NATIONAL ASSOCIATION OF Community Health Centers

Fact Sheet
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Community Health Centers: A Unique Approach to Primary Care

For over 45 years, America's health centers have offered a unique, innovative model of care that sets them apart from other primary care providers. They reduce or eliminate barriers to care and health disparities, improve health, and lower health system costs[1] – while empowering communities to actively lead in the direction of their own care. In fact, the success of health centers is rooted in how they are cultivated and directed by local communities.

Health centers are not only *in* the communities they serve but are largely made up *of* the communities in which they thrive. Federal law requires they operate under the direction of patient-majority governing boards, which ensures accountability to the surrounding community and payers. Law also dictates they target underserved communities and populations where care is needed but scarce. They are mandated to accept all patients no matter their ability to pay, and tailor their services to fit the special needs and priorities of their diverse communities. Their comprehensive model reaches beyond the traditional scope of primary care to include dental, mental health and substance abuse, vision, and pharmacy services. With active community involvement in care delivery, health centers offer more than medical care. They offer services that remove common, persistent barriers to health care, such as transportation, translation, insurance enrollment, case management, health education, and home visitation.

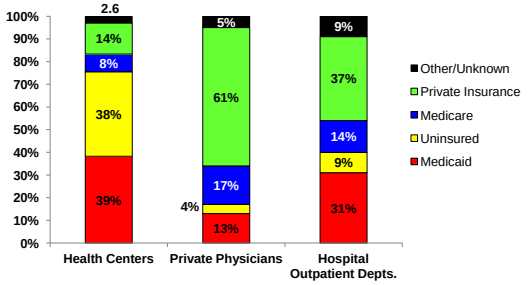
Such a broad scope of care is only possible through their utilization of multiple health professionals with varied skills, such as clinicians of all types, community health workers, and case managers – team members that are rarely seen in other care settings. The use of multi-disciplinary health care teams can improve access to care, improve patient outcomes, and reduce health disparities; all while promoting a more efficient and effective primary care system.[2] This diverse staffing model helps health centers to bring high-quality care to 20 million-plus patients.

A Provider of Choice

Most patients use health centers not as a last resort, but as a provider of choice. Evidence shows patients choose health centers because they are convenient, affordable, and offer a range of services under one roof.[3] Nearly all health center patients are satisfied with the quality of services.[4]

Figure 1.

Health Center Patient Mix Is Unique Among Ambulatory Care Providers



Notes: Other public includes non-Medicaid SCHIP and other state-funded insurance programs.
Sources: Based on Bureau of Primary Health Care, HRSA, DHHS, 2010 Uniform Data System. Hing E, Uddin S. Visits to primary care delivery sites: United States, 2008. NCHS data brief, no 47. Hyattsville, MD: National Center for Health Statistics. 2010.

Powering Healthier Communities

The impetus behind the Community Health Center Movement since its inception more than 45 years ago has been the promise of improved community health, reducing disparities, and creating system-wide savings.

Community, Homeless, Migrant, and Public Housing Health Centers operate in more than 8,500 locations and serve over 20 million patients – making up a substantial share of the nation's primary care infrastructure.

All health centers:

- Are **community-directed** through consumer-majority governing boards.
- Offer **enhanced access** to care **in high-need areas.**
- Are **open to all** residents, and their services are not contingent on ability to pay.
- Provide **comprehensive health care services** not typically seen in other primary care settings.
- **Customize their services** to the specific circumstances of every community served.

Thanks to health centers' unique model of care, they are:

- Providers of choice for their patients.
- Providers of high-quality care.
- Removers of barriers that impede access to care.

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Health centers serve a disproportionate share of low-income, uninsured or publicly insured patients, as well as members of racial/ethnic minority groups. **Health centers provide one-quarter of all primary care visits for the nation's low-income population.**[5] As they continue to expand into underserved areas, evidence shows health centers will serve ever-larger numbers of patients with complex health problems and at higher risk for poor health outcomes than the general public.[6]

A Barrier Breaker

In many cases, office-based physicians limit the number of patients they will see, or choose not to practice in areas with few health care resources.[7] **Compared to other primary care providers, health centers have a higher rate of accepting new patients, particularly publicly insured and uninsured patients.** They are also more likely to offer evening or weekend hours than their primary care counterparts (50 percent vs. 38 percent).[8] These features, on top of their cultural competencies, allow patients to establish a usual source of care – the first step in staying healthy and productive.

A Standard Bearer of Quality

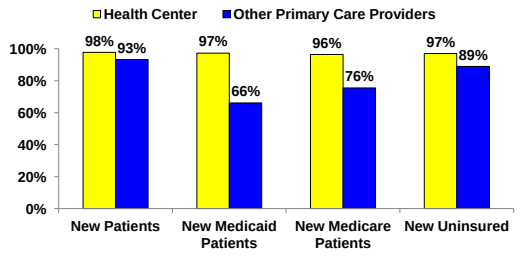
Health center patients receive more preventive services than patients of other providers (Figure 3), despite serving traditionally underserved and at-risk patient populations. They also meet or exceed national practice standards for chronic condition treatment.[9] Research has shown that health centers provide better or equal care compared to other primary care providers, despite serving patients with more chronic illness and socioeconomic complexity (Figure 4). Health centers empower their patients to be active participants in their health. For example, their patients are more likely to comply with their providers' guidance than patients of other providers.[4]

A Primary Care Powerhouse

Health centers have over 45 years of experience in caring for hard to reach people and communities. Health centers have always been and always will be of the community and not just in it. They improve health and eliminate health disparities, while producing $24 billion in annual health system savings.[10] Their record of success demonstrates the effectiveness of their unique and comprehensive model, establishing them as a powerhouse in primary care.

Figure 2.

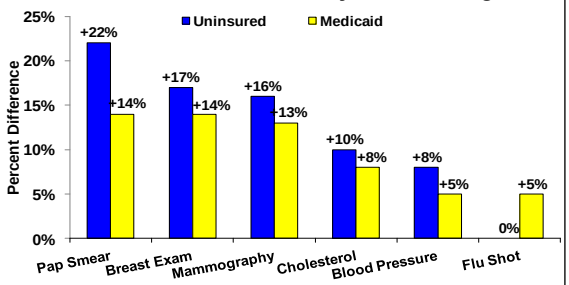
Health Centers Have Higher Rates of Accepting New Patients Compared to Other Primary Care Providers



Source: Hing E, Hooker RS, Ashman JJ. Primary Health Care in Community Health Centers and Comparison with Office-Based Practice. *J Community Health*. 2010 Nov 3 epublished.

Figure 3.

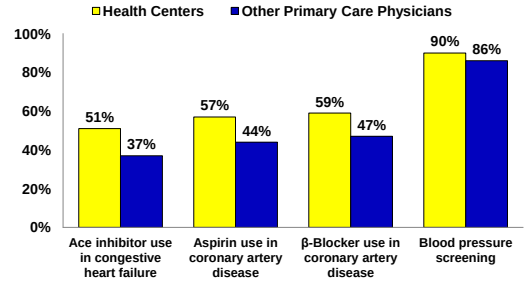
Uninsured and Medicaid Health Center Patients Use More Selected Preventive Services Compared to Patients at Other Primary Care Settings



Source: Dor, A., Pylypchuck, Y., Shin, P., and Rosenbaum, S. Uninsured and Medicaid Patients' Access to Preventive Care: Comparison of Health Centers and Other Primary Care Providers. Geiger Gibson/RCHN Community Health Foundation Research Brief #4. August 2008.

Figure 4.

Health Centers Perform Better on Ambulatory Care Quality Measures than Private Practice Physicians



Note: Statistically Significant at 0.05 level.
Source: Goldman, L.E., Chu, P.W., Tran, H., Stafford, R.S. 2012. Federally Qualified Health Centers and private practice performance on ambulatory

[1] For a review of relevant literature, see NACHC's "Health Centers in the Literature" at http://www.nachc.com/literature-summaries.cfm.
[2] Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press; 2001.
[3] Ku, L, Jones E, Shin, P, Rothensberg k, Long S. (2011) Safety-Net Providers After Health Care Reform. Arch Intern Med 171(15):1379-1384. Health Resources and Services Administration, Primary Health Care Patient Survey.
[4] Health Resources and Services Administration, 2009 Primary Health Care Patient Survey Chartbook.
[5] NACHC. Community Health Centers: The Local Prescription for Better Quality and Lower Costs. March 2011.
[6] Kaiser Family Foundation. Community Health Centers: Opportunities and Challenges of Health Reform. August 2010. Available at http://www.kff.org/uninsured/upload/8098.pdf. Based on Private Physicians from 2006 NAMCS (CDC National Center for Health Statistics,2008). Health Centers from UDS, 2006.
[7] American Medical Group Association. (March, 2008). 2007 Physician Retention Survey (Supplemental edition). Retrieved from: http://www.cejkasearch.com/pdf/2007-Physician-Retention-Survey-SE_web.pdf.
[8] Hing E, Hooker RS, Ashman JJ. (2011) Primary Health Care in Community Health Centers and Comparison with Office-Based Practice. *J Community Health.36(3):406-13.*
[9] U.S. General Accounting Office. (2003). *Health care: Approaches to address racial and ethnic disparities*. Publication No. GAO-03-862R. Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Washington, DC: National Academy of Sciences Press; 2003.
[10] Ku, L., Richard, P., Dor, A., et al. Strengthening Primary Care to Bend the Cost Curve: The Expansion of Community Health Centers Through Health Reform. *Policy Research Brief No. 19*. Geiger Gibson/RCHN Community Health Foundation Collaborative at the George Washington University. June 30 2010.

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