



THE GROWING IMPORTANCE OF THE COMMUNITY HEALTH CENTER

#### Introductions:



 Welcome and Introduction to the RCHN Community Health Foundation Webcast Series by: Feygele Jacobs, MPH, MS EVP/Chief Operating Officer RCHN Community Health Foundation



## Featured Speaker:

 H. Jack Geiger, MD, MSc *Medical Professor Emeritus* Community Health and Social Medicine Sophie Davis School of Biomedical Education The City College of New York

## Featured Speaker:



Sara Rosenbaum, JD

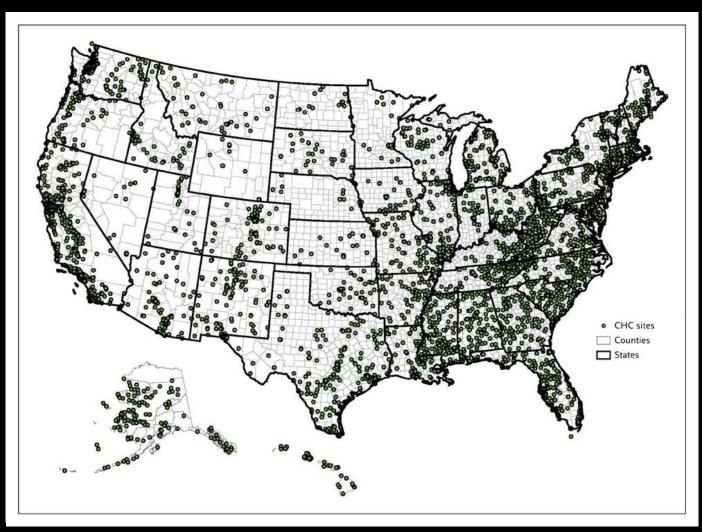
Hirsh Professor and Chair

Department of Health Policy

School of Public Health and Health Services

The George Washington University

#### **Nationwide Distribution of Community Health Center Sites, 2008**



Adashi E et al. N Engl J Med 2010;362:2047-2050



#### Percentage of the Population of Each State Served by Community Health Centers, 2008



Adashi E et al. N Engl J Med 2010;362:2047-2050



# **Key Reforms -- ARRA**

- \$2 billion in appropriations for new grantees, new access points, new services
- Eligible for HIT adoption incentives under Medicaid

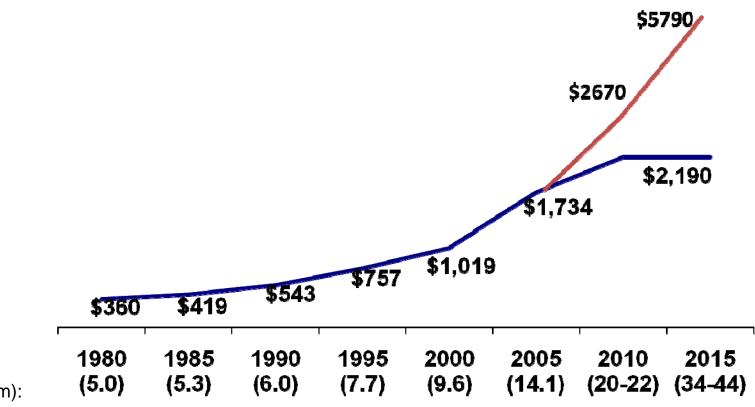
# **Key Reforms – Affordable Care Act**

- Medicaid expansion to 133% FPL (138% with income disregards)
  - FQHC coverage and payment methodology, traditional eligibles
  - FQHC payment methodology, new eligibles
- Medicare revision of FQHC payment methodology and elimination of payment cap
  - Elderly health center patients grew 13 times faster than low income elderly population between 1996 and 2008
- Exchange affordability and cost sharing assistance (legal immigrants)
  - FQHC payment methodology, qualified health plans sold in state exchanges
  - Essential provider status, qualified health plans sold in state exchanges
  - Benefit package for essential benefit plans

# **Key Reforms – Affordable Care Act**

- Health centers permanently authorized
- Health Center Trust Fund
  - Part of the reconciliation amendments to ACA
  - \$11 billion FY 2011-2015, appropriated
- National Health Service Corps Trust Fund
  - \$1.5 billion, FY 2011-2015
- Quality improvement demonstrations
  - Medical homes for persons with chronic illnesses
  - ACOs, potentially building on health center networks
  - Dual enrollee demonstrations and pilots

## Growth in Health Center Appropriations, 1980 – 2015 (in millions)

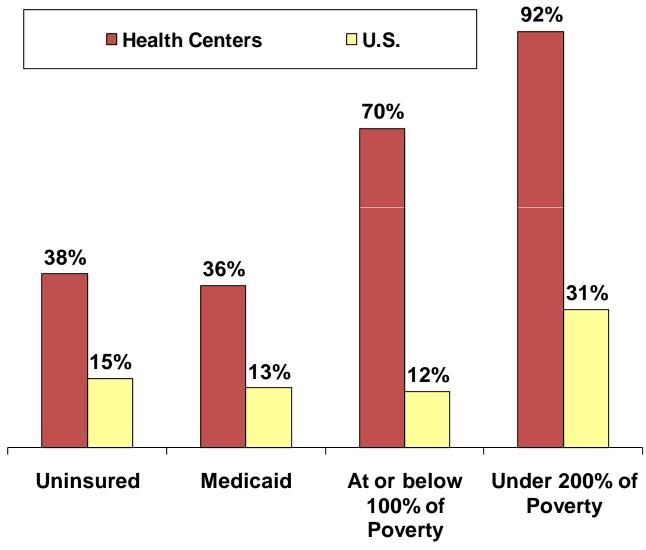


No. Patients (m):

SOURCE: Data from the National Association of Community Health Centers; 2010-2015 patient estimates by authors.

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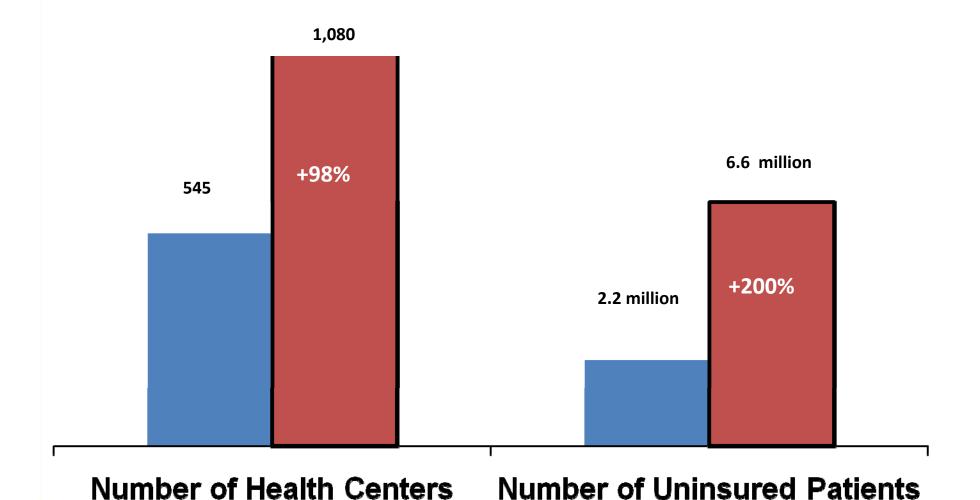
#### **Poverty and Health Insurance Status of Health Center Patients**



Source: GW Analysis of UDS data, 2008 and Current Population Survey: Census 2008.

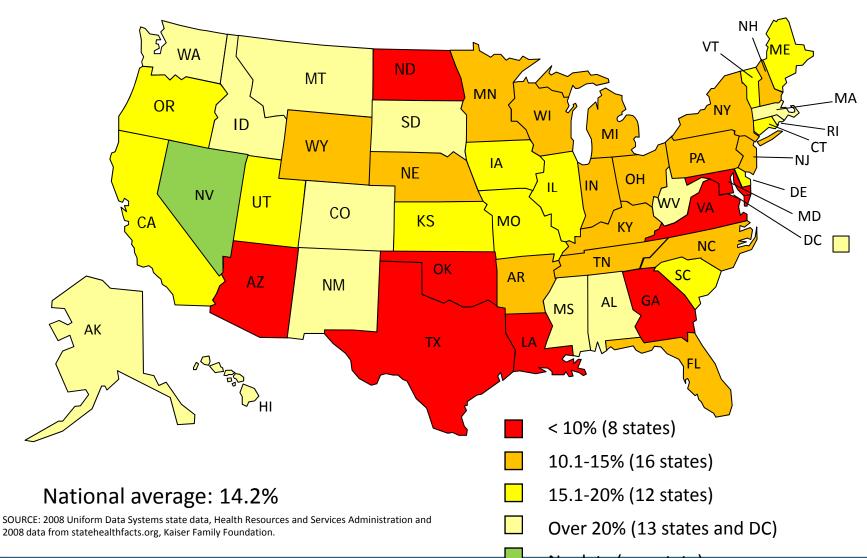
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#### Growth in Number of Health Centers and Uninsured Patients, 1990 vs. 2008



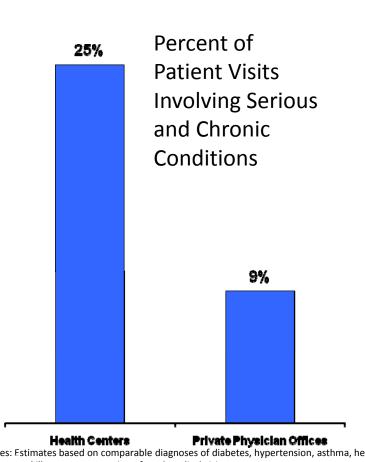
SOURCE: 1996-2008 UDS, HRSA; 1990 estimates provided by NACHC.

#### Percent of Uninsured Residents Served by Health Centers, by State



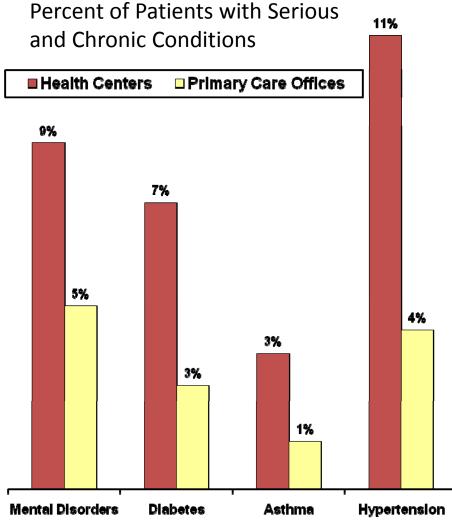
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## Health Center Patients and Visits are Chronic Illness-Related Compared With **Office-Based Physicians**



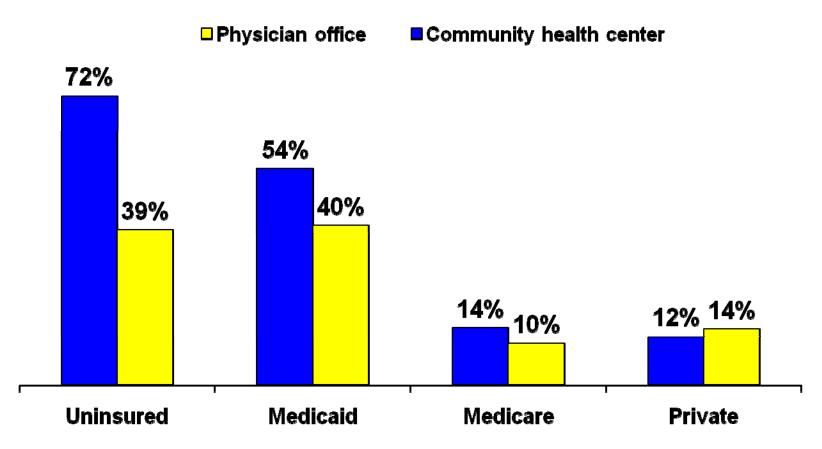
Notes: Estimates based on comparable diagnoses of diabetes, hypertension, asthma, heart disease and mental illness as a proportion of total medical visits.

Source: Burt CW, McCaigL F, Rechtsteiner EA. Ambulatory medical care utilization estimates for 2005.Advance data from vital and health statistics; no 388. Hyattsville, MD: National Center for Health Statistics. 2007. Health center data from 2007 UDS. HRSA.



Source: Private Physicians from 2006 NAMCS (CDC National Center for Health Statistics, 2008). UDS, 2006.

# Patient Visits Experiencing Referral Difficulties, by Coverage Source: Health Centers and Physician Practices, 2006



Source: CDC/NCHS, 2006 National Ambulatory Medical Care Survey by Esther Hing and David A. Woodwell, Differences in physician visits at community health centers and physician offices: United States, 2008

# **Challenges and Opportunities**

- Medicaid implementation
  - Driver of health centers
- Exchange implementation
- Enforcement of qualified health plan network and payment rules
- A new Medicare payment methodology
- Ramping up the program
  - 30-40 million served by 2015
  - Workforce challenges
- Shifting patient characteristics
- Clinical and financial integration and network formation
- State implementation of Medicaid HIT incentives





### Thank You

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