Florida Partnerships Bring Value

Beyond Primary Care

Florida Association of Community HEALTH CENTERS

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As the U.S. healthcare system rapidly moves toward value-based care, partnerships that help providers address the behavioral and social needs of vulnerable patients, in addition to their medical ones, are increasingly important. The outsized impact that these needs have on health outcomes is well established, and providers must effectively address them to improve health in the populations they serve. Private payers, Medicaid programs, and the U.S. Centers for Medicare and Medicaid Services (CMS), provide various incentives for programs and practices that support the non-medical needs of beneficiaries. However, primary care providers often have their hands full focusing on direct patient care, necessitating partnerships and greater integration that help link patients with other services. Two models offer promise for building FQHC capacity to address this priority in Florida.

Healthcare District of Palm Beach County Revolutionized Florida's Addiction Treatment Model

In 2021, over 6,400 people died from an opioid overdose in Florida. When state leaders sought best practices to combat the opioid crisis, the Healthcare District of Palm Beach County's FQHC program stood out as a successful model that could be standardized and scaled - which led to Florida's Coordinated Opioid Recovery Network (CORE)[1].

In 2017, more than six hundred people in Palm Beach County (PBC) died from opioid overdoses. This prompted community leaders to find a solution that was better than the siloed and fragmented U.S. addiction treatment system that has resulted in a revolving door of poor outcomes, recidivism, overdoses, relapse, and far too many deaths. As part of the health care safety net for the county, the Health Care District of Palm Beach County (which operates a Federally Qualified Health Center) worked with Palm Beach County Fire Rescue and JFK North Hospital to initiate a coordinated, evidence-based care model that was the first of its kind in the nation.

The Palm Beach County (PBC) model employed a three-pronged approach that integrated first responders, acute care, and long-term treatment. When a patient overdosed, first responders bypassed the closest emergency room and transported them to a highly specialized ER, where all physicians and nurses were trained to provide Medication Assisted Treatment (MAT) services[2]. When the patient was stabilized, trained experts provided a warm hand-off to the FQHC located next door. There, a team of psychiatrists, primary care physicians, and addiction-trained counselors provided continued MAT, properly diagnosed mental health and substance use disorders (SUD), and ongoing psychiatric services, primary care, individual, and group therapy. The program also helped link patients with resources to address their non-medical needs, such as inpatient rehab, housing, and transportation.

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[1] CORE is funded from a settlement the state reached with opioid manufacturers, distributors, and dispensers and is administered by the Department of Children and Families, through the state's seven regional Managing Entities. https://www.flcorenetwork.com/wp-content/uploads/2023/10/CORE-Network-Playbook.pdf

[2] The Food and Drug Administration (FDA) has approved three medications that safely and effectively treat opioid use disorder (OUD) to improve the health and wellbeing of people living with OUD. MAT is defined by ongoing, long-term treatment with one of these three medications.
https://www.naco.org/resource/osc-mat

Program outcomes were measured utilizing Brief Addiction Monitoring (BAM) indicators. Comprehensive data, based on 5,000 surveys, confirmed the success of the approach with consistent functional measures of success beyond sobriety. Since 2017, Opiod Use Disorder (OUD) patients at the FQHC have grown from 1,000 to 9,000 annual unique patients. The program has become the leading model in Florida. Sixty percent of OUD patients benefit from MAT, compared with less than 20% in traditional programs. Their model boasts a 70% patient retention rate, and a relapse rate below 2% after 15 months of care.

CORE is now operating in twenty-nine counties and saving countless lives,and Palm Beach County has become a national example for effective FQHC-based substance use disorder (SUD) treatment.

Florida Community Paramedicine/Mobile Integrated Healthcare Programs

Palm Beach County's Mobile Integrated Healthcare (MIH) Program played an integral role in making the PBC OUD/SUD program a success. Also known as "Community Paramedicine" (CP), MIH programs connect patients with primary care, behavioral, and social services. They are a response to the high percentage of emergency calls EMS agencies receive for non-emergent issues. An example cited in Bradford County, a small, rural, county in Northeast Florida, describes one resident that called EMS 54 times in one year, costing the county $39,000.

CP programs are generally housed within Florida's municipal fire and rescue departments and share the FQHC goal of improving individual health outcomes and community health, increasing care coordination, and reducing costs to the healthcare system. They can focus on substance use disorder, mental health, chronic diseases, fall prevention, a general reduction of inappropriate ED use, addressing patients' non-medical needs, or other areas, based on the priorities identified their communities.

Many community paramedics are trained and certified as Community Health Workers (CHWs), and are widely trusted in their communities. MIH programs partner with primary care providers, extending their reach into the home and even the hardest to reach places and populations, such as people experiencing homelessness living on the streets. In addition to providing education, medication management, ED follow up care, and linkages to needed services, many can perform in home labs and diagnostic tests, infusions, vaccines, wound care, and other services. They can facilitate telehealth visits in the home and have a wealth of data and insights into health and social needs, health outcomes and healthcare utilization in the areas they serve.

HRSA recognized the strong potential of Community Paramedicine – FQHC partnerships in 2023, by awarding the first place prize in their Primary Healthcare Challenge to a program affiliated with Great Mines Community Health Center and the Washington County Ambulance District in Missouri. The Great Mines partnership focused on improving outcomes for "Non-compliant" diabetic Medicaid patients. They achieved a 100% reduction in ED visits for diabetes, while increasing patient hypertension and HbA1c control significantly, in addition to compliance with eye and foot exams. The FQHC no-show rate for participating patients dropped from 31% in 2021 to 4% in 2022, with a corresponding positive impact on FQHC operations and revenue. The number of CP programs in Florida has doubled over the past five years, reaching over one hundred, with no signs of stopping.

Conclusion

FQHC partnerships with other providers, such as behavioral health centers and Community Paramedicine / Mobile Integrated Healthcare (MIH) Programs, hold promise for improving health outcomes and reducing healthcare costs. These collaborations position health centers to capitalize on value based care arrangements, which will increasingly dominate how providers area paid. The State of Florida, private insurers, FACHC, and others recognize this potential and are each promoting partnerships in our own ways, with our respective stakeholders. For example, FACHC is participating for the second time in the Mobile Integrated Healthcare Summit in June 2025. The PCA is also featuring Joel Rowe, M.D., Chief Medical Director for the Gilchrist and Lake County EMS programs, a professor of Emergency Medicine at the University of Florida, and a vocal champion for primary care-prehospital medicine partnerships, in a session at our annual meeting in July. Florida is building momentum for FQHC / Community Paramedicine partnerships and increasing opportunities are coalescing around the idea.

FACHC will stay actively engaged with other organizations in Florida that bring value to patients, providers, and payers, and keep health centers abreast of emerging opportunities and promising practices.

RELATED RESOURCES

Coordinated Opioid Response Network (CORE) Resources

- Florida CORE Network Directory
- Healthcare District of Palm Beach County (FQHC) Addiction Treatment presentation
- Secretary Harris Announces Enhancements to CORE Florida DCF, March 2025

Community Paramedicine/Mobile Integrated Healthcare Resources

- FACHC FQHC-Community Paramedicine Partnerships webinar recording, slides, and resources
- Matter of FACHC article about Florida's Mobile Integrated Healthcare Programs
- Florida Department of Health Community Paramedicine (MIH Program) Video
- Florida Department of Health Directory of Mobile Integrated Healthcare Programs

Florida Managing Entities

- Map of Florida Managing Entities
- Enhancing Lives, Ensuring Accountability: The Value of Florida's Behavioral Health Managing Entities Florida Tax Watch Report, February 2025
- Directory of Regional Managing Entities with annual reports

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