

HRSA's Health Centers

Health Center Program 101

Fall 2007

Topics Covered

- Bureau of Primary Health Care Mission
- Health Center Program Overview:
 - Requirements and benefits
 - Who we serve
 - Sources of revenue
 - Workforce
- The President's Health Centers Initiative

Our Mission

Improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.

Health Center Program Overview



Health Center Program: Background

- ❑ Federal support for health centers began in 1965 under President Johnson's War on Poverty.
- ❑ Currently authorized under the 2002 Amendments of the Health Centers Consolidated Care Act of 1996, section 330 of the Public Health Service (PHS) Act. The Health Center Program includes:
 - ❑ Community Health Center Program – section 330(e)
 - ❑ Migrant Health Center Program – section 330(g)
 - ❑ Health Care for the Homeless Program – section 330(h)
 - ❑ Public Housing Primary Care Program – section 330(i)
- ❑ HRSA provides federal grant funding to over 1,000 health center grantees in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin that deliver primary and preventive care through over 4,000 comprehensive service sites.
- ❑ Health centers that receive a federal grant are often referred to as PHS section 330 Federally Qualified Health Centers (FQHCs).

Health Center Program: Fundamental Principles

- ❑ Private non-profit or public entities that must be **located in or serve a high need community**, i.e. medically underserved areas (MUA) or medically underserved populations (MUP);
- ❑ **Governed by a community board** composed of a majority (51%) of health center patients who represent the population served;
- ❑ Provide **comprehensive primary care** services as well as supportive services such as education, translation and transportation that promote access to health care;
- ❑ Services **available to all** with fees adjusted upon ability to pay;
- ❑ Meet other performance and accountability requirements regarding administrative, clinical, and financial operations.

Health Center Program: Benefits

- ❑ Access to Federal grant funds to support the costs of uncompensated care
- ❑ Enhanced Medicaid and Medicare Reimbursement
- ❑ Participation in the 340B (discounted) Drug Pricing Program
- ❑ Automatic Health Professional Shortage Area Designation and participation in National Health Service Corps
- ❑ Federal Tort Claims Act (FTCA) malpractice coverage

Health Center Program: Services

Must provide either directly or through contract or established arrangement:

- All required primary and preventive services
- Supplementary services including referrals to other providers (specialists when medically indicated) and health related-services (substance abuse and mental health services)
- Case management services (counseling referral, and follow-up) and other services deigned to assist patients in establishing eligibility for programs that provide financial assistance
- Enabling services including outreach, transportation and translation
- Education regarding the availability and proper use of health services
- Additional health services as appropriate including behavioral and mental health and substance abuse services, recuperative care and environmental health services

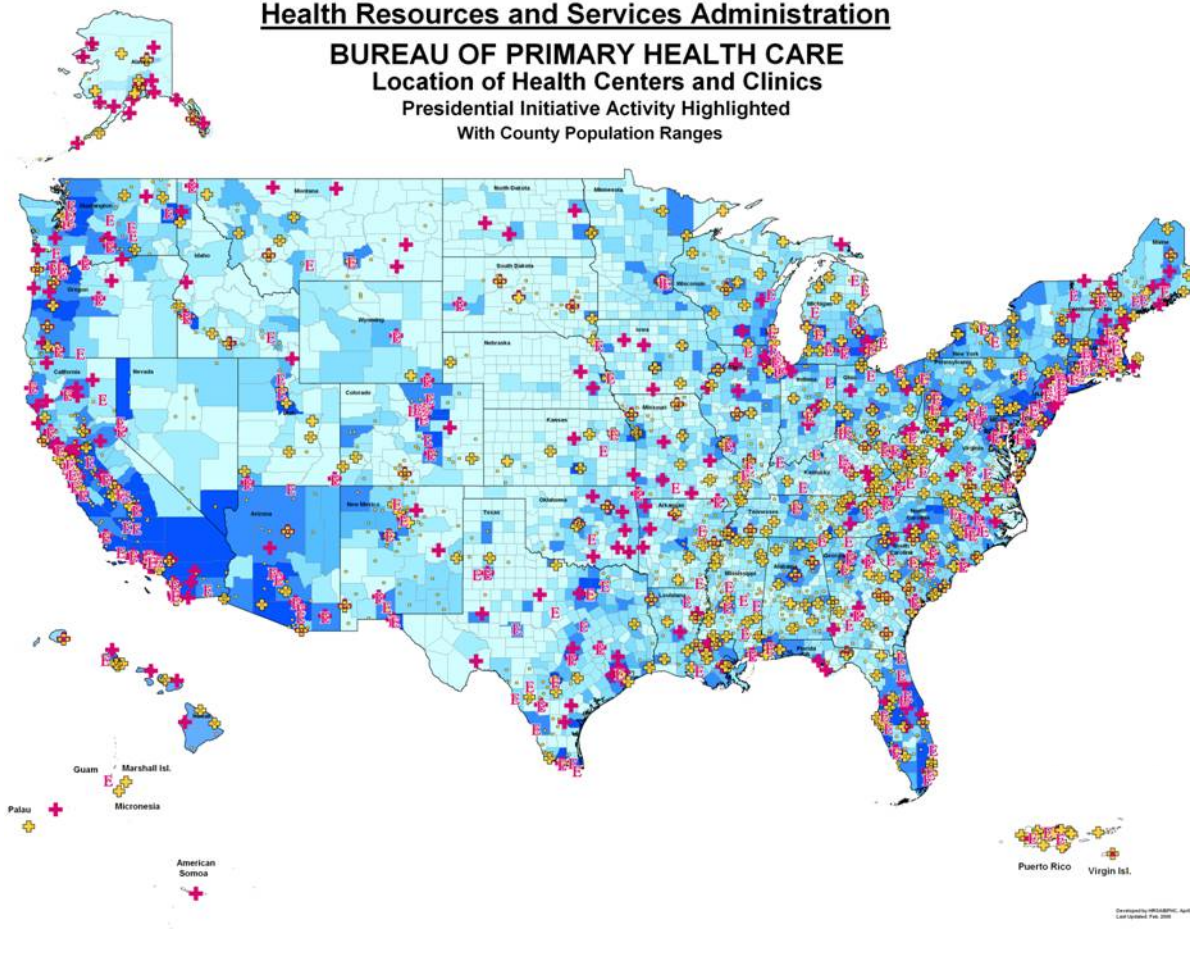
Health Center Program: Calendar Year 2006

Health Resources and Services Administration

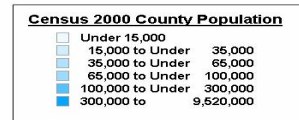
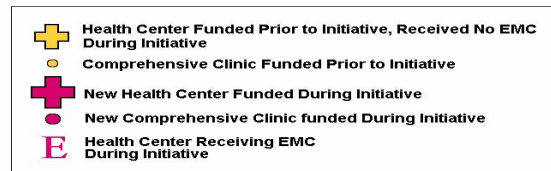
BUREAU OF PRIMARY HEALTH CARE

Location of Health Centers and Clinics

Presidential Initiative Activity Highlighted
With County Population Ranges



- 15.0 Million served
- 59.2 Million patient encounters
- 52.5% rural grantees
- more than 3,800 service sites
- 1002 grantees



Source: Uniform Data System, 2006

Health Center Program: Increasing Access 2001-2006

- ❑ **46% increase in number of patients served.**
 - ❑ **45% increase in patients who are people experiencing homelessness.**
 - ❑ **18% increase in the number of migrant and seasonal farmworkers patients.**
- ❑ **90 percent increase in dental visits.**
- ❑ **144% increase mental health care visits.**

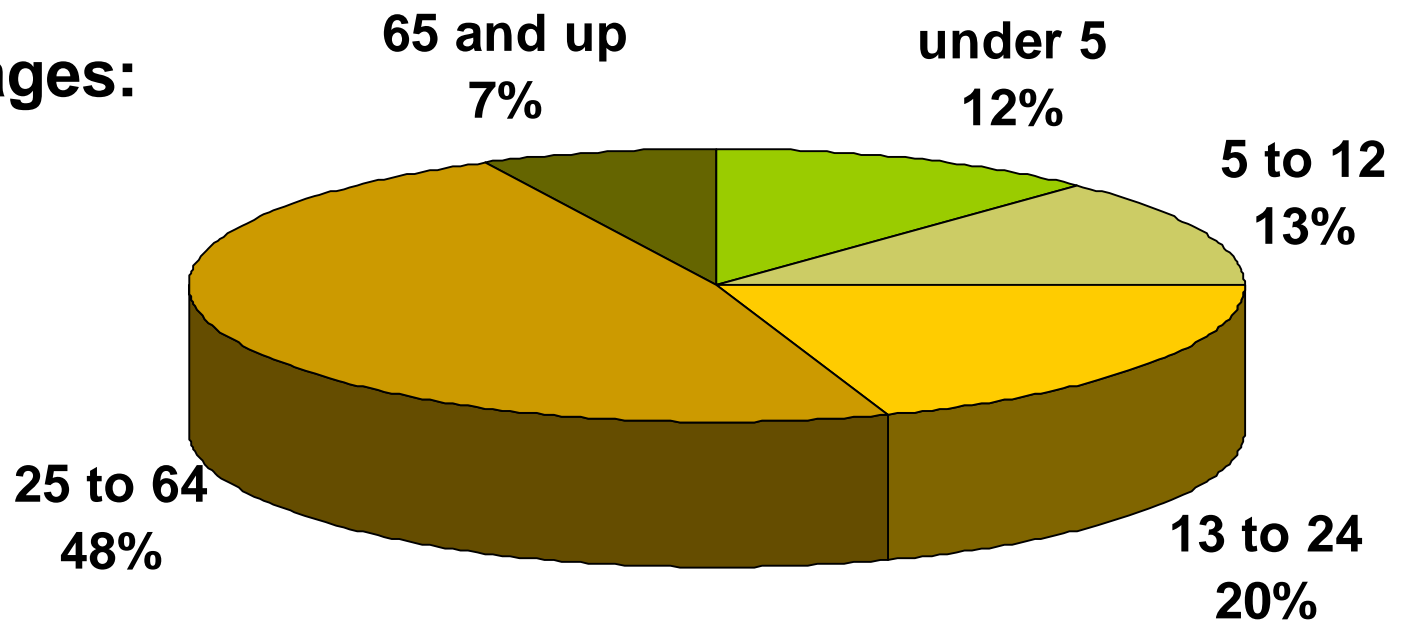


Health Center Program: Who We Serve

Our Patients:

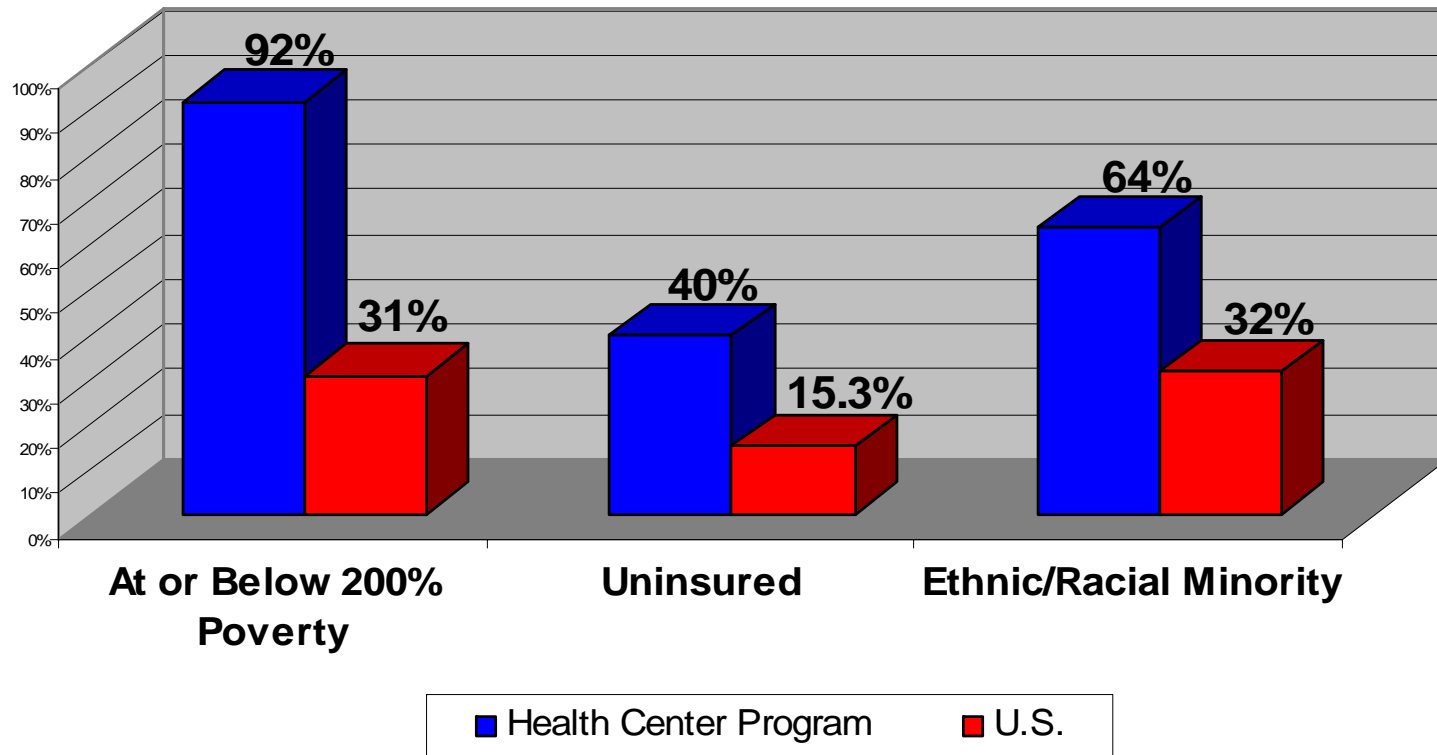
- 92% Below 200% poverty
- 40% Uninsured
- 64% Racial/Ethnic minority
- 807,153 Migrant/Seasonal Agricultural Workers
- 828,570 Homeless Individuals

Serve all ages:



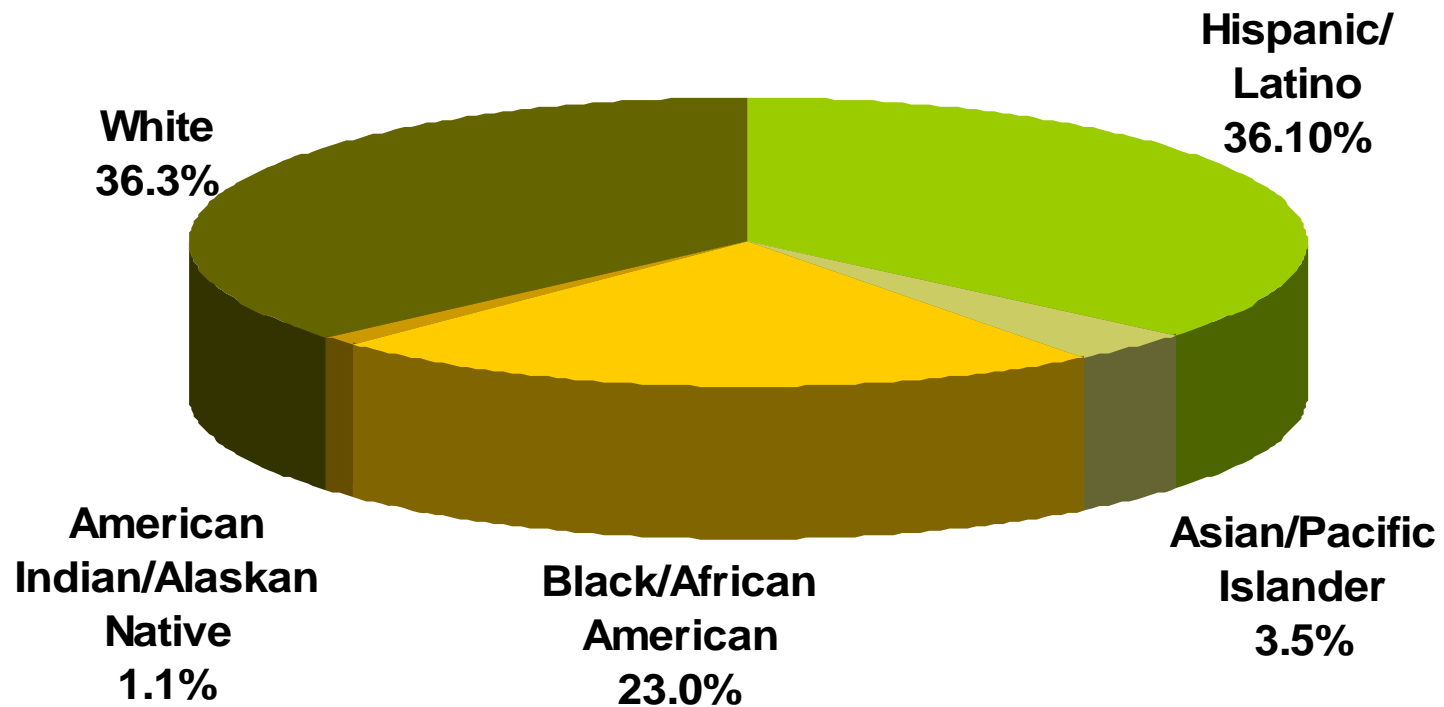
Source: Uniform Data System, 2006

Health Center Program: Who We Serve



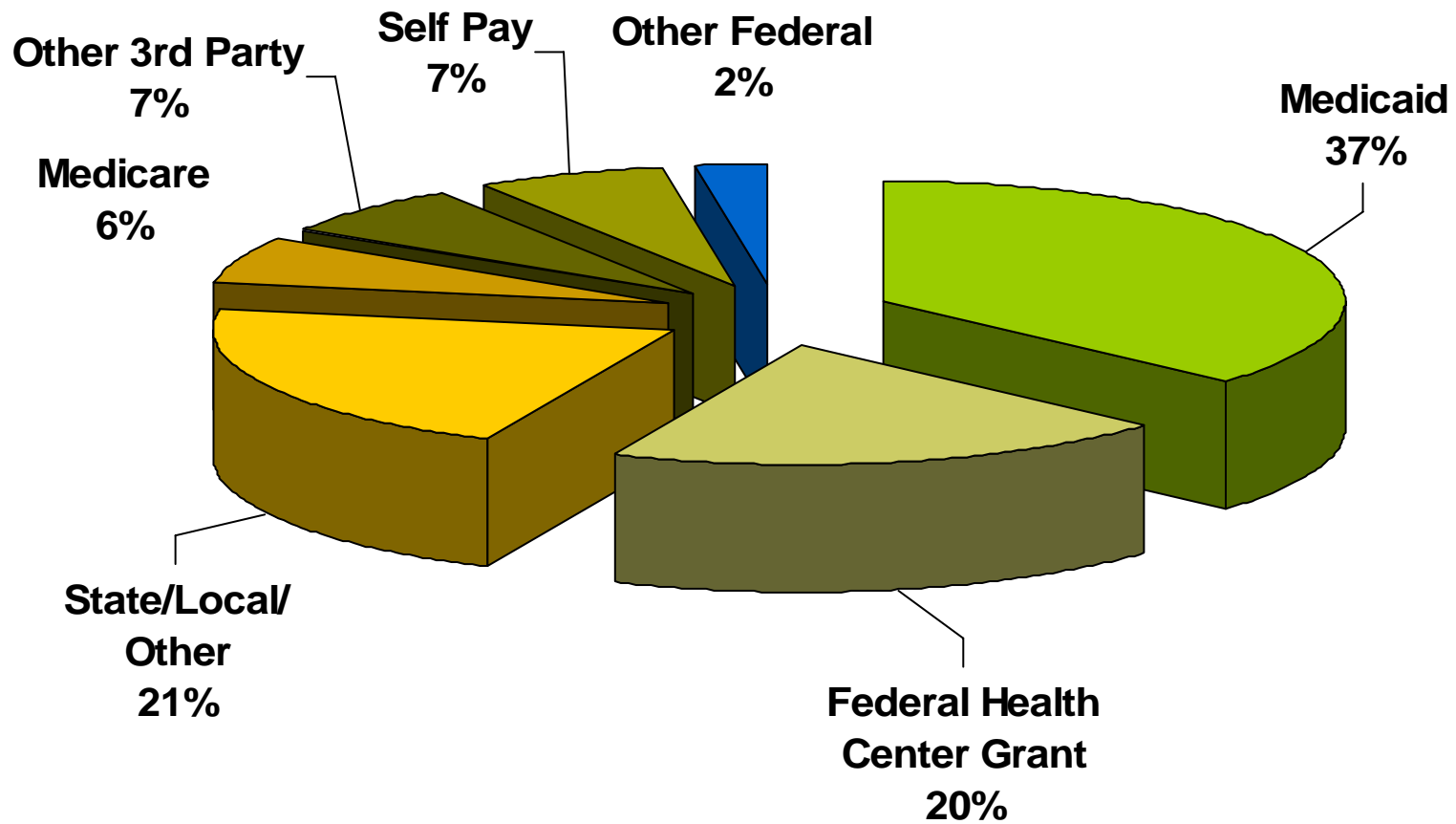
Source: Uniform Data System, 2006 and U.S. Census Bureau, Current Population Reports. *Income, Poverty, and Health Insurance Coverage in the United States: 2005* (revised estimate), March 2007.

Health Center Program Who We Serve?



Source: Uniform Data System, 2006

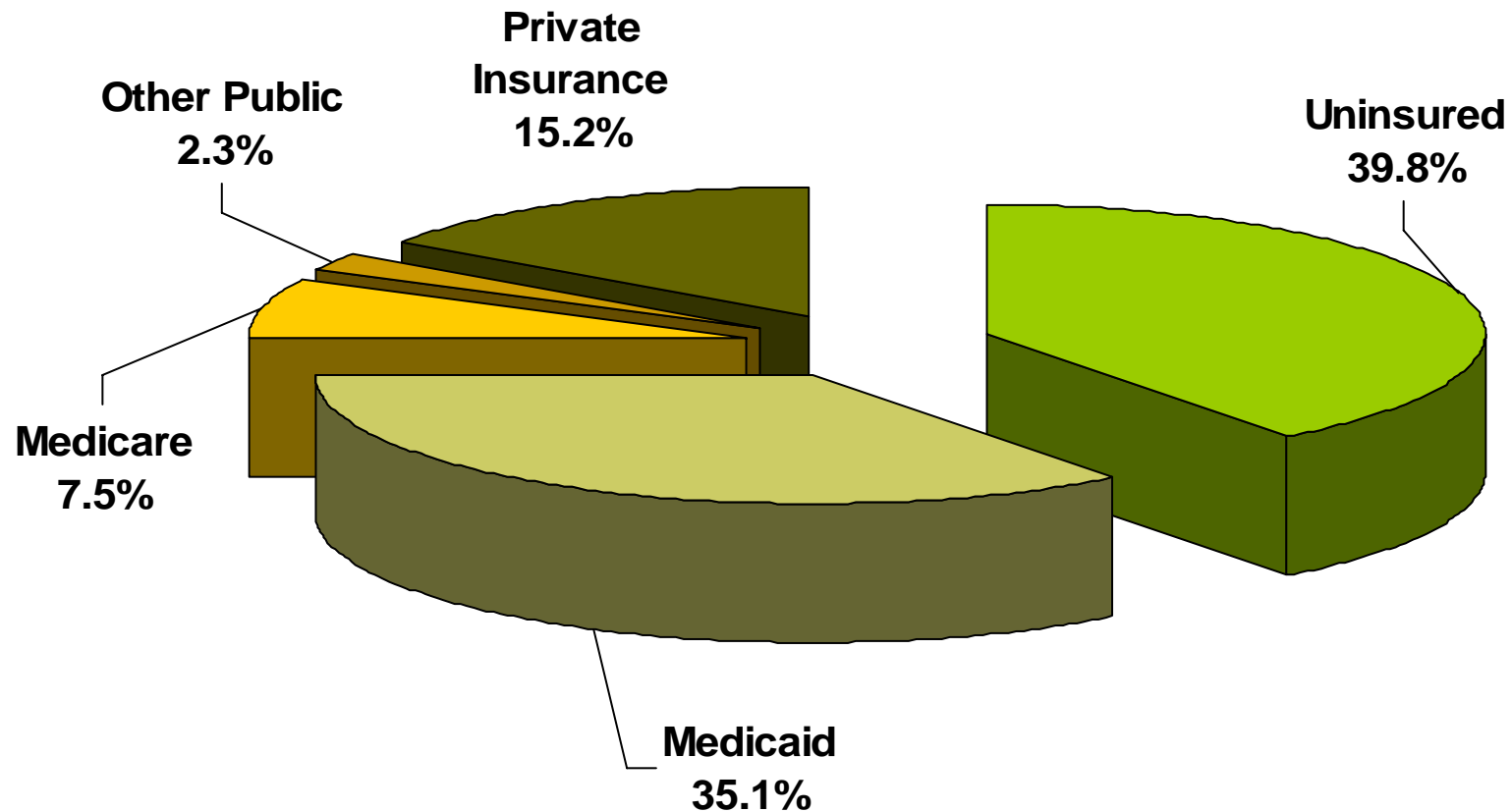
Health Center Program: Sources of Revenue



Source: Uniform Data System, 2006

Health Center Program:

Patients by Principal Third Party Insurance Source



Source: Uniform Data System, 2006

Health Center Program: Workforce

<u>Total Medical</u>	34,412	<u>Dental</u>	6,250
<u>Physicians</u>	7,595	Dentists	1,912
Family/General P.	3,808	Hygienists	714
Internal Med	1,440	Assistants	3,624
Pediatrics	1,428	<u>Mental Health</u>	2,363
Ob/Gyn	683	Psychiatrists	226
Other MD/DO	236	Other Licensed MH	1,333
		Other MH	804
<u>Midlevels</u>	4,292	<u>Substance Abuse</u>	655
NP	2,478	<u>Pharmacy</u>	2,025
PA	1,435	<u>Other Professional</u>	802
CNM	379	<u>Enabling Services</u>	9,627
<u>Nurses</u>	8,776	(Case Managers, Education, Outreach, Transport, etc.)	
<u>Other Med</u>	11,332	<u>Other Program Staff</u>	2,691
<u>Lab/X-ray</u>	2,417	<u>Administration/Facility</u>	38,615

Source: Uniform Data System, 2006

Health Center Program: What it Means

- ❑ **Community-Driven**
- ❑ **Community-Responsive**
- ❑ **Comprehensive**
- ❑ **Culturally Competent**
- ❑ **Interdisciplinary**

The President's Health Centers Initiative



President's Health Centers Initiative Overview

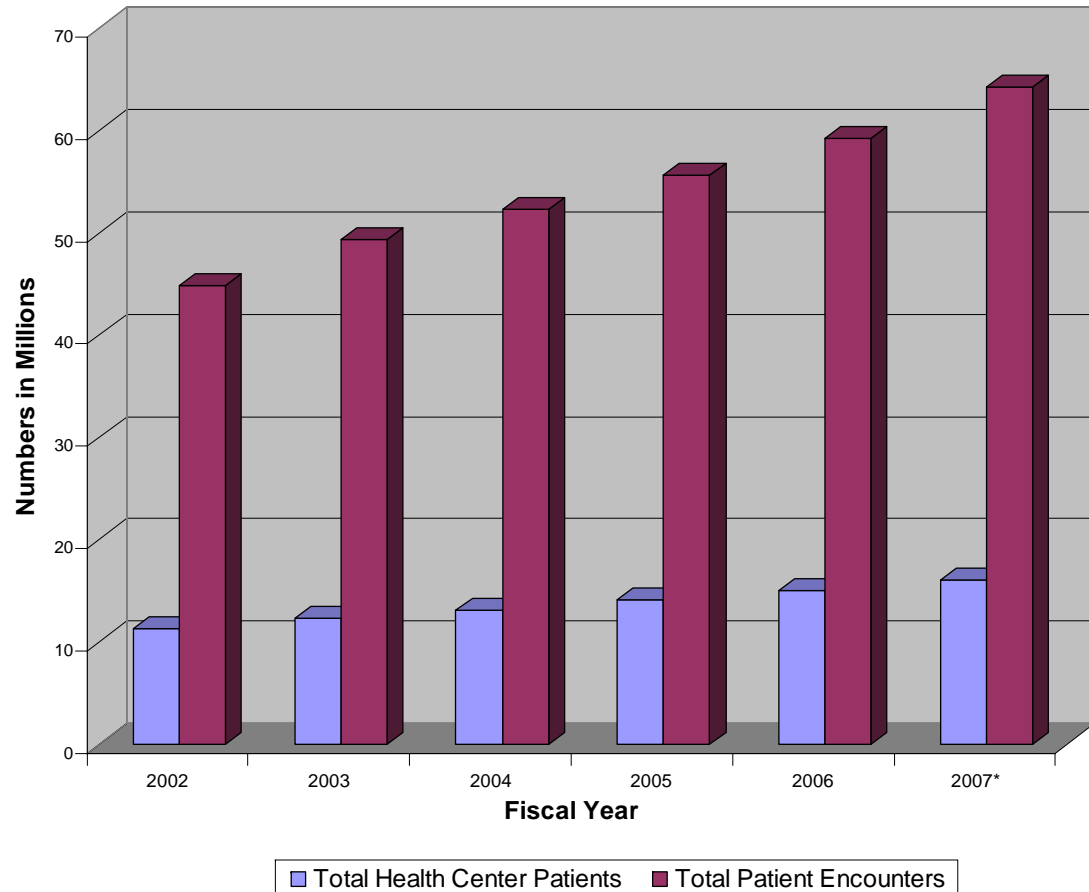
- **Began:** Fiscal Year (FY) 2002
- **Purpose:** Increase health care access for low-income Americans
- **Goal:** 1,200 new or expanded health centers.
- **FY 2007 Budget:** \$206 Million increase for 337 new or expanded health centers, of which \$37 million is for high poverty counties
- **2007 Goal Reached:**
 - Over 1,200 new and expanded health center access points funded.
 - 80 high poverty county health centers

President's High Poverty County Initiative: Overview

- ❑ **Began:** Announced in the President's 2005 State of the Union address
- ❑ **Purpose:** High Poverty Counties grants put health center sites in more low-income counties than ever before. Stretching America's health care safety net to places it's never been
- ❑ **Goal:** Significantly impact 200 communities through the support of new access points or planning grants
- ❑ **Progress to Date:**
 - 80 New health center sites awarded to serve High Poverty Counties
 - 25 Planning Grants to support future health center sites in High Poverty Counties.
 - Grants will help an estimated 300,000 residents in these areas gain access to health center services

Increasing Access: President's Health Centers Initiative FY 2002-2007

Fiscal Year	Appropriation	Grantees
2007	\$1.988 B	1,076*
2006	\$1.785 B	1,006
2005	\$1.735 B	954
2004	\$1.617 B	914
2003	\$1.505 B	895
2002	\$1.343 B	848



* Projected based on most recent budget information.

Resources: Websites

Health Resources and Services Administration

<http://www.hrsa.gov>

Bureau of Primary Health Care:

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

Bureau of Health Professions:

<http://bhpr.hrsa.gov>

Grants.gov:

<http://www.grants.gov/>

**National Association of Community Health Centers
(NACHC)**

<http://www.nachc.com>