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# Community Health Centers: Delivering Value to Patients and Communities



COMMUNITY  
HEALTH NETWORK  
OF WASHINGTON

Washington  
Association of  
**COMMUNITY  
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CENTERS**

The *Affordable Care Act's* (ACA's) goal is to expand coverage for nearly all Americans—and community health centers (CHCs) nationwide are at the forefront of this effort. In Washington, CHCs have worked for over 40 years to provide care to low-income and other special populations in rural and urban communities across the state. As more Washingtonians gain coverage with the ACA, CHCs will continue to be a leading health care home option because of their proven success in providing quality primary care, including behavioral health and dental to hundreds of thousands of medically underserved people in Washington.

## Delivering Value to Patients: CHCs are required to:

- **Provide health care to all, regardless of ability to pay.** This includes providing care on a standard sliding fee schedule based on income.
- **Offer comprehensive health care services.** This includes offering a broad range of wraparound (or supportive) services to complement consistent and affordable health care delivery.

**Value in Access:** Providing health care to anyone, regardless of their ability to pay increases access to care, especially for low-income and other special populations. In 2012, Washington's 26 CHCs served more than one in ten Washingtonians (790,000 patients) at over 180 sites. Of these patients:

- The majority (69%) lived at or below the federal poverty level (about \$23,500 for a family of four) and most (94%) were under two times the federal poverty level (about \$47,000 for a family of four);
- More than one-third (35%) were uninsured;
- Over two-fifths (43%) were on Medicaid;
- More than one-half (51%) were visible minorities;
- Nearly 94,000 were migrant and seasonal farm workers;
- Almost 79,000 were homeless; and
- Over 12,000 were veterans.

CHCs also deliver value to patients by offering services that are typically beyond what other health care providers such as hospitals or out-patient clinics provide. In addition to offering comprehensive primary health care services, CHCs offer specialty care (such as dental, mental health, and substance abuse care). To complement these services, CHCs also offer *wraparound or supportive services*, which may include:

- Nutrition education
- Care coordination
- Transportation
- Translation services
- Case management
- Outreach

As a result, CHCs serve a much higher percentage of patients on Medicaid and the uninsured. This also means that in 2014 the ACA will have a significant impact on CHCs, which anticipate that of their almost 280,000 uninsured patients, almost two-thirds (64%) are eligible for Medicaid and almost one-fifth (17%) for tax subsidies for private insurance on the Health Benefit Exchange (HBE). Even with this, CHCs anticipate continuing to serve patients that will remain uninsured, including those that are unable to afford private insurance plans on the HBE and foreign nationals ineligible for Medicaid.

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**Value in Care Delivery:** Washington CHCs deliver value to patients by using a number of innovative care delivery concepts, including:

- **A patient-centered medical home model** to provide care to their patients. CHCs also integrate behavioral health into primary care delivery.
- **Electronic health records (EHRs)** to improve accessibility, reliability, and quality of patient records. All Washington CHCs have implemented EHRs and are moving towards the meaningful use of those records to help improve clinical quality measures.
- **Tele-pharmacy** to offer high-quality pharmaceutical services to their patients without needing a pharmacist to be physically located at a CHC site.

**Value in Quality:** Drawing from years of experience on the front lines of health care, CHCs deliver quality care to patients by producing positive clinical outcomes—from healthier newborns to better health for adults with chronic illnesses.

Washington CHCs have improved screening rates and health outcomes for patients with diabetes, hypertension, and other chronic conditions; and provide preventive screening services like pap smears for their patients at higher rates than comparable national groups. In 2012, Washington CHCs exceeded the national average for:

- Hypertension patients with blood pressure under 140/90;
- Diabetic patients with HbA1c levels of less than 9%; and
- Female patients receiving one or more pap smears.

**Delivering Value to Communities:** CHCs are also required to:

- **Be located in or serve a high-needs community.** These are defined as having a high percentage of people living in poverty, areas with few primary care physicians, higher than average infant mortality rates, and high percentage of the elderly.
- **Be governed by a community board.** Members must include a majority (at least 51%) of health center patients, who are authorized to oversee CHC operations.

These requirements allow CHCs to become neighborhood-based, patient-directed centers that are so intertwined with their local area that they can often quickly identify the health needs of the community and design effective community-based solutions before others even understand the underlying dynamics.

**Value as Economic Drivers:** What is less touted is the economic activity CHCs generate in communities. In 2011, Washington CHCs produced **more than \$1 billion in overall economic benefits to the state**. CHCs also generated **almost 6,000 jobs directly** and supported an additional 3,000 jobs in other industries.

Washington CHCs have been economic drivers by using funds from the ACA and the *American Reinvestment and Recovery Act of 2009*, and building new health centers and expanded existing ones. New CHC sites have opened recently in Arlington, Everett, and Midway. New CHC sites will open soon in Quincy, Shoreline, and Tacoma. Existing sites have expanded in Lake City, Spokane, and Yakima. These sites will help CHCs meet the anticipated increase in demand for all health care services, including dental and behavioral health.

Washington CHCs are also creating jobs by actively expanding their **medical residency programs** to ensure that there is an adequate physician workforce that is familiar with the needs of CHC patients. Efforts are also underway to launch a **medical assistant training program**. This will ensure that clinical staff are trained and prepared to serve Washington's CHC patients.