Health Centers Provide Cost Effective Care

Community, Migrant, Homeless, and Federally-Qualified Health Centers are non-profit, community-directed healthcare providers serving low income and medically underserved communities. For 50 years, health centers have provided affordable, high quality care. Currently, over 1,300 health centers reach more than 23 million patients through more than 9,000 service delivery sites in every state and territory.

Also known as health centers\(^1\), they serve federally-designated underserved areas and populations and provide access to all patients regardless of insurance status or ability to pay. Health centers serve 1 in 7 Medicaid beneficiaries and 1 in 3 patients below poverty.\(^*\) Despite serving more medically and socially complex patients, health centers produce significant savings to the healthcare system while providing a comprehensive, efficient, and cost effective model of care.

Efficiently Providing High Quality, Affordable Care

Health centers operate as medical homes for their patients, providing a broad array of services including medical, dental, vision, behavioral, pharmacy, and services that facilitate access to care. Health centers offer this comprehensive model of care at a lower cost to patients than other providers; health centers’ average cost runs a dollar less per patient per day compared to all physician settings.\(^1\)

In addition, while health centers typically serve more complex patients that are more likely to have chronic conditions, they perform just as well or better than other providers on key quality performance benchmarks.\(^2\)

Producing Savings

Health centers save over $24 billion for the healthcare system annually.\(^3\)

Two recent multi-state studies find health centers are associated with lower total costs of care per patient for Medicaid and Medicare compared to other providers serving these patients, saving $414 (23%) per patient for Medicaid and $297-$1,210 (11-34%) for Medicare.\(^5\)

Further evidence of the significant savings health centers produce can be found across the country:

- In California counties, health center Medicaid managed care, patients have:
  - 64% lower rates of multi-day hospital admission
  - 18% lower rates of ED visits
  - 25% fewer inpatient bed days than patients at other providers.\(^7\)

- In Michigan, health centers save $144 per patient in Medicaid spending annually.\(^6\)

- In North Carolina, health center patients have 62% lower healthcare spending than patients of other providers.\(^10\)

- Colorado health center Medicaid patients are 1/3 less likely to use hospital-related services compared to Medicaid patients seen by office-based providers.\(^8\)

- In Texas, health center patients with Medicaid have $384 less in total costs compared to those served by office-based physicians.\(^9\)

- In Georgia, the mean annual rate of ED visits for uninsured patients is 25% less in counties with a health center compared to those without.\(^11\)
Generating Jobs and Economic Benefits

The communities health centers target tend to experience high rates of poverty and economic distress. Yet health centers produce an economic “ripple effect” by creating jobs and stimulating economic activity through the purchase of goods and services from local businesses.

Economic Impact (in $ millions) of Federal Health Center Funding by State, 2012

In 2012, health centers nationally produced an influx of $26.5 billion in economic benefits in resource-poor rural and urban communities.12

The economic impact resulting from federal health center funding alone contributes one-sixth ($4.4 billion) of this total impact. As this federal funding leverages other sources of revenue for health centers, $11 is generated in total economic activity for every $1 of federal funding invested in health centers.12

In addition, health centers employed nearly 157,000 full time positions13 while also creating an additional 122,000 other local jobs.12


4. Health Resources and Services Administration, forthcoming research.


13. Bureau of Primary Health Care, Health Resources and Services Administration, DHHS. 2013 Uniform Data System.

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