

Academic Medical Centers and Federally Qualified Health Centers: A Collaboration to Enhance Care of Underserved Communities

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BACKGROUND

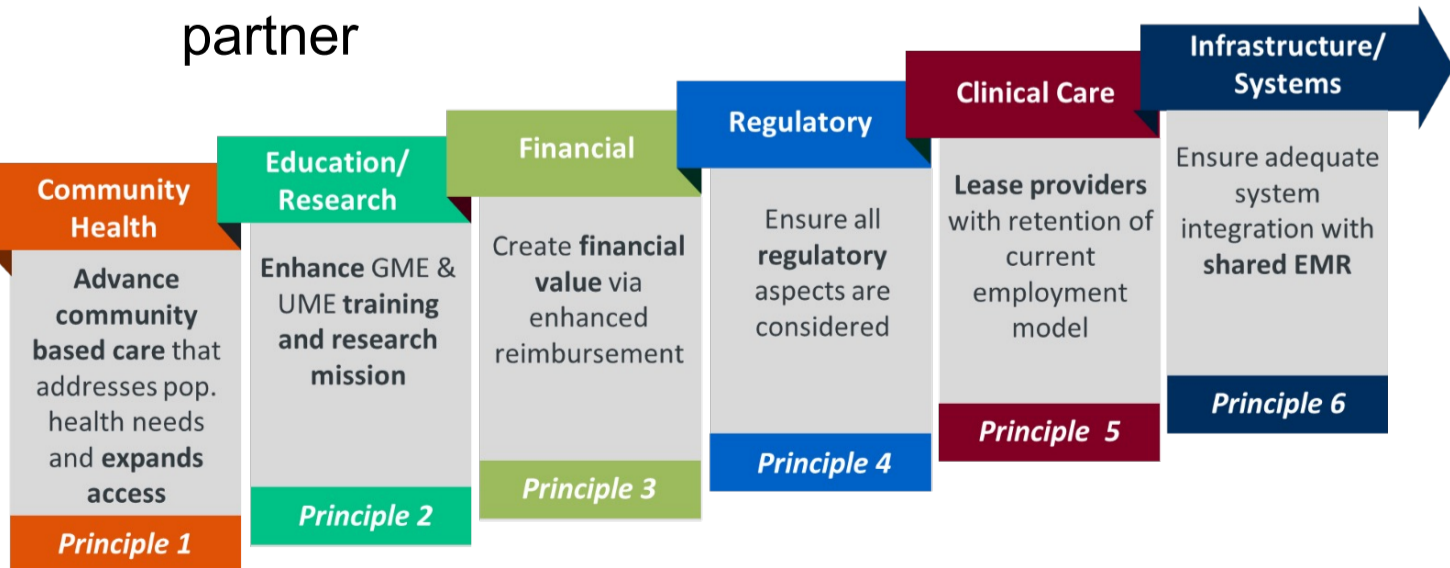
- Academic Medical Centers (AMCs) and Federally Qualified Health Centers (FQHCs) are both often tasked with providing care in medically underserved areas (MUAs)
- FQHCs provide comprehensive services for their community regardless of barriers
- AMCs are often challenged for financial sustainability, and FQHCs are frequently disconnected from engagement in teaching or research

STUDY OBJECTIVE

- We sought to assemble an integrated AMC-FQHC model, leveraging the strengths of each organization to provide more robust and financially sustainable care in MUAs

EXECUTION

- JHM's main site was East Baltimore Medical Center (EBMC), an East Baltimore primary care site with over 40,000 patient visits per year
- To select an FQHC partner, JHM released a Request for Application (RFA) to all Baltimore FQHCs
 - Baltimore Medical System (BMS), the largest FQHC in Maryland, was selected as the final partner



- Patient will be the beneficiary of this innovative care model, receiving unique wraparound services and enhancing existing services

RESULTS

Descriptive Metrics:

Metric	Description
Additional Roles	Implemented additional roles to support the clinic population, including additional physicians, mental health counselors, a substance use disorder counselor, care managers/RNs, a registered dietitian and certified diabetes educator, in-person translators, and community health workers
Branding	Reflected FQHC ownership while emphasizing JHM's ongoing commitment, with building exterior displaying "BMS 'together with' Johns Hopkins Medicine"

Patient Access Metrics:

Metric	Description
Patient volumes	Stable in part due to staffing challenges and COVID
New patients	Increase in self-pay and immigrant patient population
Payor mix	New Managed Care Organizations (MCOs) being served; enhanced revenue from FQHC billing improved financial position of clinic

Financial Metrics:

Metric	Description
FY2022 community benefit grant (CBG)	Over \$5 million, an improvement over initial operating loss and with enhanced services
FQHC grant revenue	Additional grants received for COVID initiatives, HIV programming, and behavioral health. Additionally, BMS received a benefit grant to support organizational operations
FQHC 340B pharmacy revenue and services	Improved sliding scale fee, expanded access to discounted drugs through the FQHC 340B program, and access to care partners that accept the sliding scale fee for services such as imaging and lab work

CONCLUSIONS

- This collaboration offers an approach to caring for vulnerable patient populations, combining FQHC expertise in community navigation with AMC clinical expertise
- The partnership offers a viable model for primary care for under-insured populations
- Next steps include tracking outcomes of trainees, furthering research opportunities, and determining best practices for other AMCs

LIMITATIONS

- The impact of COVID made for a significant confounding variable in this time-span
- Many unique challenges arose both in planning and executing this collaboration
- These are the results of a single site, questions of generalizability

IMPLICATIONS

- Through AMC and FQHC partnership, progress can be made in providing financially sustainable care in MUAs while preserving pedagogical and research opportunities