

**Presentation to the
Community Health Resources Commission**

**Weaving a Strong Safety Net
Health Centers:
Models for Quality Primary Care**

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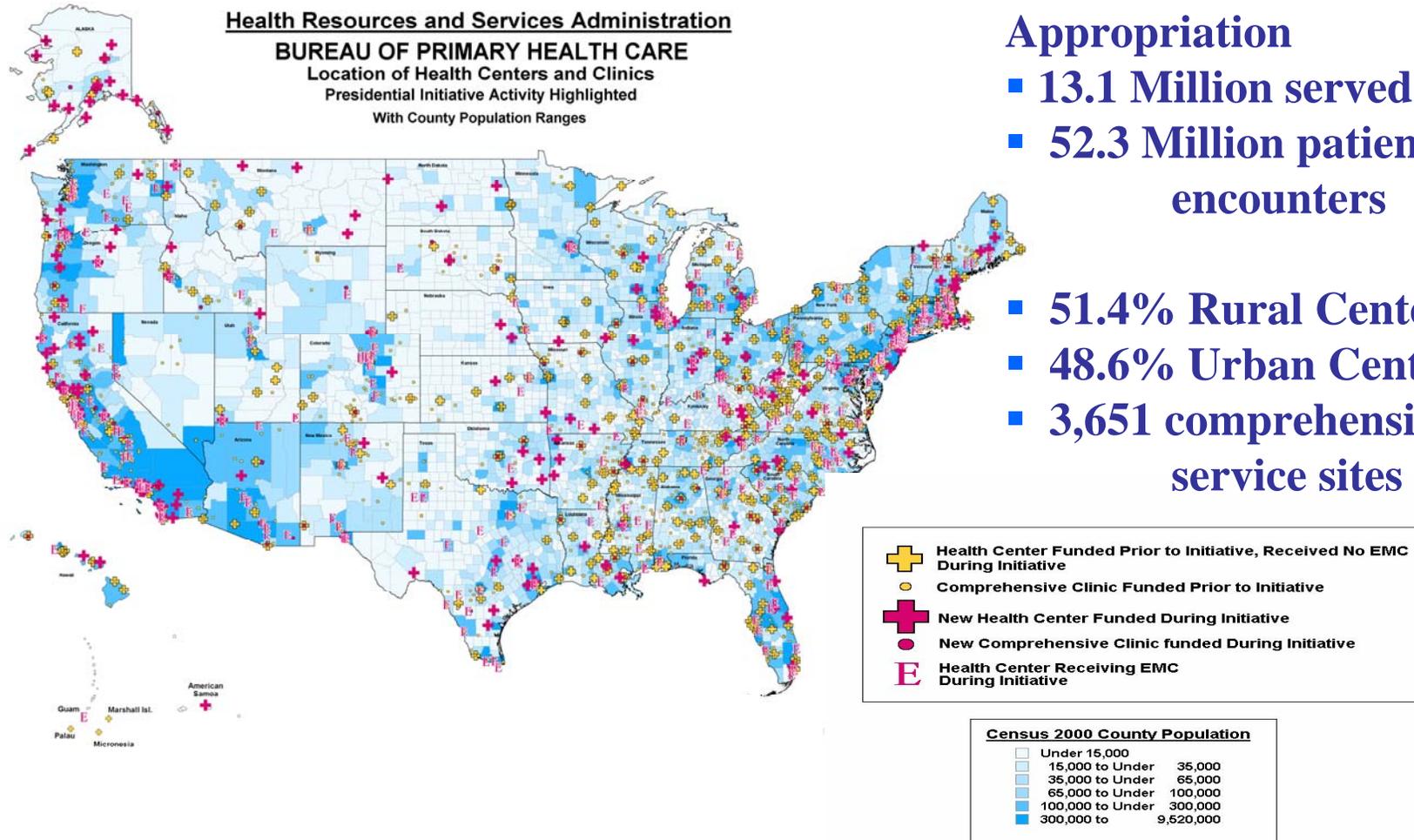


Health Center Program: Background

- Health centers that receive a federal grant are called PHS Section 330 Federally Qualified Health Centers (FQHCs)
- HRSA provides federal grant funding to 954 health center grantees with over 3,700 comprehensive service sites that deliver primary and preventive care
- Created in 1965 under the Johnson Administration's War on Poverty
- Authorized under 2002 Amendments of the Health Centers Consolidated Care Act of 1996, section 330 of the Public Health Service Act. The Consolidated health centers program includes:
 - Community Health Centers
 - Migrant Health Centers
 - Health Care for the Homeless Programs
 - Public Housing Primary Care Programs

Goal: Improve Access to Care Health Center Program – CY 2004

- 1.7 Billion FY '05 Appropriation
- 13.1 Million served
- 52.3 Million patient encounters
- 51.4% Rural Centers
- 48.6% Urban Centers
- 3,651 comprehensive service sites



Source: Uniform Data System, 2004

Health Center Program: Fundamental Principles

- **Involve the community**
 - Directed by governing board
 - Majority (51%) must be patients of the health center
 - Approves budget, selection of health center director, establishes general policies

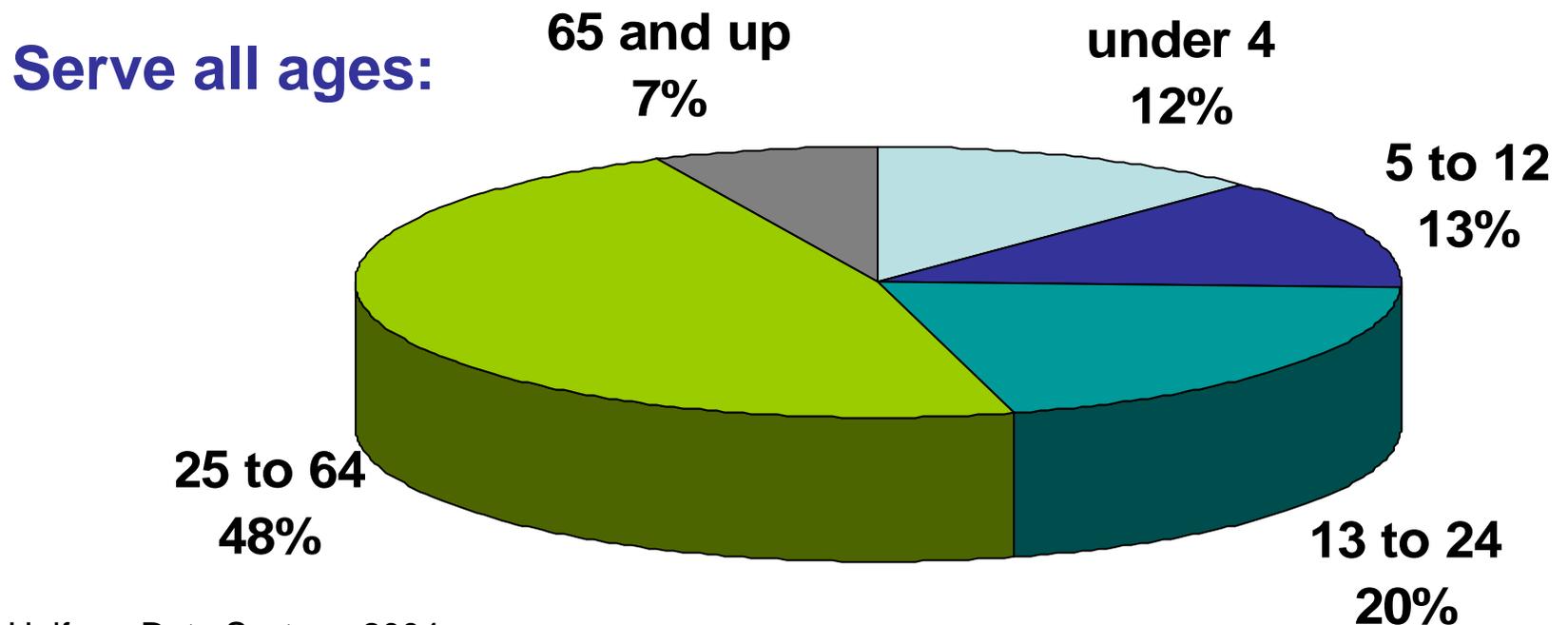
Health Centers: Fundamental Principles

- **Focus on needs of the underserved**
- **Assure high quality care delivered by professional staff**
- **Provides comprehensive primary health care**
- **Establish partnerships in the public and private sectors**

Health Center Program – CY 2004

Who Do We Serve?

- 91.1% of clients are below 200% poverty
- 40.1% are Uninsured
- 63.5% are Racial/Ethnic minority
- 726,813 Migrant/Seasonal Agricultural Workers
- 703,023 Homeless Clients

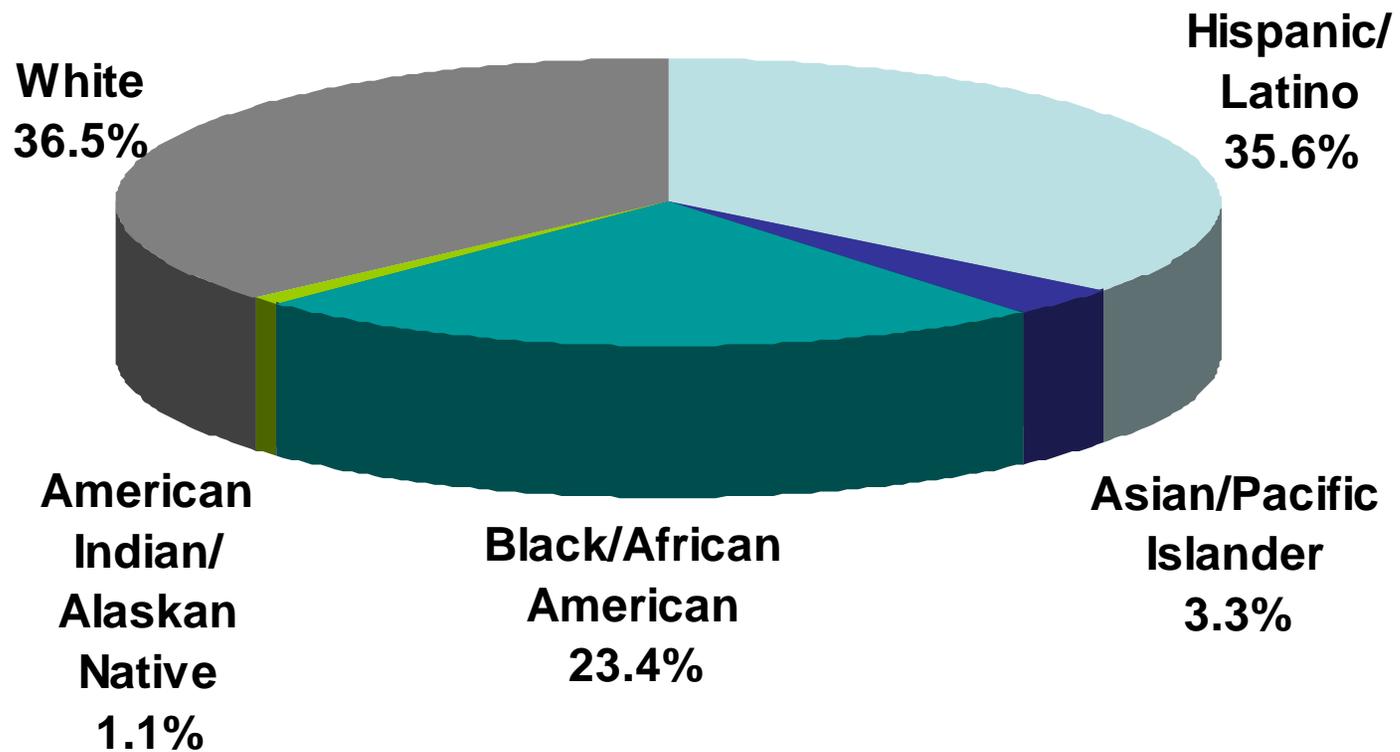


Source: Uniform Data System, 2004

Health Center Program – CY 2004

Who Do We Serve?

Health Center Patients by Race and Ethnicity



Source: Uniform Data System, 2004

Large Health Center

- **18,984 patients**
 - **57% low income**
 - **46% uninsured**
- **Staff of 13 physicians**
 - **Provide almost 40,000 encounters**

Small Health Center

- **4,984 patients**
 - **66% low income**
 - **44% uninsured**
- **Staff of 2 physicians**
 - **Provide over 8,500 encounters**

Federally Qualified Health Center (FQHC) Look-Alike Program

- A FQHC Look-Alike operates under the same fundamental principles as our health center grantees, but does not receive grant funds.
 - Must be governed by a board which a majority must be patients of the health center
 - Must serve all regardless of ability to pay
 - Provides comprehensive primary care

FQHC Look Alike Program

Program Benefits

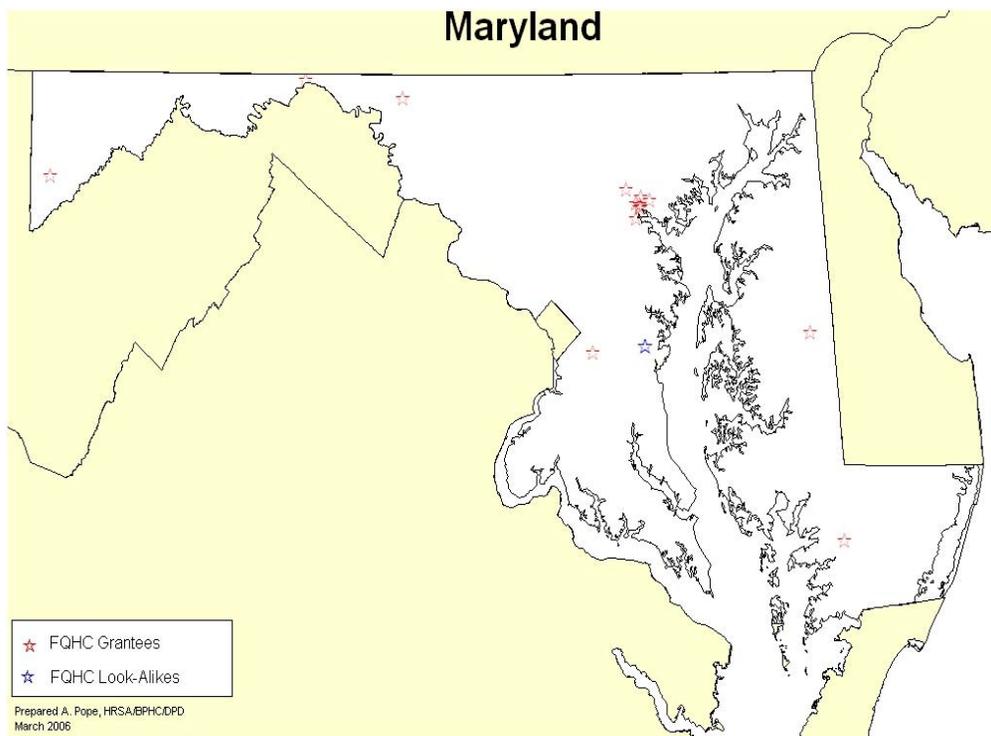
- Enhanced Medicaid and Medicare reimbursement
- Participation in discounted drug pricing program
- Eligible for National Health Service Corps providers

Current Program

- 118 Look-Alikes in 29 States

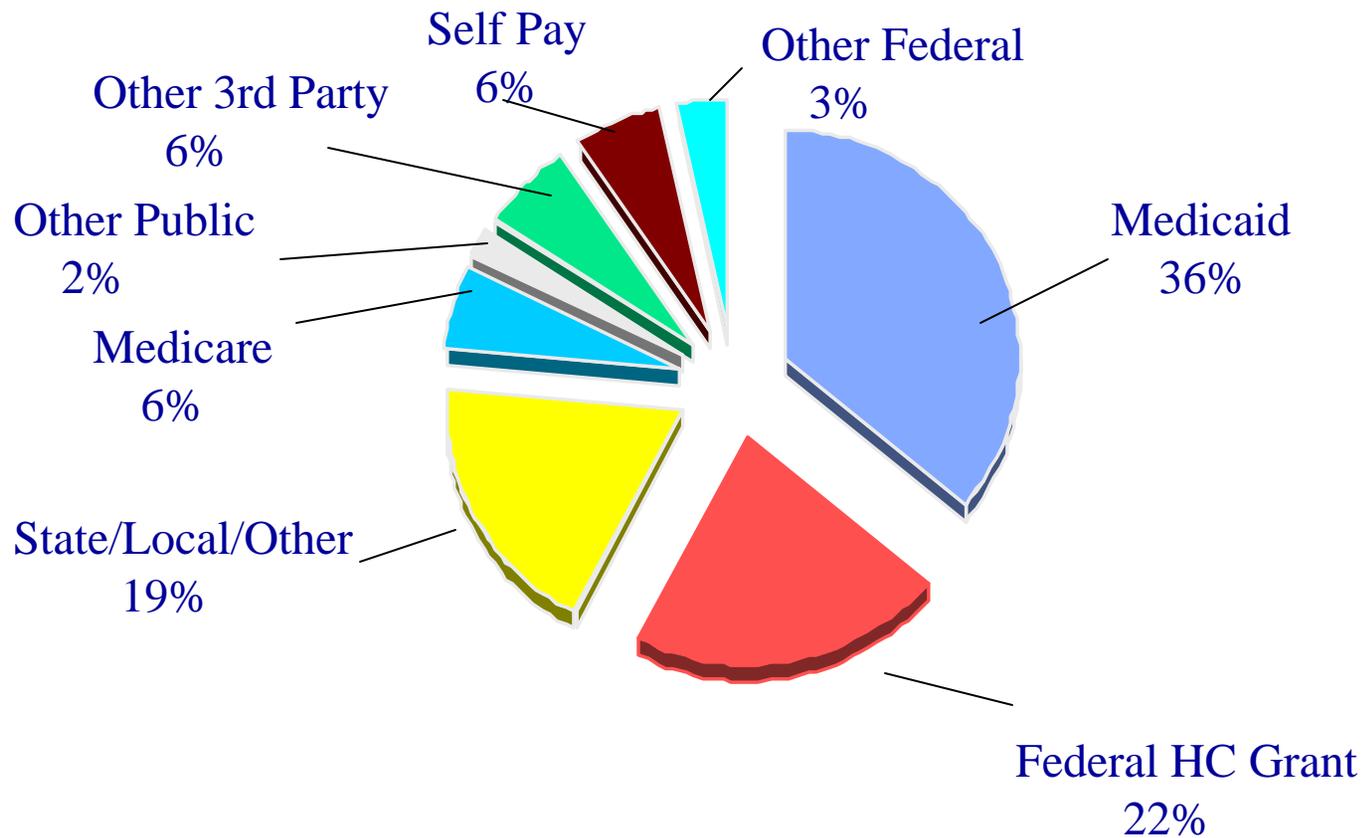
Improve Access to Care Maryland

HEALTH RESOURCES AND SERVICES ADMINISTRATION
Bureau of Primary Health Care
Location of Health Center Grantees and Service Delivery Locations



- In 2004, 13 BPHC grantees in Maryland served over 161,442 people
 - Over 48,000 were uninsured
 - Over 15% were age 5 and under
- Provided 521,351 medical encounters in 2004
- There is 1 FQHC Look-Alike

HEALTH CENTERS: SOURCES OF FUNDING (CY 2004)



Source: Uniform Data System, 2004

Goal: Achieve Excellence in Management Practices Medicaid & Health Centers

- Medicaid enrollment grew by 5.2 percent in FY 2004 and is expected to grow by 4.7 percent in FY 2005. Enrollment also grew among seniors and people with disabilities whose health care needs are greater and substantially more costly than low-income families.
- Between 2002 and 2005, all states reduced provider (i.e. hospitals, physicians, or nursing homes) rates and implemented prescription drug cost controls, 38 states reduced eligibility, and 34 states reduced benefits.

Sources: State Fiscal Conditions and Medicaid *Kaiser Commission on Medicaid and the Uninsured*, The Henry J. Kaiser Family Foundation, publication (#7220), November, 2004.

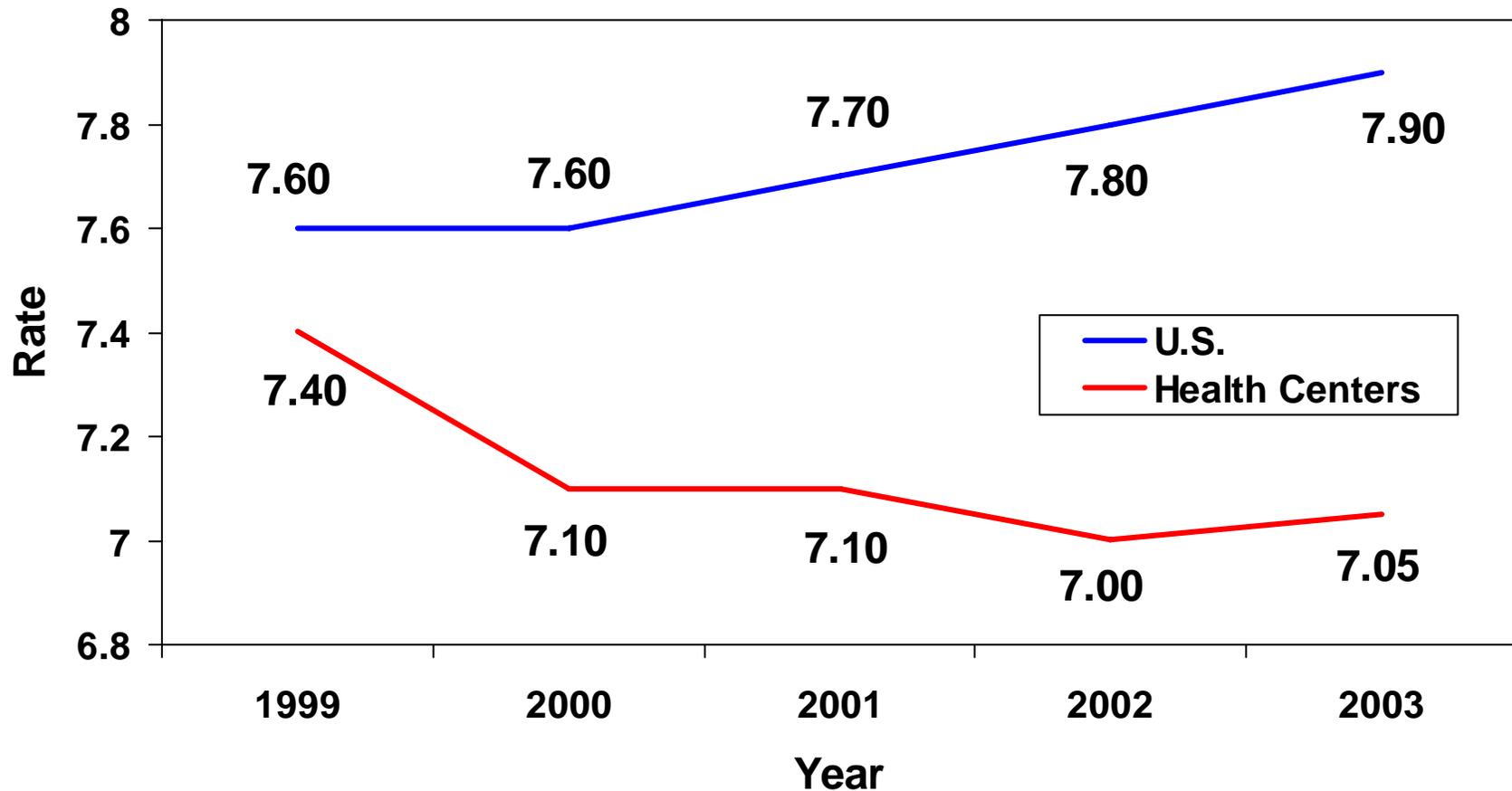
Goal: Achieve Excellence in Management Practices

Health Center High Quality Care

Consistent Performance

- Cost of treating Health Center Medicaid patients is 30-34% less than cost for those receiving care elsewhere; 26-40% lower for prescription costs; 35% lower for diabetics; 20% lower for asthmatics. Center for Health Policy Studies. Final Report; November 1994.
- Health Center Medicaid patients are 22% less likely to be hospitalized for potentially avoidable conditions than those obtaining care elsewhere. Falik et al. Medical Care Vol. 39, No 6; 2001.
- Health Center Medicaid patients are 11% less likely to be hospitalized for potentially avoidable conditions than those **with a usual source of care** who obtained care elsewhere. ACSC II Study Accepted for Publication, Journal of Ambulatory Care Management

Goal: Improve Quality of Care Low Birth Weight

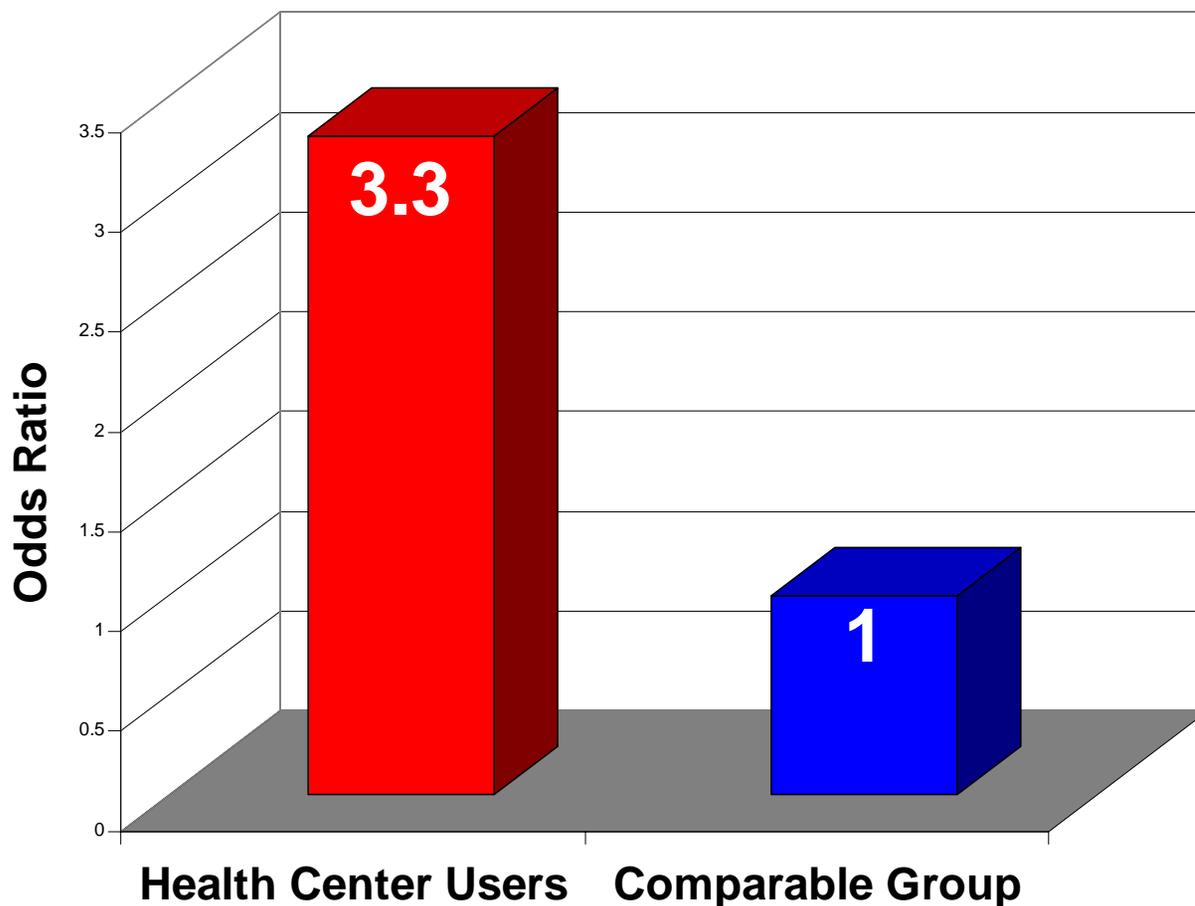


Sources: Uniform Data System, 1999 – 2003
National Center for Health Statistics (NCHS) - Health U.S. 2003

Goal: Improve Quality of Care

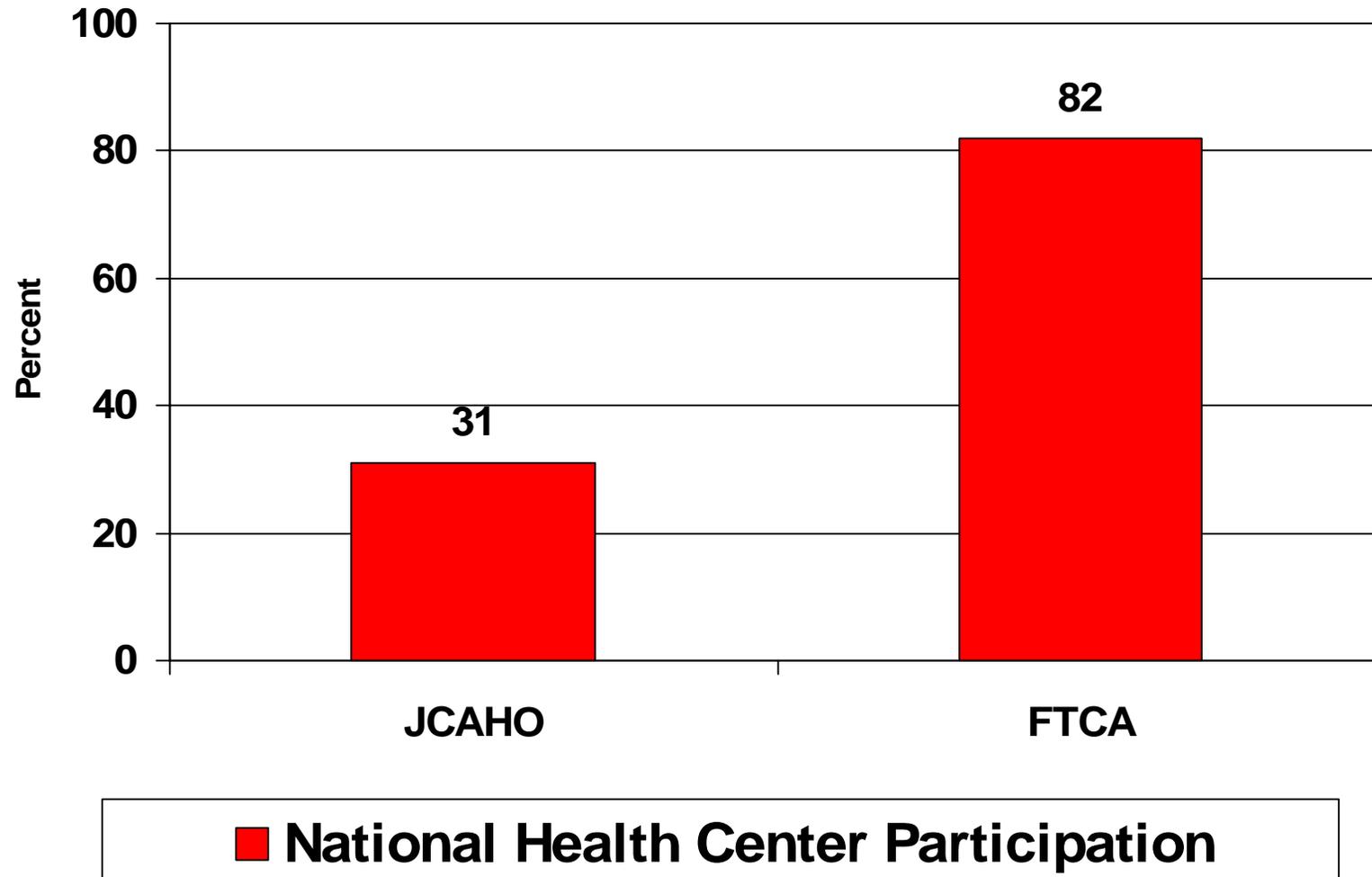
Health Center Chronic Disease Management

African Americans & Hispanics with Hypertension at Health Centers are 3 Times as Likely to Report Blood Pressure Under Control as NHIS Comparable Group



Sources: National Health Interview Survey & Health Center User Visit Survey
Measure is 140/90 and hypertension control is self-reported.

Goal: Improve Quality of Care Progress on Key Quality Initiatives



Source: Uniform Data System 2004

Health Center Growth and Workforce

By

2006:

- ✓ 1,200 new or expanded health centers
- ✓ 6 million additional people served

Workforce Needs

- Health Centers need 36,000 new staff including:
 - ~11,000 clinicians, which includes: 3,100 MD/DOs; 4,000 nurses; 1,700 NPs, PAs, CNMs; 600 DMDs; 200 dental hygienists; 900 mental health & substance abuse specialists; 900 other health professionals
- Demand for health professionals will grow at twice the rate of all other occupations
- Nation can anticipate overall physician shortages and shortages in nursing and pharmacy

The National Health Service Corps (NHSC)

The NHSC is committed to improving the health of the Nation's underserved:

- Uniting communities in need with caring health professionals
- Supporting communities' efforts to build better systems of care

NHSC Scholarship Program

- Scholarships to students who commit to practicing primary care in HPSAs of greatest need upon completion of education or training.
- Period of service is 1 year for each year of scholarship support, with a 2-year minimum service commitment.
- Students choose their practice site from a list of approved sites located in areas of greatest need across the country.

NHSC Federal Loan Repayment Program

- Repayment of educational loans for clinicians who commit to provide full-time clinical service in a HPSA of greatest need.
- Minimum 2-year service commitment.
- Clinicians secure employment at an NHSC site: Higher scoring HPSA sites are given priority for awards.
- Maximum repayment during the required initial 2-year contract is \$50,000. Opportunities to continue in the program may be available for 1 year intervals beyond the 2-year commitment.

On-line Job Postings: “NHSC Opportunities List”

- The “NHSC Opportunities List” is a valuable resource to health professionals seeking jobs in underserved communities nationwide.
- “Profiles” of employment sites will be forthcoming which will assist candidates in their search for the “right fit.”

Top Ten Reasons to Work at a Health Center

10. Work in **interdisciplinary** teams
9. Deliver **comprehensive, high quality** health care
8. Provide **culturally competent** health care
7. Serve **diverse vulnerable populations** and areas
6. **Treat the whole patient**
5. Community-Based and **Community Directed**
4. **Overcome** economic, geographic, cultural **barriers** to care
3. **High quality, skilled health professionals** needed
2. **Serve all individuals, regardless of ability to pay**
- 1. INCREASING ACCESS TO QUALITY HEALTH CARE
CHANGES LIVES**

Top Ten Reasons to Work at a Health Center

"It's almost a cliché, but if you're interested in providing the highest quality primary care...there's no more interesting, challenging, and rewarding place to work than a community health center."

**-Margaret Flinter, M.S.N., A.P.R.N.,
*Community Health Center, Inc., Connecticut***

"When I get home in the evening, I feel I've done something worthwhile today... You have an ability to influence your generation...you can in fact change the scope of medicine and fulfill the mission of the NHSC which is 'service to all and access to all'."

**-Celia Lloyd-Turney, M.D.,
*Central North Alabama Health Services, Inc.***

Bureau of Primary Health Care Resources

Bureau of Primary Health Care:

<http://bphc.hrsa.gov/>

Contact your State Primary Care Association:

<http://bphc.hrsa.gov/osnp/pcapco.htm>

NHSC Opportunities List

<http://nhsc.bhpr.hrsa.gov/jobs/>

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