And over</td>
</tr>
<tr>
<td>10</td>
<td>$0 - $49,210</td>
<td>$49,211 - $61,513</td>
<td>$61,514 - $73,815</td>
<td>$73,816 - $86,118</td>
<td>$86,119 - $98,420</td>
<td>$98,421 And over</td>
</tr>
</tbody>
</table>

All people will have access to healthcare regardless of their ability to pay. Please let us know how we can assist you.

- Medical co-pay for sliding fee minimum-$20.00
- Dental co-pay for sliding fee minimum-$40.00
- Reviewed and set by the CHC Board of Directors
SWMTCHC Statistics
2014/2015

Visits = 57,254/47,263
Patients = 13,315/13,071

91% live below 200% of poverty (Less than $23,541)
59% live below 100% of poverty (Less than $11,770)
31% are uninsured in 2014, 26% uninsured in 2015
24% have Medicaid, 24% in 2015 (65% children)
13% are covered by Medicare, increased to 17% in 2015
31% have some type of insurance often with very high deductibles, Increased to 33% in 2015
Montana’s Population: 1,023,579
- Silver Bow County: 34,680
- Madison County: 7,820
- Beaverhead County: 9,345

Per capita income ranges:
- Madison: $33,062 with 8.7% below poverty level
- Beaverhead: $22,872 with 15.1% below poverty level
- Silver Bow: $23,562 with 19.1% below poverty level
- Montana: $25,373 with 15.4% below poverty level
- National: $28,155 with 15.4% below poverty level

Montana is 12th highest for uninsured in the United States – 15% of the population
Top diagnoses in 2015

- Depression
- Hypertension
- Obesity
- Anxiety Disorders
- Diabetes
- Women’s health (paps, etc)
- OM
UDS Data 2015

90% Tobacco Screening and Counseling

89% of Children with Asthma Plan

73% CAD on Lipid agent

79% IVD on ASA or Antiplatelet agent

Diabetics  n=835  -  82% A1C < 9

70% of children < 3 UTD with immunizations

36% Colorectal screening
Cost of care is ~$808 per patient per year at our facility

Nearly all Health Centers outperform the average Medicaid Managed Care Organization performance benchmark for diabetes control, hypertension control, and receipt of a Pap test.

Currently, Health Centers serve over 22 million people through over 9,000 urban, suburban and rural locations in every state and territory.

Research demonstrates their ability to improve access to a regular source of care while holding down emergency room visits and overall health care costs.

The demand for Health Centers is escalating under health reform, and we stand ready to apply a proven model of care in more medically disenfranchised communities across the nation.
Although having insurance overcomes many fiscal barriers to accessing health care, it is not enough to guarantee high-quality usual source of primary and preventive care, including dental, behavioral health, and pharmacy care that are also critically important for improving health.

Health Centers’ unique and comprehensive model of care stand as a proven solution for breaking down multiple barriers to care, and are ready to expand access to millions more in need, regardless of insurance status.

Under current law, the Health Center Trust Fund is slated to expire by FY2016, leaving only discretionary funding to cover the program’s operations. Even assuming no further reductions (including no further sequestration cuts), current law would lead to a 70% funding reduction for all existing Health Centers.
Health Care For The Entire Community

WE ARE

THE COMMUNITIES WE SERVE