

COMMUNITY HEALTH CENTER CHART BOOK

June 2018



About Community Health Centers

The National Association of Community Health Centers (NACHC) is pleased to present *Community Health Center Chartbook*, an overview of the Health Center Program and the communities they serve. Health centers began over fifty years ago as part of President Lyndon B. Johnson’s “War on Poverty.” Their aim then, as it is now, is to **provide affordable, high quality, comprehensive primary care to medically underserved populations, regardless of their insurance status or ability to pay for services**. A growing number of health centers also provide dental, behavioral health, pharmacy, and other important services. No two health centers are alike, but they all share one common purpose: to provide primary and preventive health care services that are coordinated, culturally and linguistically competent, and community-directed.

Health centers play a critical role in the U.S. health care system, delivering care to **over 27 million* people** today. Across the country, health centers produce positive results for their patients and for the communities they serve. They stand as evidence that communities can improve health, reduce health disparities, and deal with a multitude of costly and significant public health and social problems – including substance use disorder, mental illness, natural disasters, and homelessness – if they have the resources to do so. Federal and state support, along with adequate third party reimbursement, are critically important to keep pace with escalating health care needs and rising costs among populations served by health centers.

Who health centers serve, what they do, and their impressive record of accomplishment in keeping communities healthy are represented in this chartbook.

* Includes patients of federally-funded health centers, non-federally funded health centers (health center “look-alikes”), and expected patient growth for 2017.

About this Chartbook

The *Community Health Center Chartbook* highlights data from and research findings on Health Center Program Grantees, as well as other Federally-Qualified Health Centers (FQHCs). In this document, unless otherwise noted, the term “health center” is generally used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”). Data and research sources can be found at the bottom of each figure. Most slides draw from the Uniform Data System (UDS) maintained by the Bureau of Primary Health Care, HRSA, DHHS. UDS data included in this chartbook are limited to health centers that meet the federal grant requirements and receive federal funding from the Bureau of Primary Health Care. For more information about UDS data, visit <https://bphc.hrsa.gov/uds/datacenter.aspx>.

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Section 1

Who Health Centers Serve

Figure 1.1

Health Centers Serve...

1 in 12

people in the US, including:


1 in 10 children


1 in 6 people receiving Medicaid


1 in 6 rural Americans


1 in 5 people who are uninsured


1 in 3 individuals living below poverty


1 in 3 low-income, uninsured persons

Figure 1.2

Health Centers Serve Many Special Populations

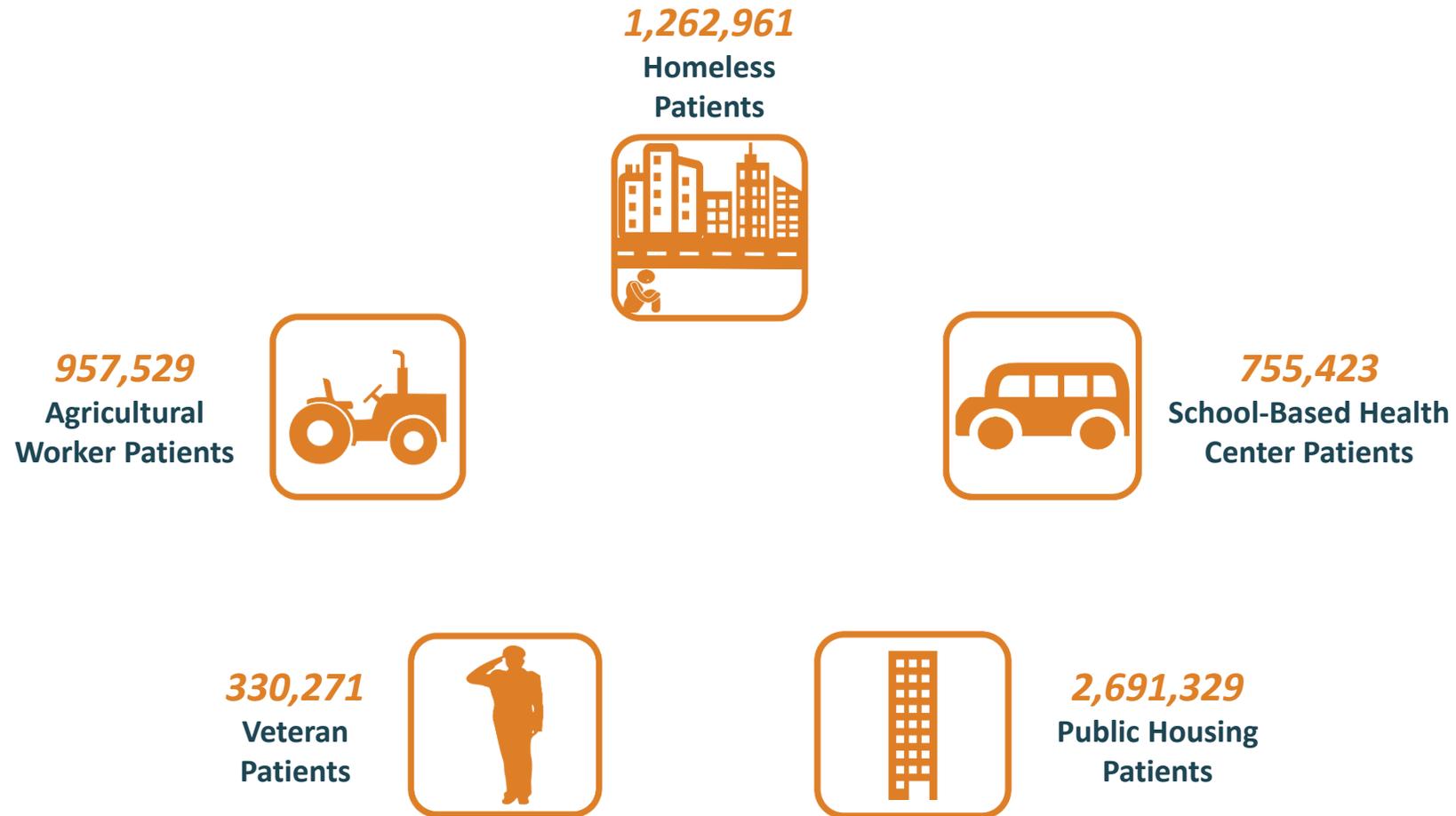
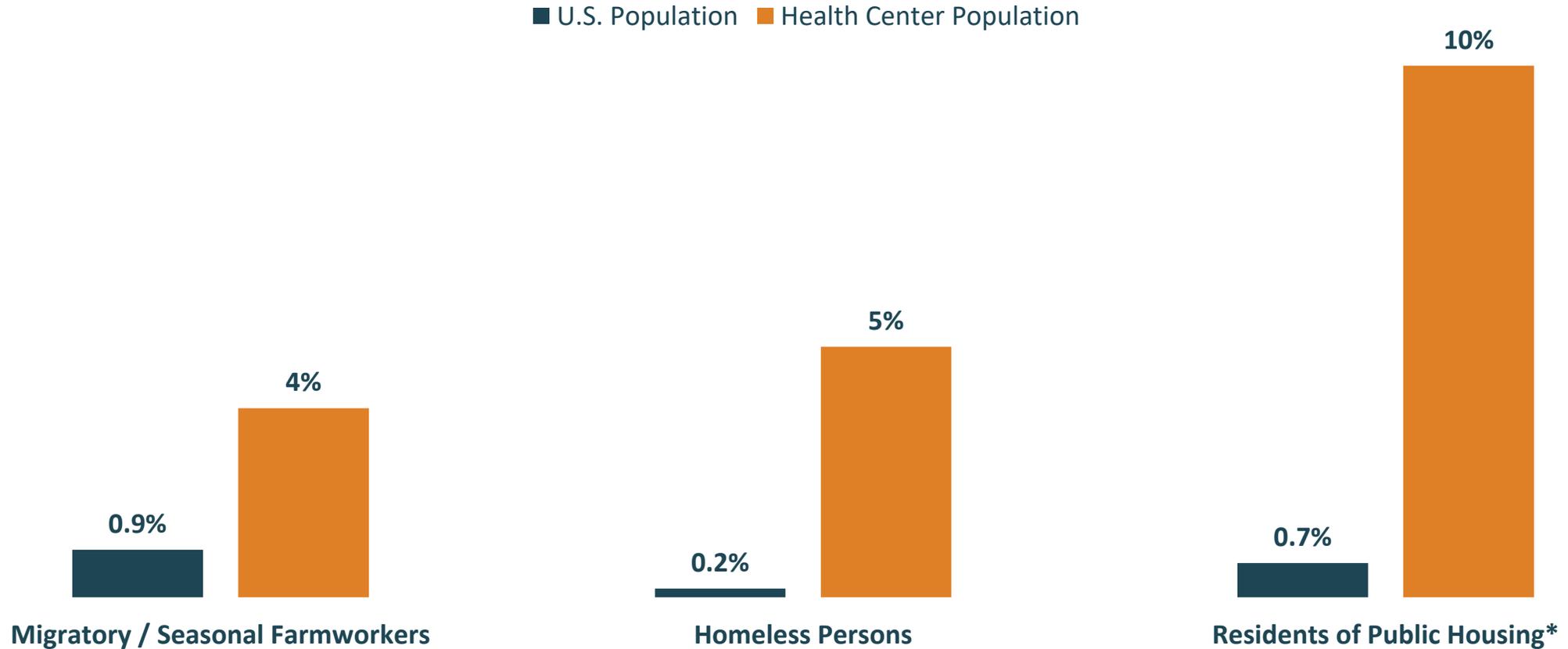


Figure 1.3

Health Centers Serve Disproportionate Amounts of Special Populations



* Health center population defined as residents of public housing include all patients served at a health center located in or immediately accessible to a public housing site.

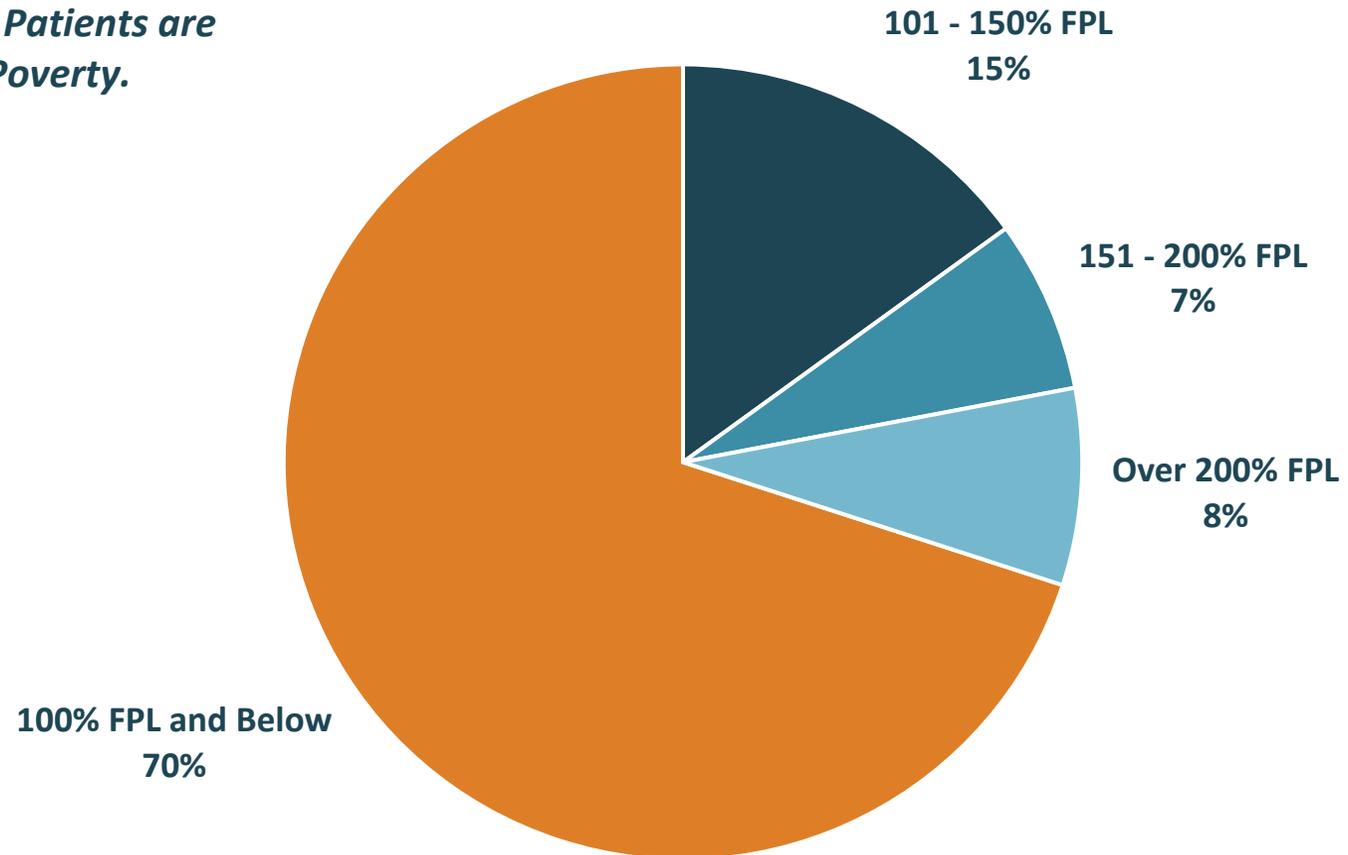
Sources: 2016 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. National Center for Farmworker Health, Inc. Farmworker Factsheet. August 2012. Henry et al. The 2016 Annual Homeless Assessment Report (AHAR) to Congress. U.S. Dept. of Housing and Urban Development. November 2016. U.S. Department of Housing and Urban Development. Assisted Housing: National and Local. U.S. Census Bureau. Quick Facts, Population Estimates, July 1, 2016.

Figure 1.4

Health Center Patients are Predominately Low-Income

(Federal Poverty Level = FPL)

***92% of All Health Center Patients are
In Poverty or Near-Poverty.***

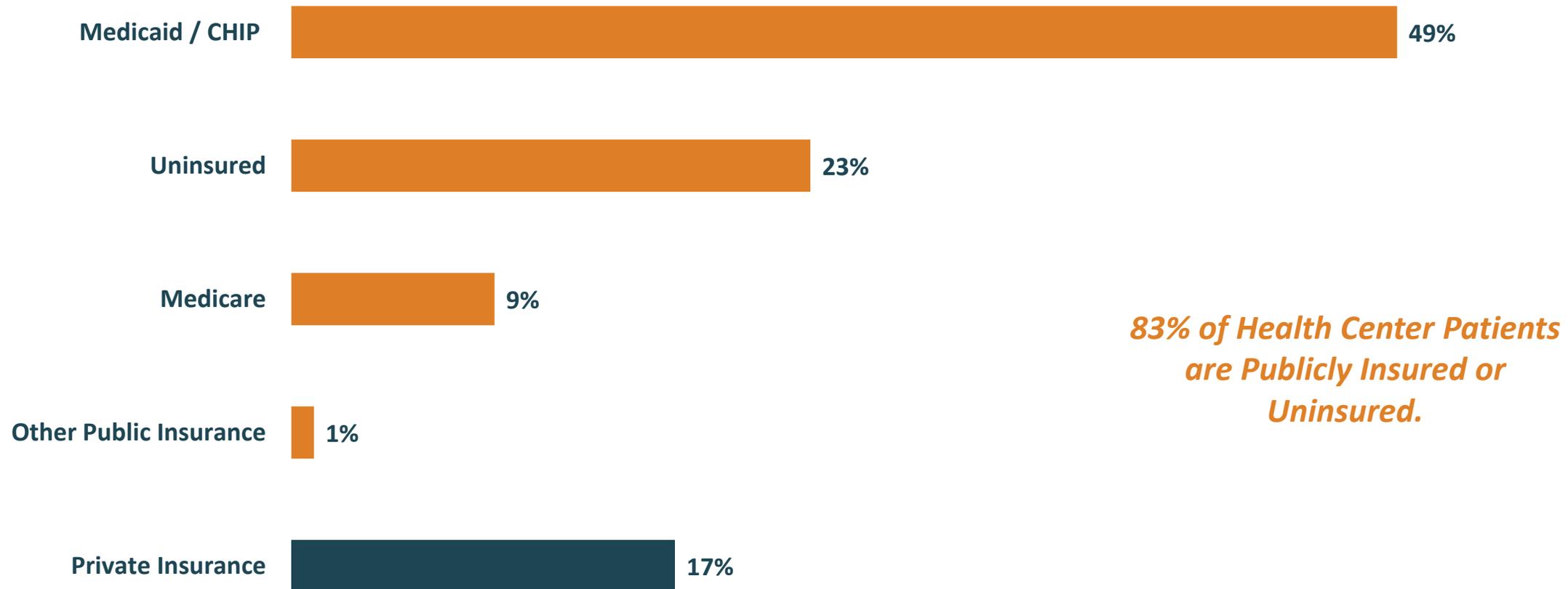


Note: Percentages based on patients of known income.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 1.5

Most Health Center Patients are Publicly Insured or Uninsured

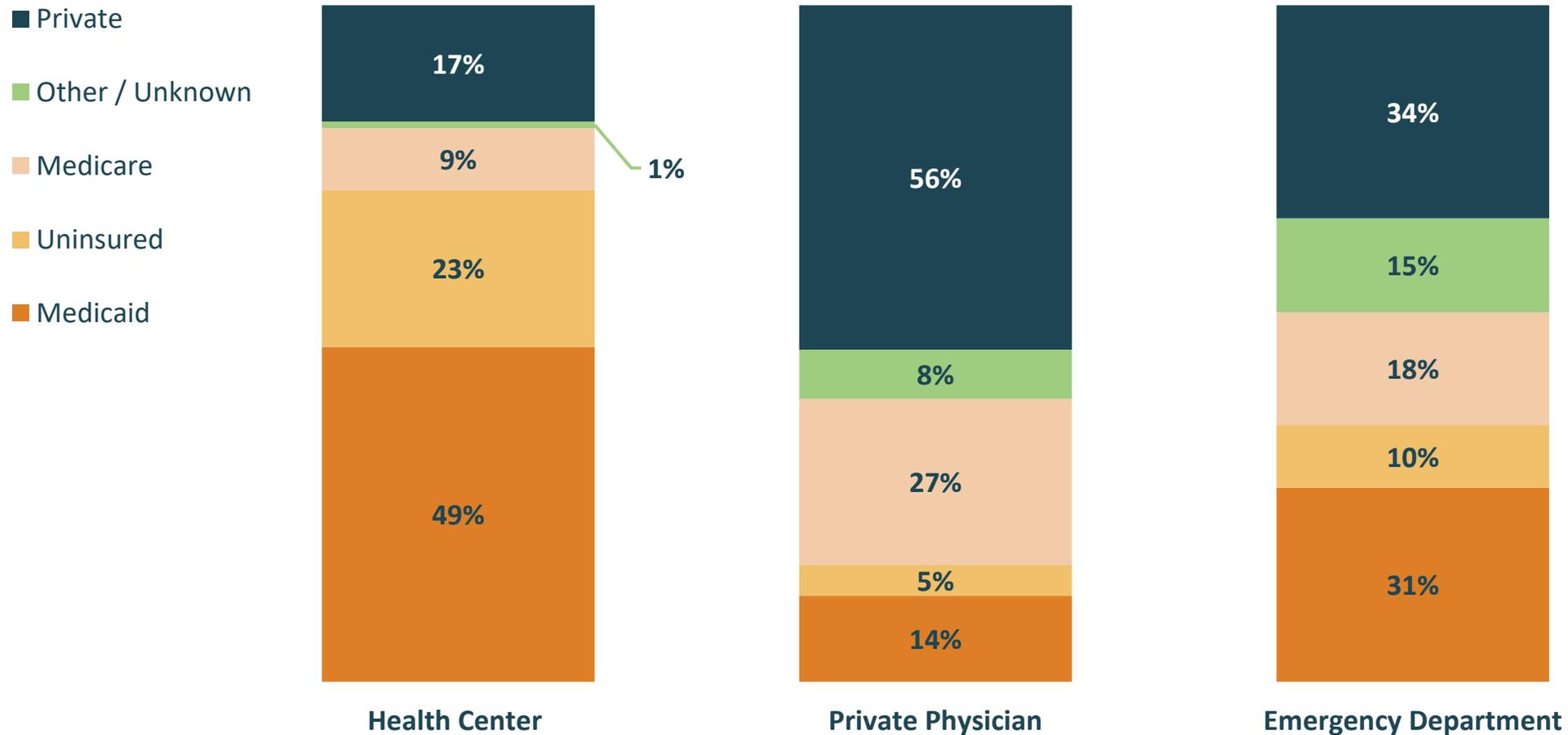


Note: Figures may not add to 100% due to rounding. Percentage for “Other Public Insurance” includes non-Medicaid CHIP, or coverage where states contract CHIP through private third-party payers and not Medicaid.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 1.6

Health Center Patients' Health Insurance Coverage Is Unique Among Ambulatory Care Providers

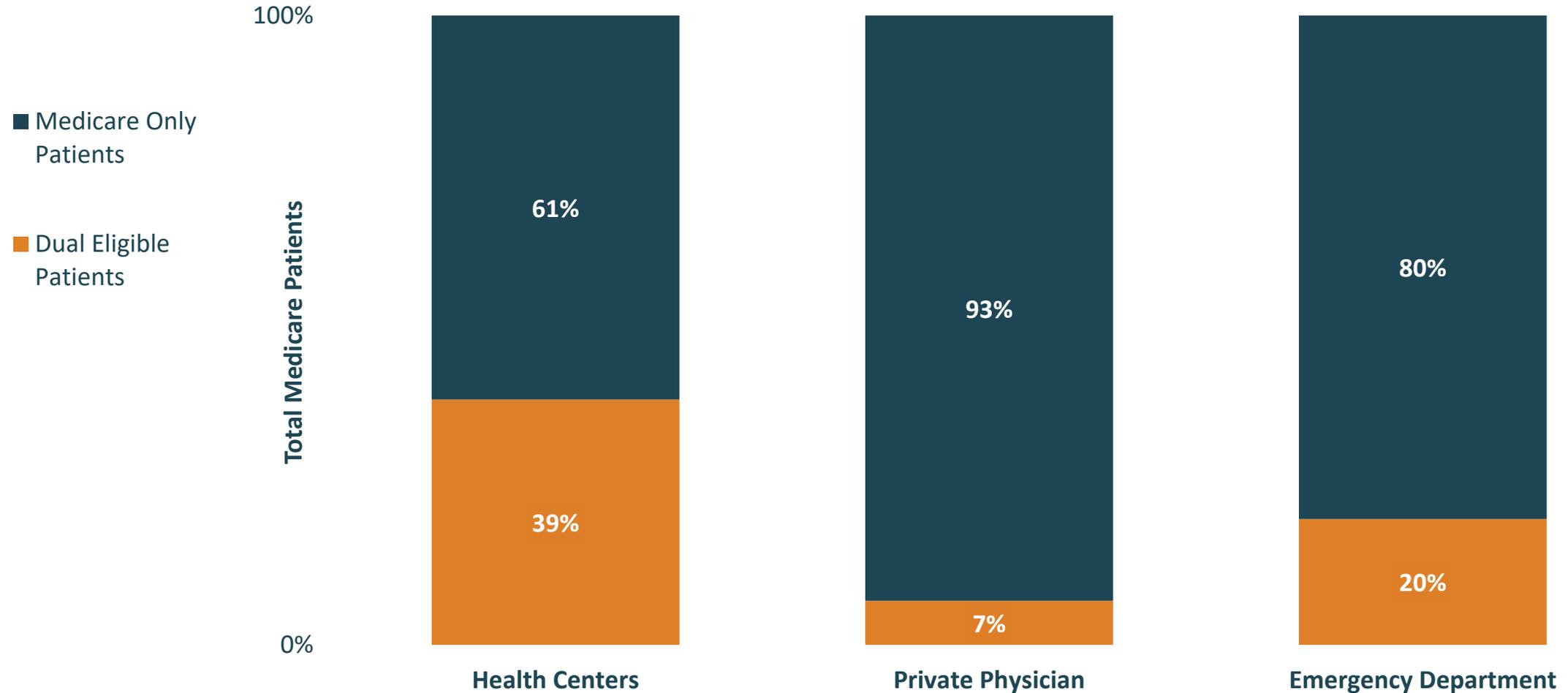


Note: Percentages may not add to 100% due to rounding and Private Physician and Emergency Department numbers allow for more than one category to be indicated. Dual eligible patient visits were removed from the Medicaid category in NAMCS/NHAMCS data for Private Physicians and Emergency department visits. This was done to be more comparable with conventional groupings of Medicare and Medicaid patients when reporting on UDS data for health centers.

Sources: 2016 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. National Center for Health Statistics. National Ambulatory Medical Care Survey, 2015. Table 7. Expected Sources of Payment at Office Visits: United States, 2015. National Center For Health Statistics. National Hospital Ambulatory Survey, 2015. Table 6. Expected Sources of Payment at Emergency Department Visits: United States, 2015.

Figure 1.7

Health Centers Serve More Medicare & Medicaid Dual Eligibles than Other Ambulatory Care Providers



Sources: 2016 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. National Hospital Ambulatory Survey, 2015. Table 6. Expected Sources of Payment at Emergency Department Visits: United States, 2015. National Center for Health Statistics. National Ambulatory Medical Care Survey, 2015. Table 7. Expected Sources of Payment at Office Visits: United States, 2015. National Center For Health Statistics.

Figure 1.8

Health Center Patients are Disproportionately Poor, Uninsured & Publicly-Insured

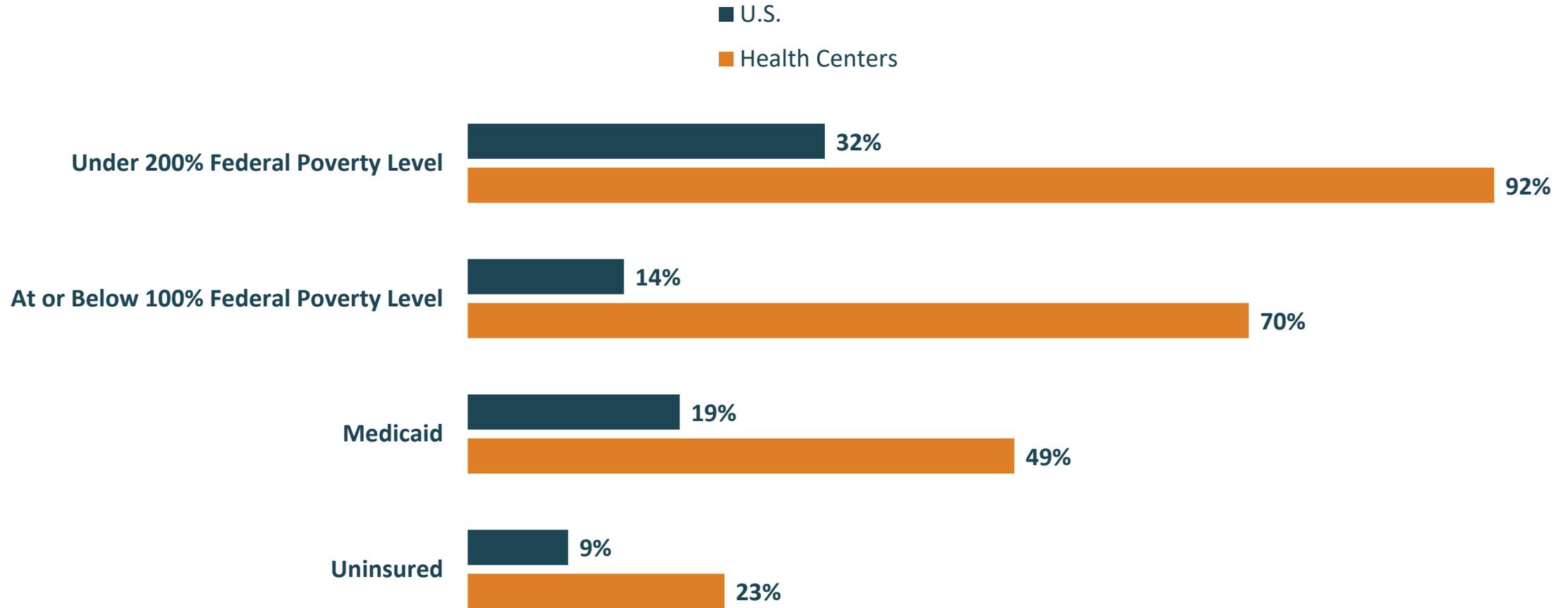


Figure 1.9

Health Center Patients are Disproportionately Members of Racial/Ethnic Minority Groups

■ U.S.
■ Health Centers

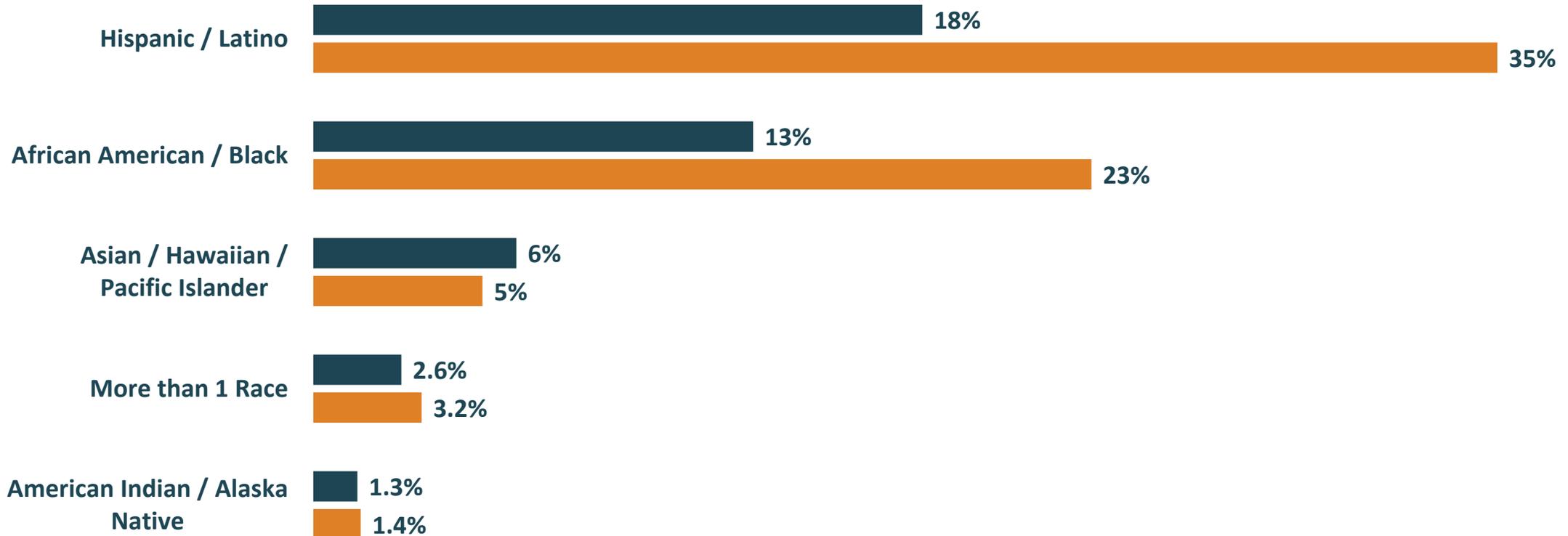
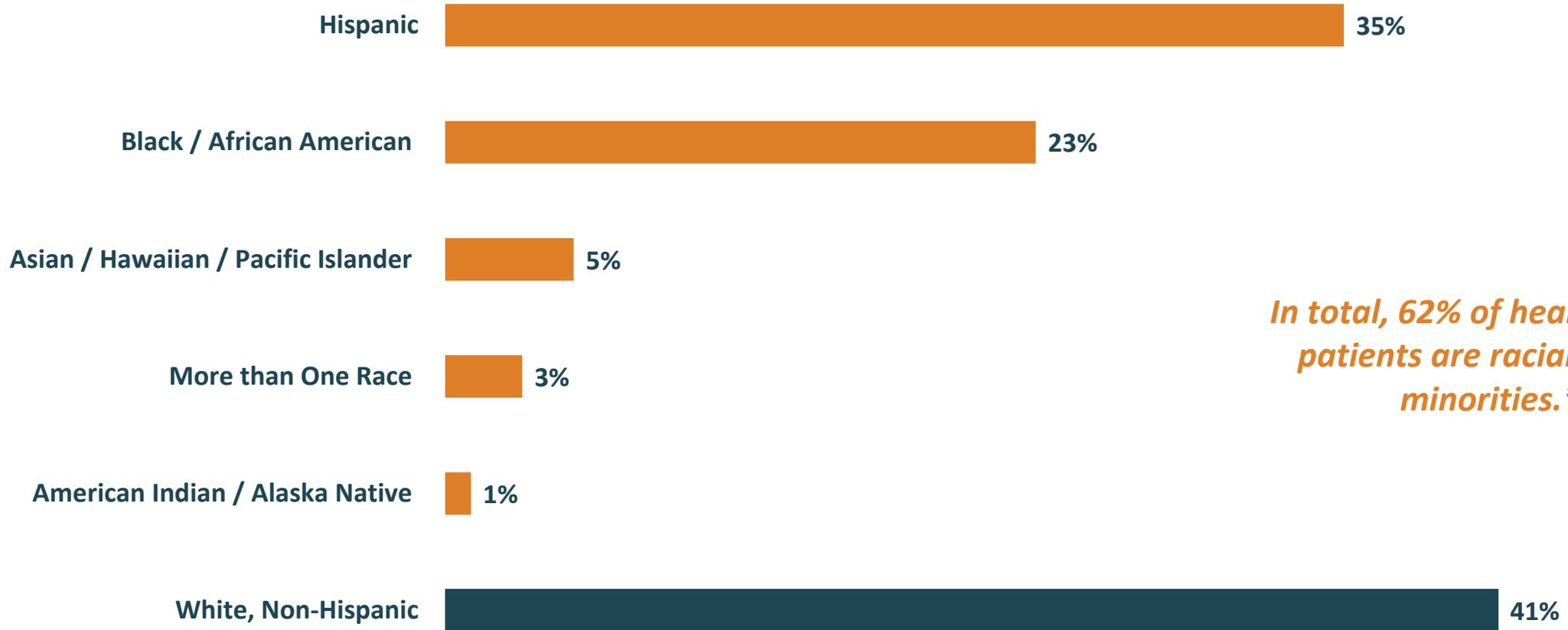


Figure 1.10

Most Health Center Patients are Members of Racial/Ethnic Minority Groups



* Calculated using the Reference Guide for UDS Data Reports Available to Health Centers, CY 2016, Bureau of Primary Health Care, HRSA, DHHS.

Note: Figures do not add up to 100% because patients of Hispanic ethnicity can identify with any racial category.

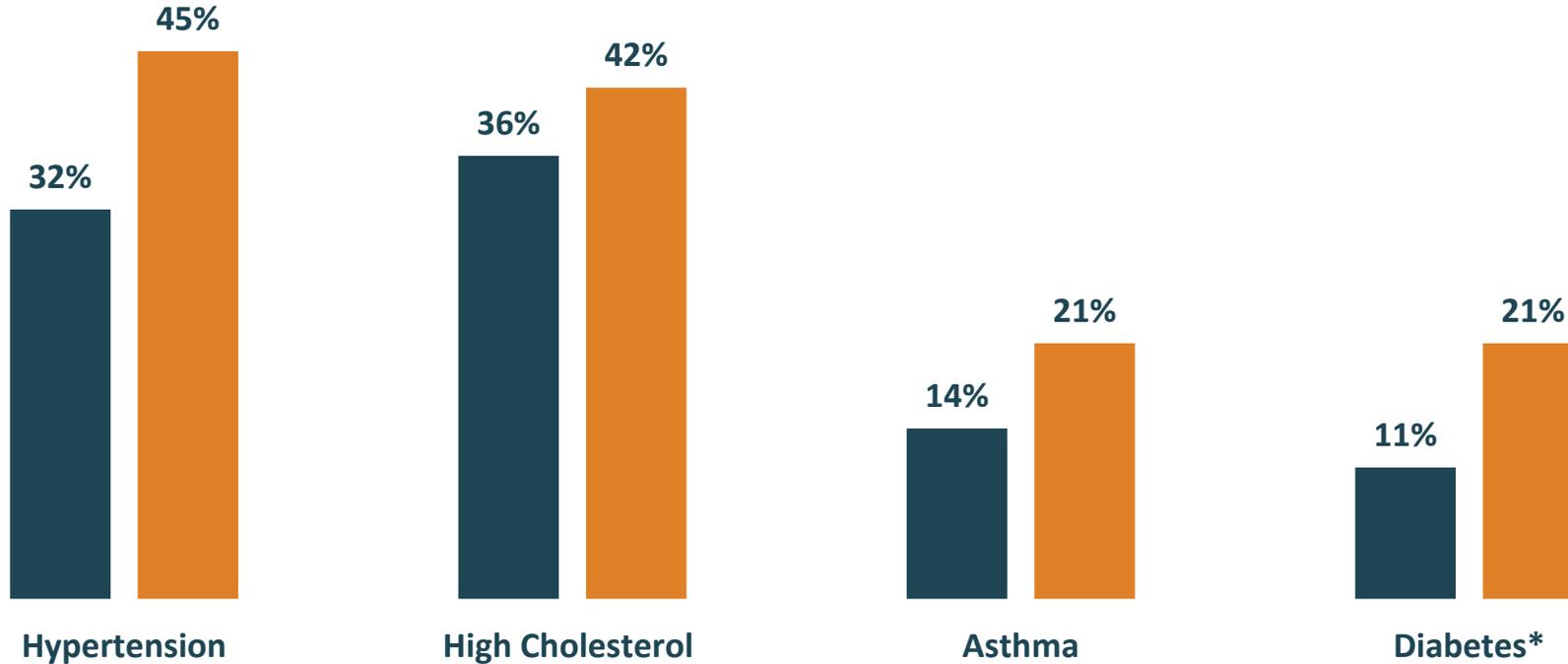
Source: 2016 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 1.11

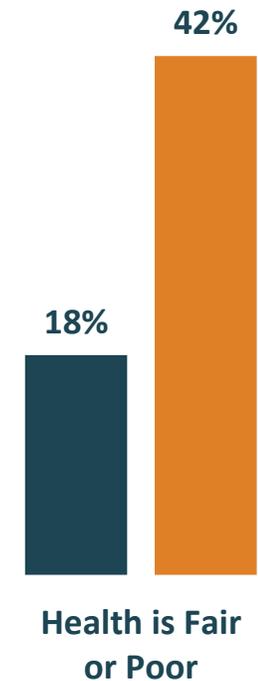
Many Health Center Patients Suffer from Chronic Conditions

■ National ■ Health Center

Percent of Adult Population who Report Ever Being Told They Have:



Percent of Adult Population Reporting:



* Other than during Pregnancy.

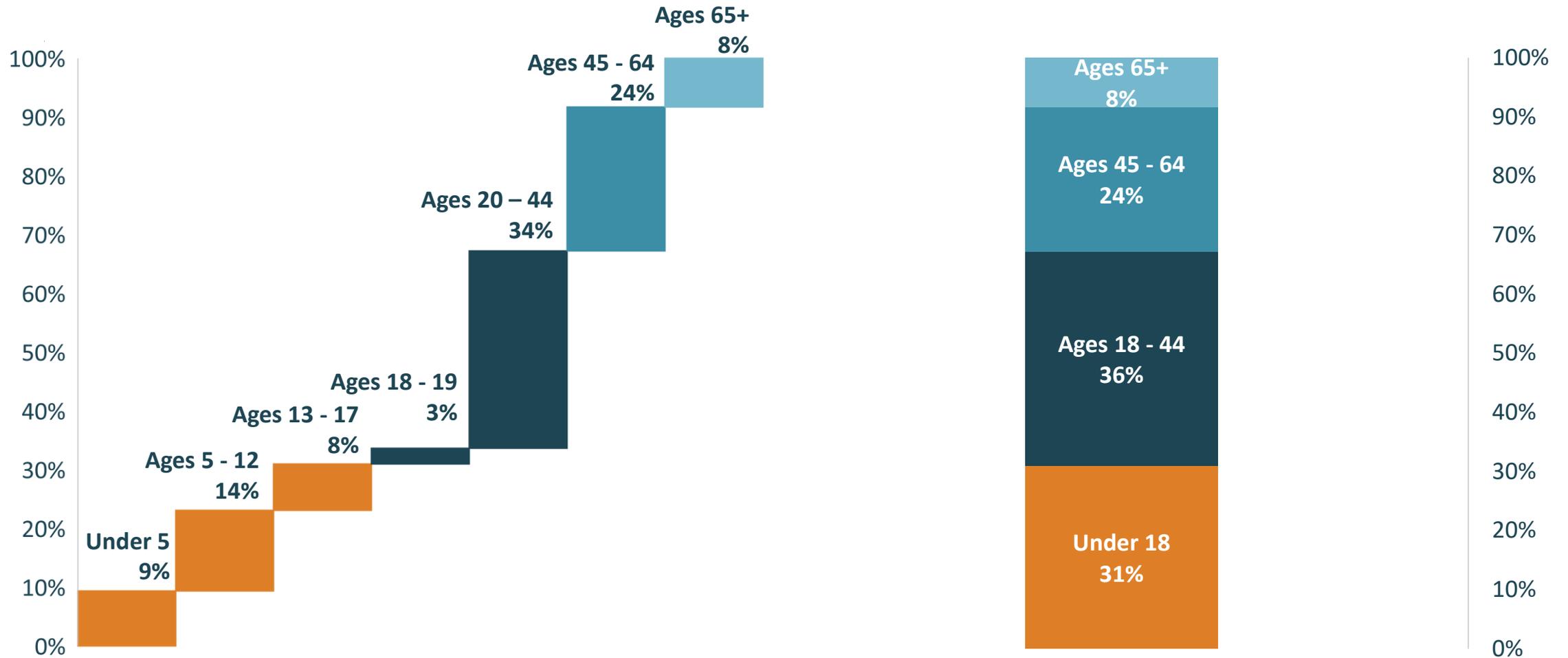
Note: Includes only adult population ages 18 and older.

Sources: 2014 Health Center Patient Survey. Bureau of Primary Health Care, HRSA, DHHS. Kaiser Family Foundation. Health Status Indicators. 2015. Note: Used for High Cholesterol, Hypertension, Diabetes, and Self-Reported Health Status. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. BRFSS Prevalence Trends and Data. 2016. Note: Used for Asthma; estimate is the median crude prevalence rate for all U.S. States, Territories, and D.C.

Figure 1.12

Health Centers Serve Patients Throughout the Life Cycle

(Selected Age Groups, Represented 2 Ways)



Note: Numbers may not add up to 100% due to rounding.

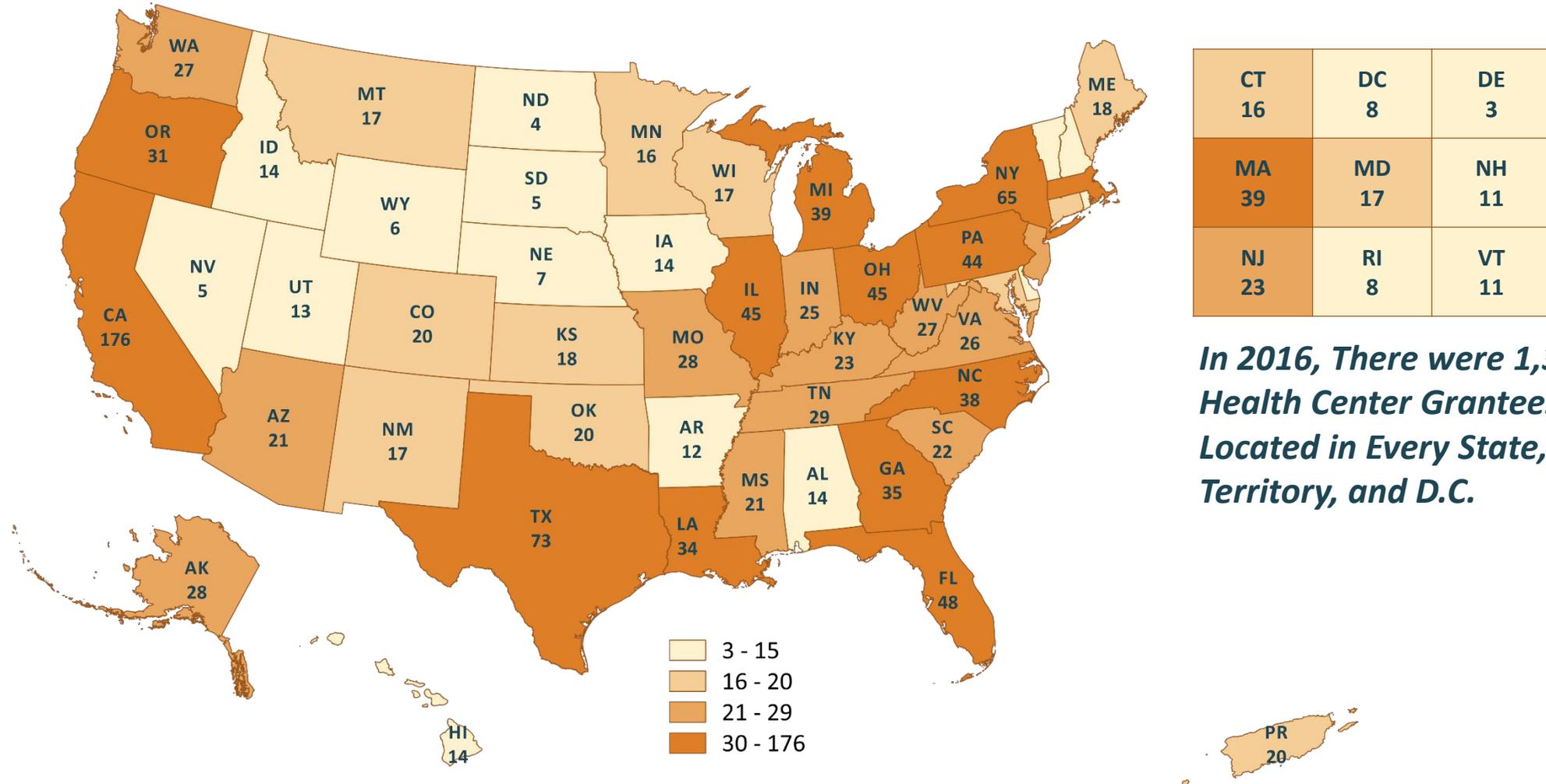
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Section 2

Expanding Access to Care

Figure 2.1

Number of Federally-Funded Health Center Organizations, 2016

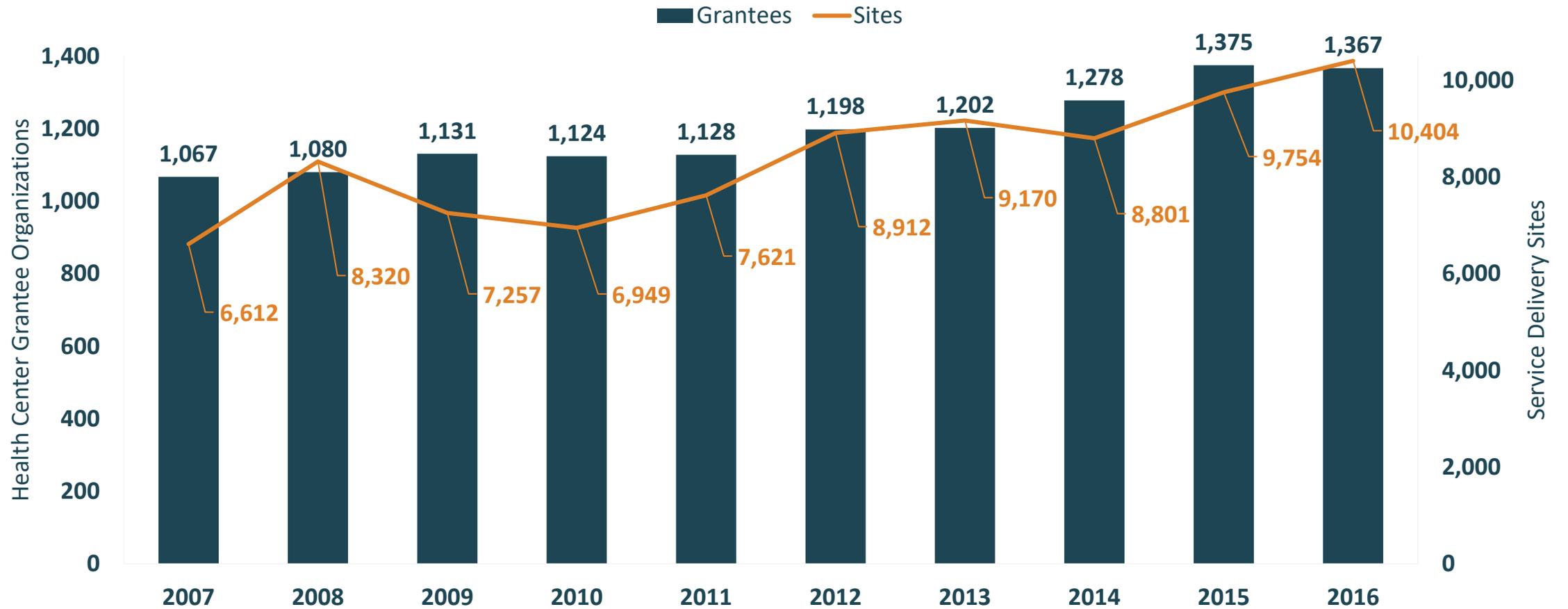


In 2016, There were 1,367 Health Center Grantees Located in Every State, Territory, and D.C.

Note: Binned by quartile for states and territories shown in map above.
 Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 2.2

Health Center Organizations & Sites, 2007 - 2016



Source: 2007-2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 2.3

Health Center Patients & Visits, 2007 - 2016

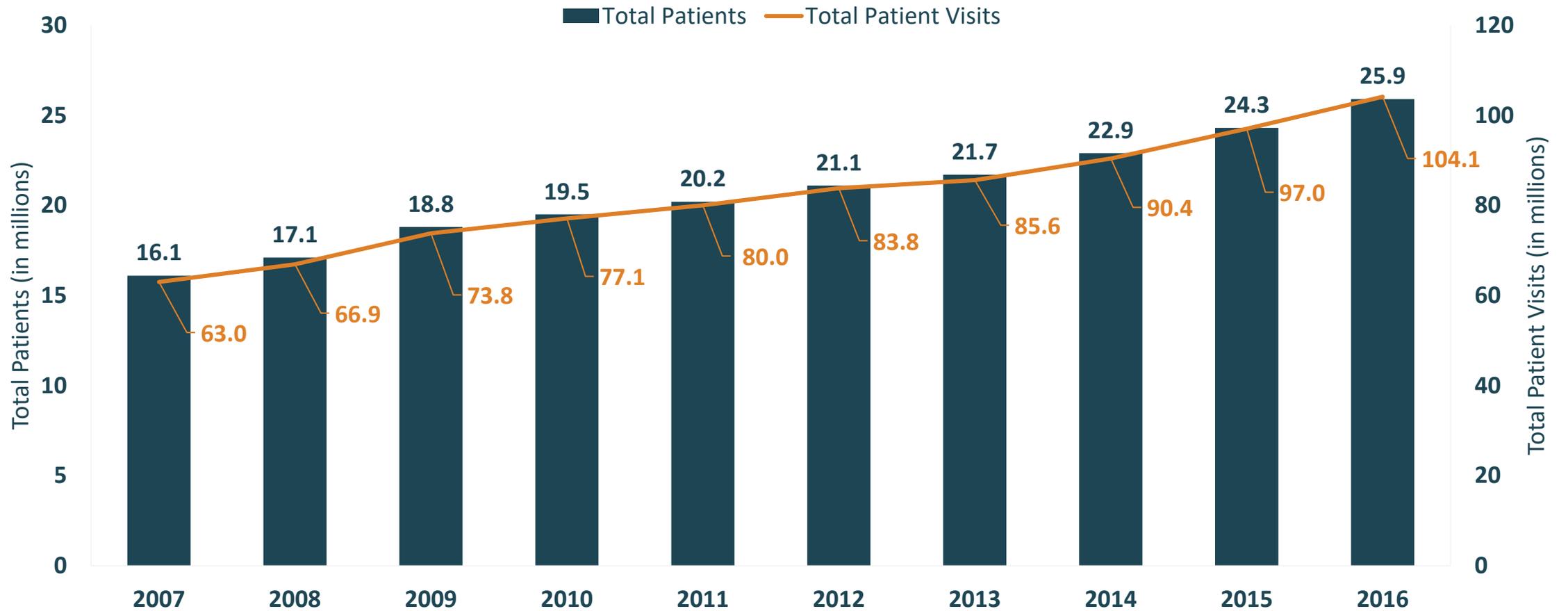
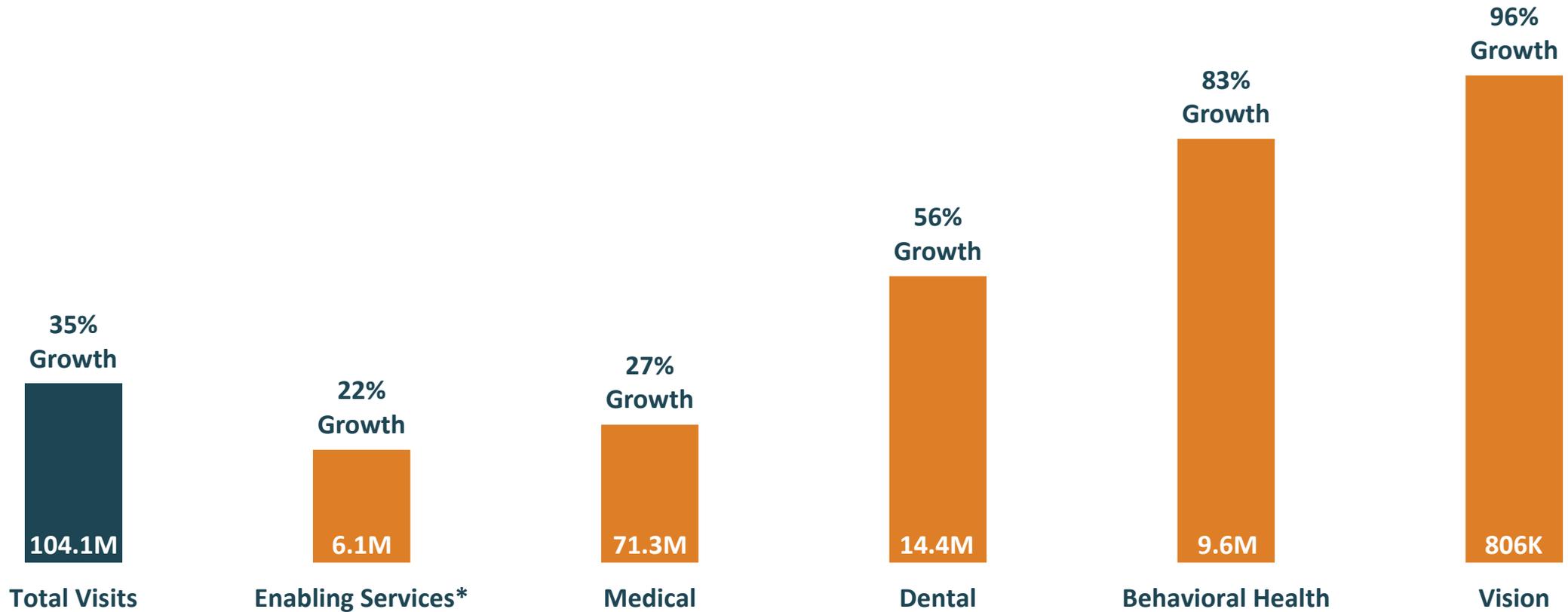


Figure 2.4

Health Centers Have Expanded Their Breadth of Services Available to Patients

(Total Patient Visits in 2016 & Growth Since 2010)



* The Bureau of Primary Health Care defines enabling services as “a wide range of services that support and assist primary care and facilitate patient access to care (2016 UDS Reporting Manual, p. 128, Bureau of Primary Health Care, HRSA, DHHS).” Examples of enabling services include case managers, transportation staff, interpretation staff, community health workers, and patient education specialists.

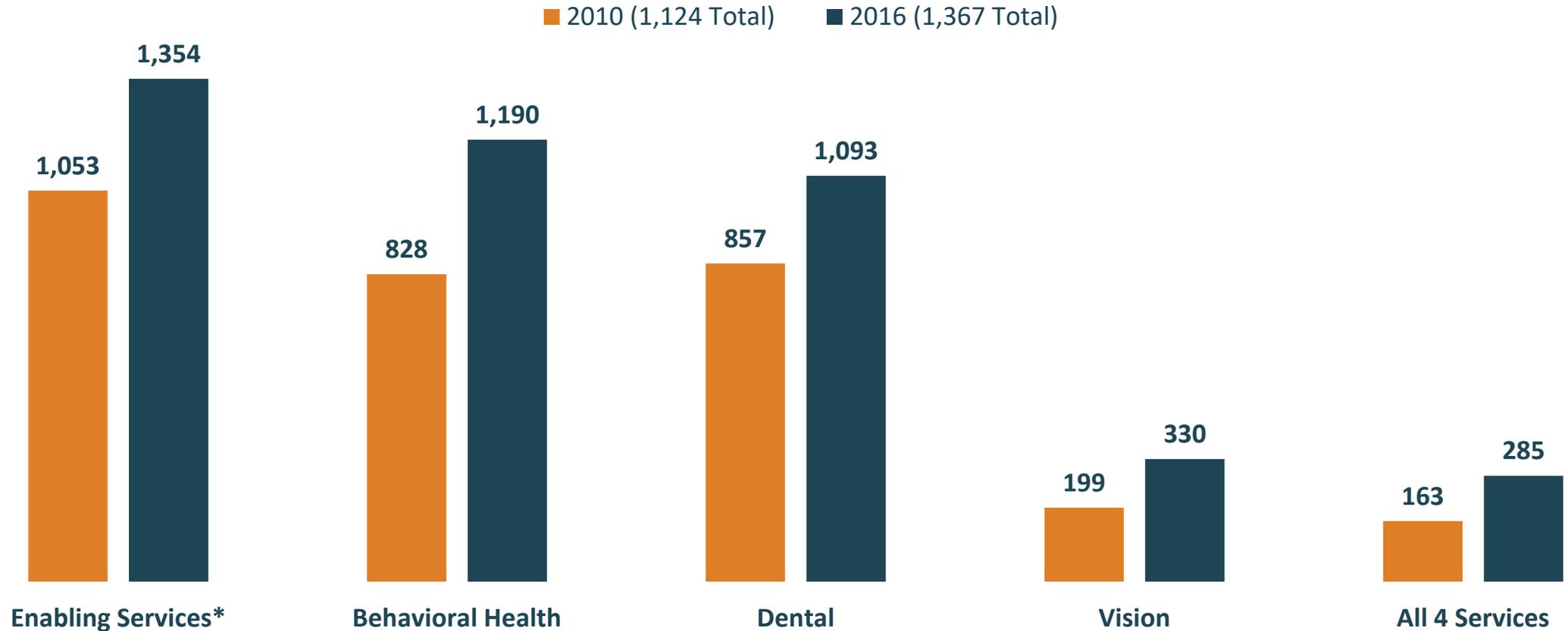
Note: M = Million, K = Thousand

Source: 2010 and 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 2.5

Health Centers Have Expanded Their Capacity to Provide More Services Onsite

(Number of Health Centers Employing Staff for Select Services)



* The Bureau of Primary Health Care defines enabling services as “a wide range of services that support and assist primary care and facilitate patient access to care (2016 UDS Reporting Manual, p. 128, Bureau of Primary Health Care, HRSA, DHHS).” Examples of enabling services include case managers, transportation staff, interpretation staff, community health workers, and patient education specialists.

Note: Behavioral health includes mental health and/or substance abuse staff.

Source: 2010 and 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 2.6

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

■ Other Primary Care Providers

■ Health Center

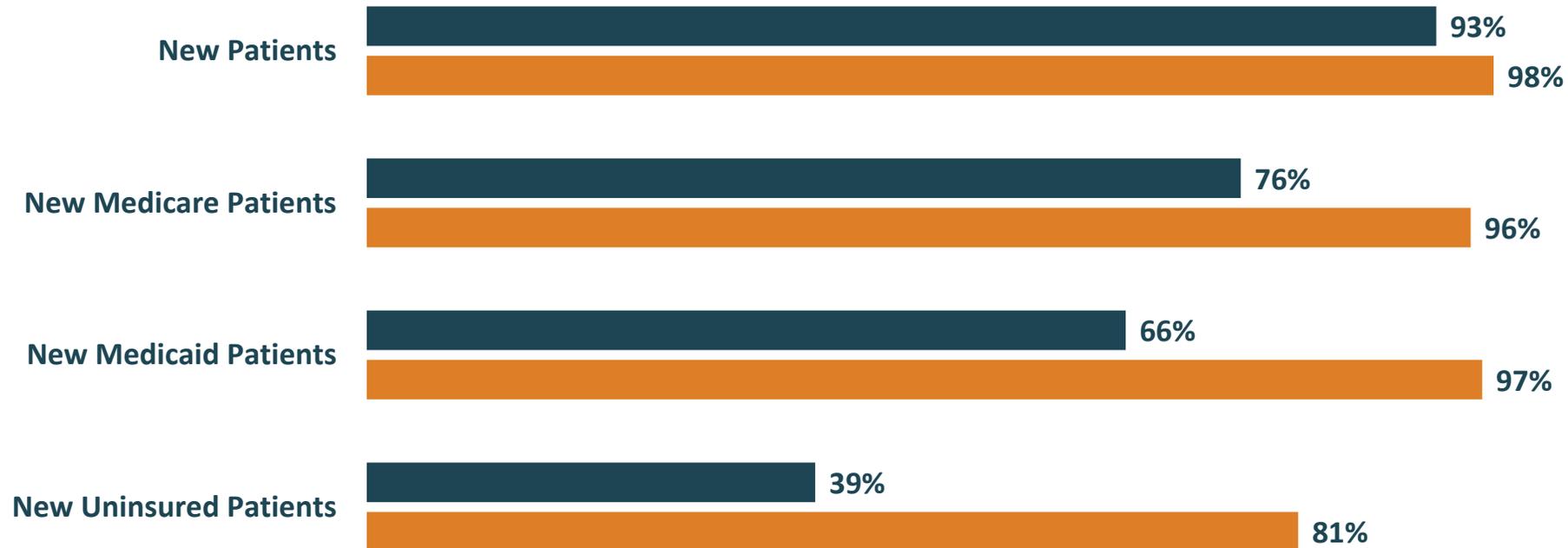
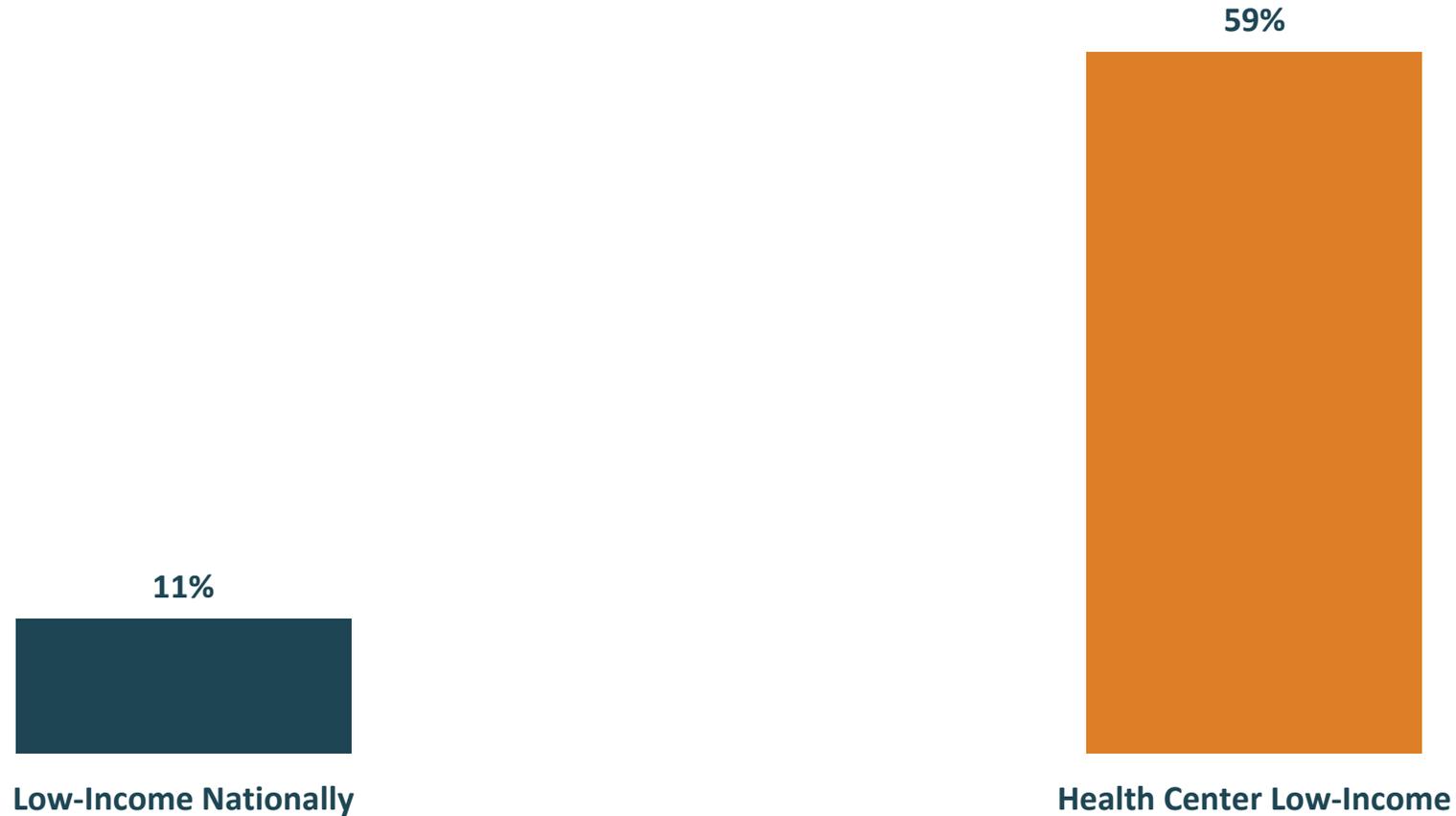


Figure 2.7

The Number of Health Center Patients in Poverty is Growing Faster Than the Number in Poverty Nationally, 2006 - 2016



Note: Represents individuals below 100% Federal Poverty Level.

Sources: 2006 and 2016 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. U.S. Census Bureau, Historical Poverty Tables, Table 2: Poverty Status of People by Family Relationship, Race, and Hispanic Origin.

Figure 2.8

The Number of Health Center Medicaid Patients is Growing Faster Than the Number of Medicaid Beneficiaries Nationally, 2007 - 2016

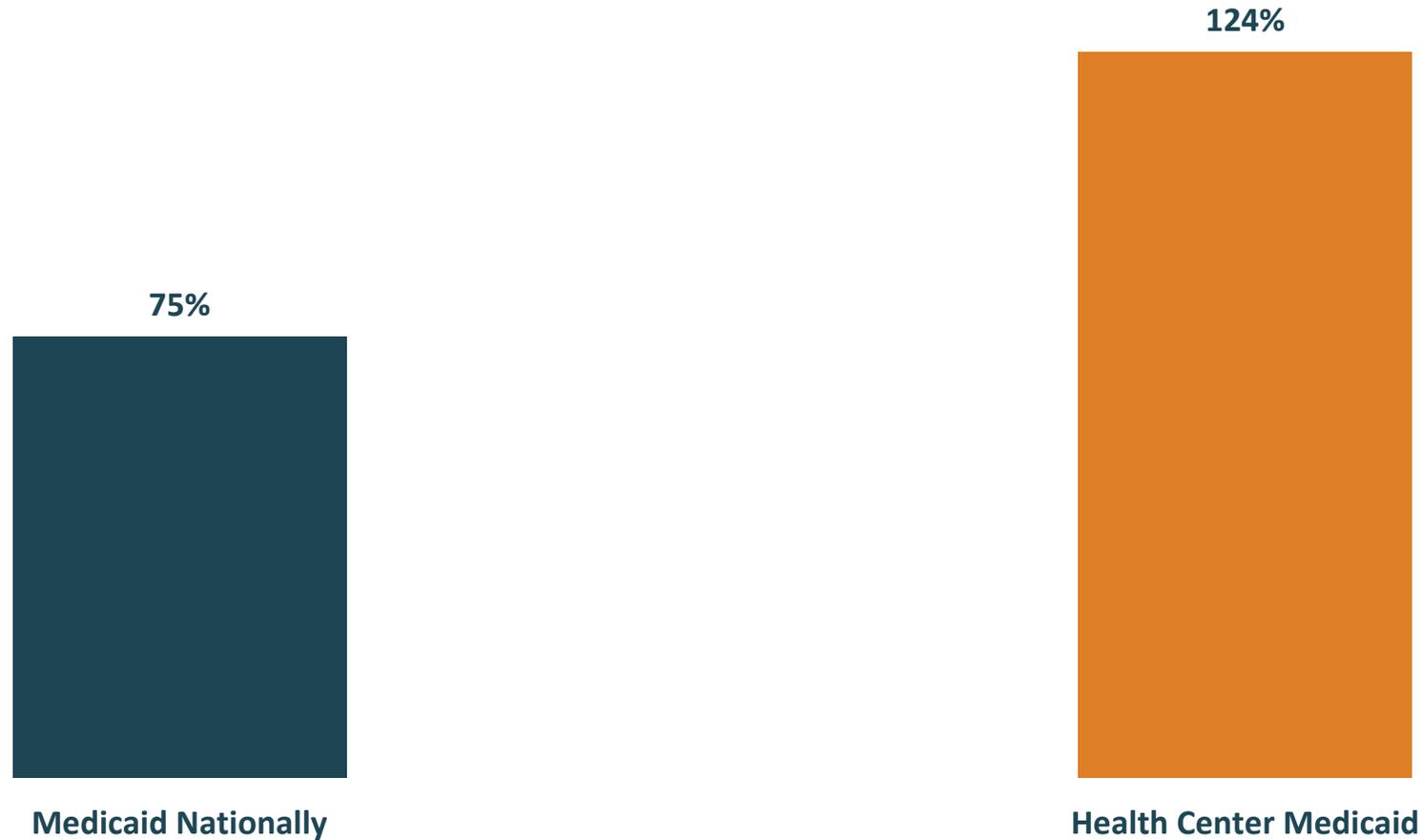
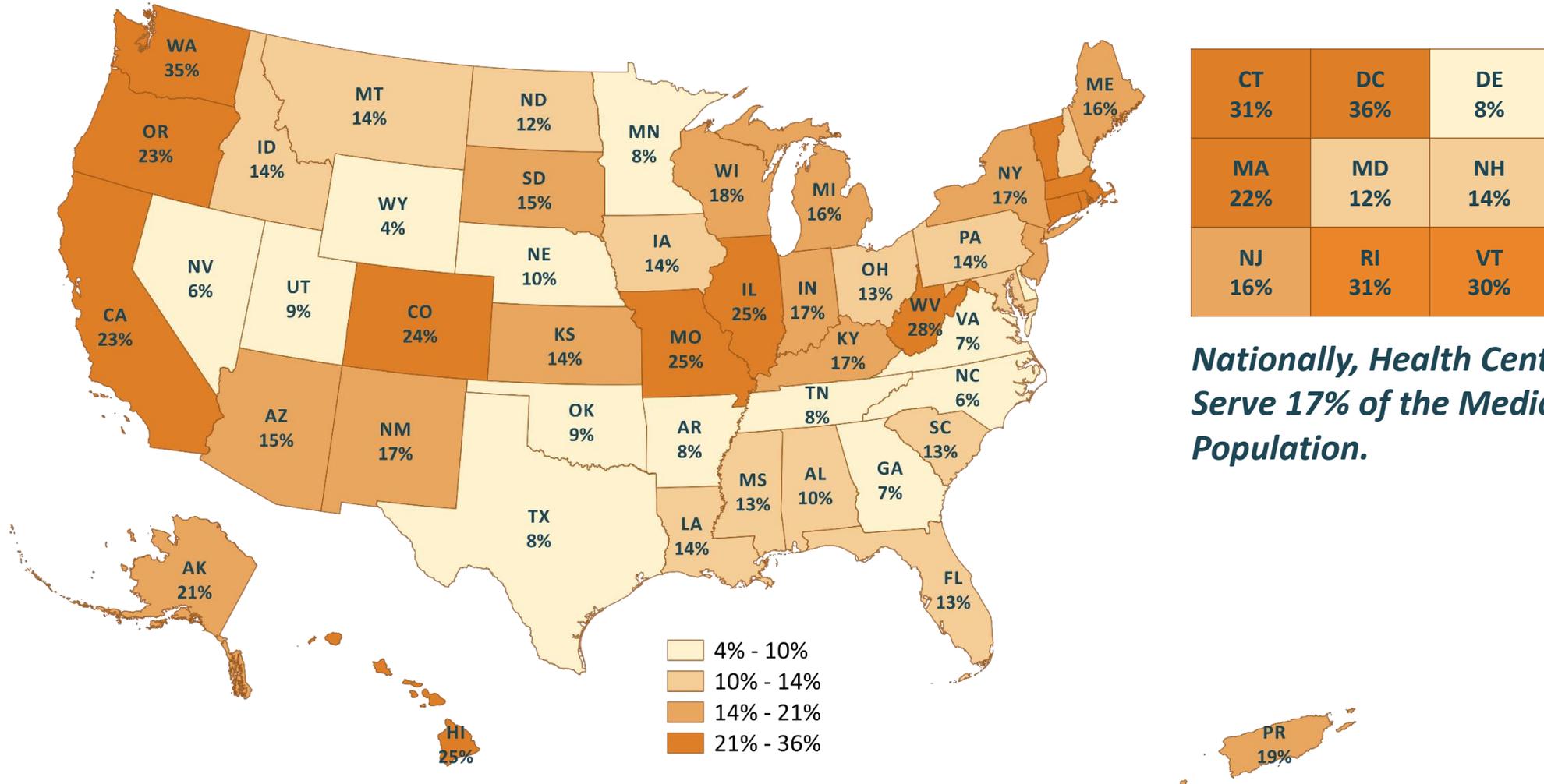


Figure 2.9

Percent of Medicaid Beneficiaries Served by Health Centers, 2016



Nationally, Health Centers Serve 17% of the Medicaid Population.

Source: National Association of Community Health Centers. Health Centers and Medicaid Fact Sheet. May 2018. Retrieved from: <http://www.nachc.org/research-and-data/>. Note: Uses data from 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, BPHC. Kaiser Commission on Medicaid and the Uninsured. Monthly Medicaid and CHIP Enrollment, December 2016.

Figure 2.10

Health Center Patients by Insurance Status, 2007 - 2016

(In Millions)

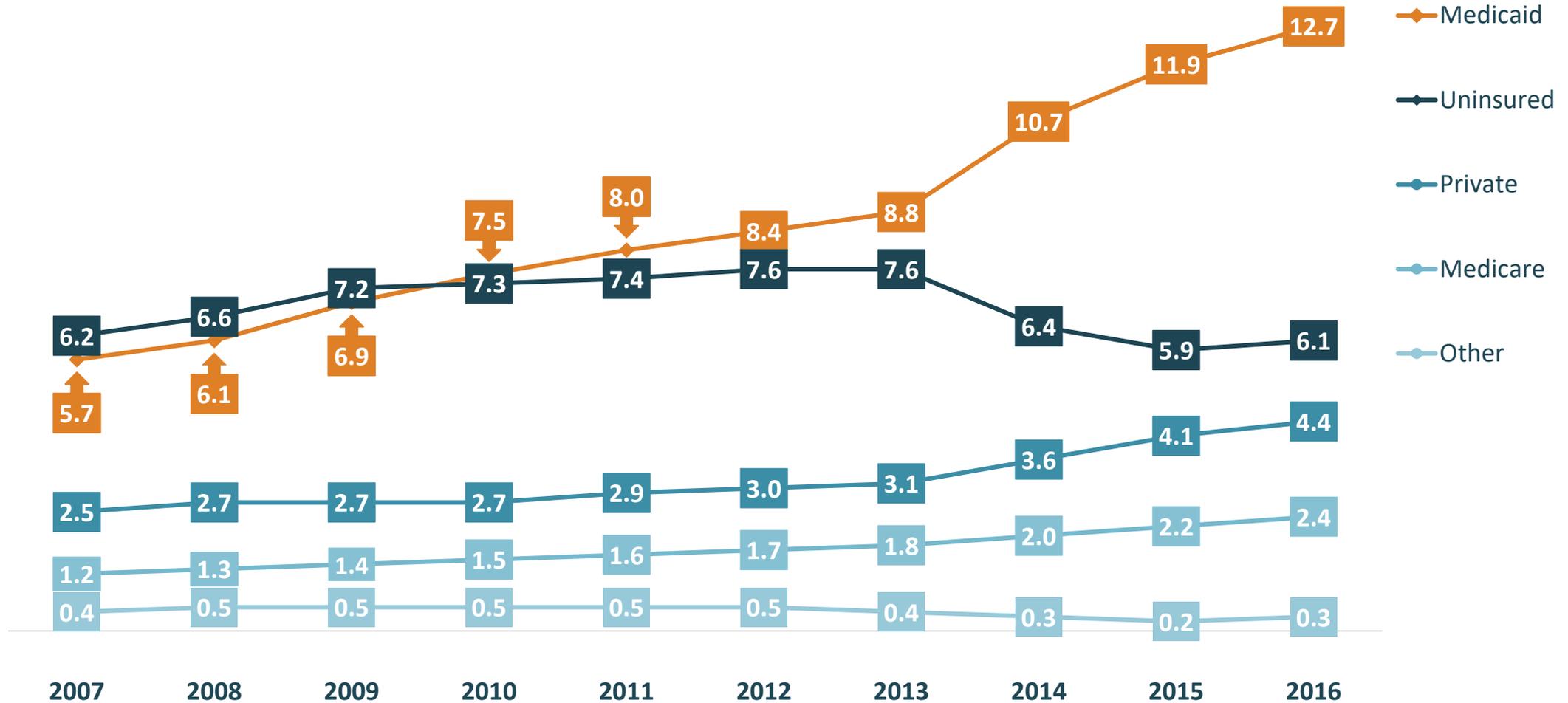


Figure 2.11

Even as More Patients Receive Insurance, Health Centers are Serving More of the Nation's Uninsured

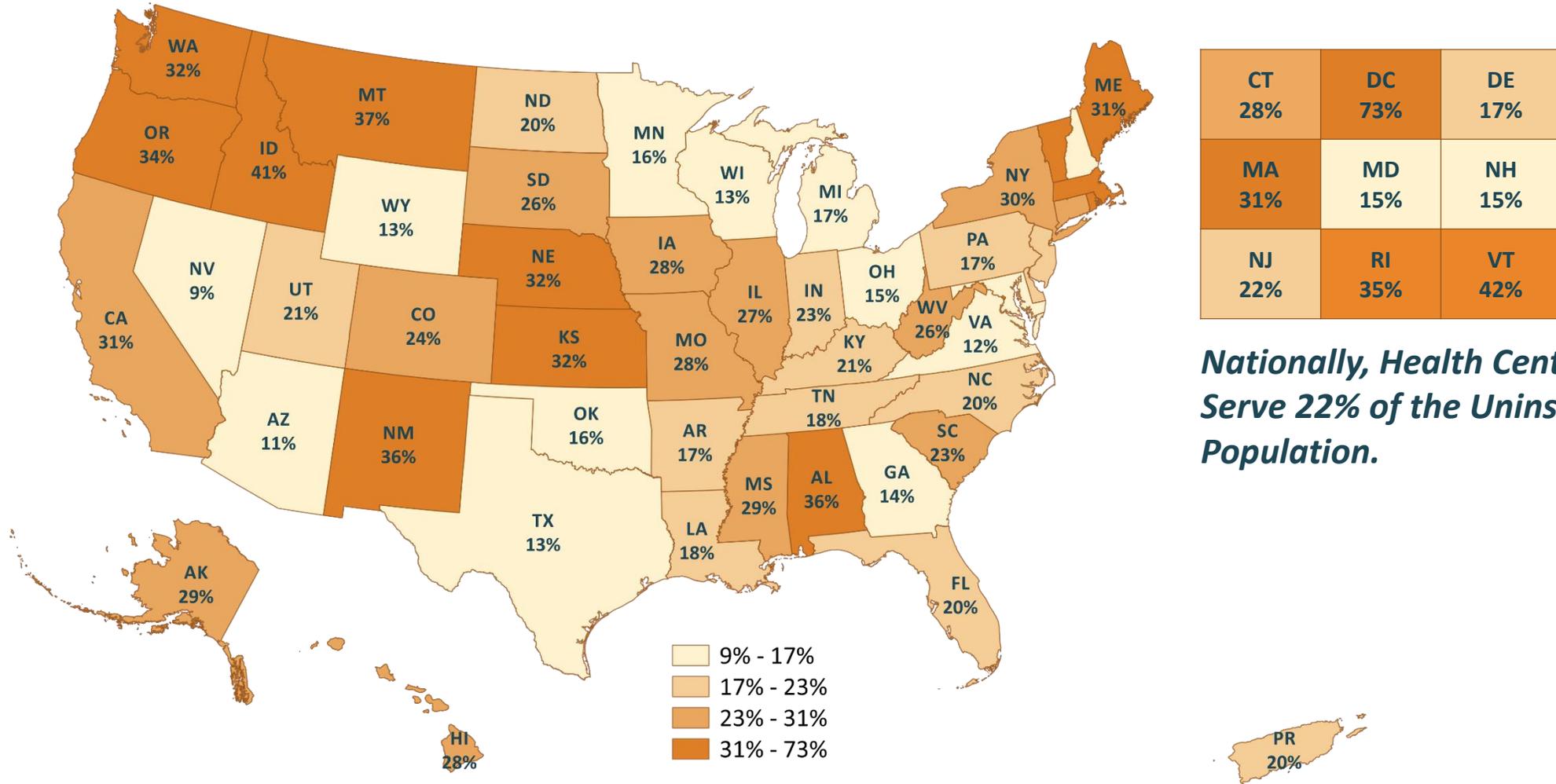


Note: Proportion of all U.S. residents does not account for health centers located in U.S. territories.

Sources: 2012 and 2016 Uniform Data System. Bureau of Primary Health Care. HRSA, DHHS. U.S. Census Bureau. Income, Poverty, and Health Insurance Coverage in the United States: 2012. Current Population Reports, P60-245. and Health Insurance Coverage in the United States: 2015. Current Population Reports, P60-257.

Figure 2.12

Percent of Uninsured Population Served by Health Centers, 2016



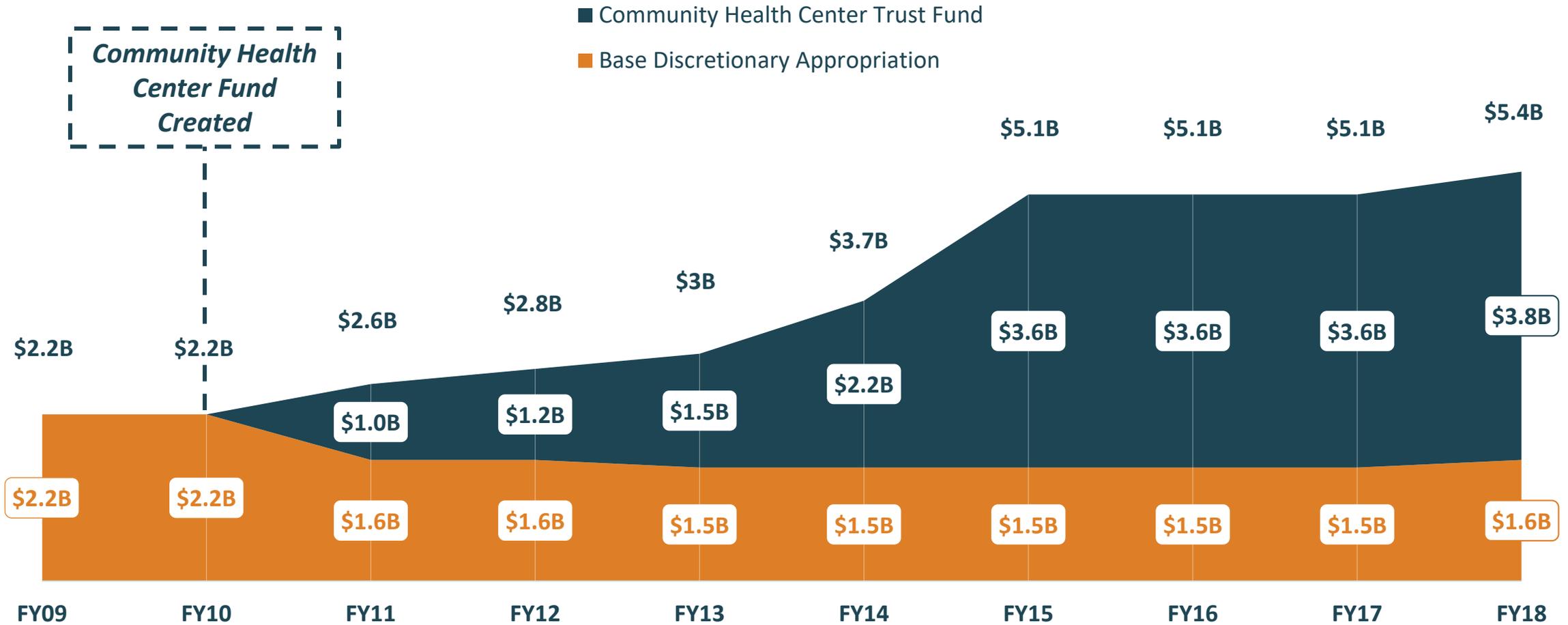
Nationally, Health Centers Serve 22% of the Uninsured Population.

Sources: 2016 Uniform Data System, Bureau of Primary Health Care, DHHS. Kaiser Family Foundation. Distribution of Nonelderly Uninsured. U.S. Census Bureau. 2016 ACS 1-Year Estimates, Puerto Rico. Note: Used as estimate for total Medicaid population in Puerto Rico. UDS Mapper, HCP: Penetration of Uninsured Population (%), Washington, D.C. Note: Used to estimate health center Medicaid patients and total Medicaid population for Washington, D.C.

Figure 2.13

Federal Health Center Appropriation History, FY2009 - FY2018

(In Billions)



Source: Federal appropriations are for consolidated health centers under PHSA Section 330. Federally-funded health centers only.

Section 3

High Quality Care and Reducing Health Disparities

Figure 3.1

Many Health Centers Exceed Healthy People 2020 Goals



Figure 3.2

Health Center Patients are More Satisfied with the Overall Care Received Compared with Low-Income Patients Nationally

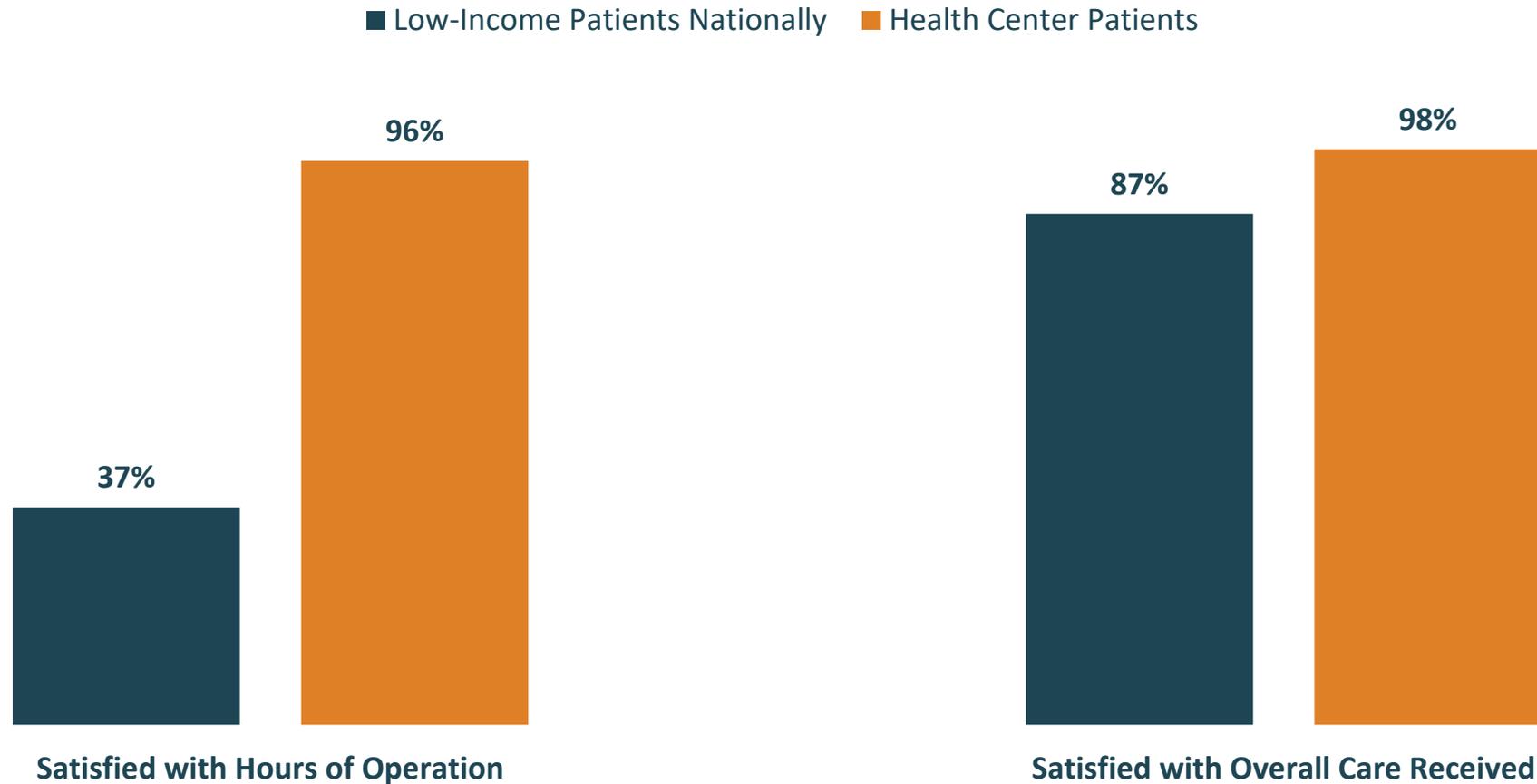
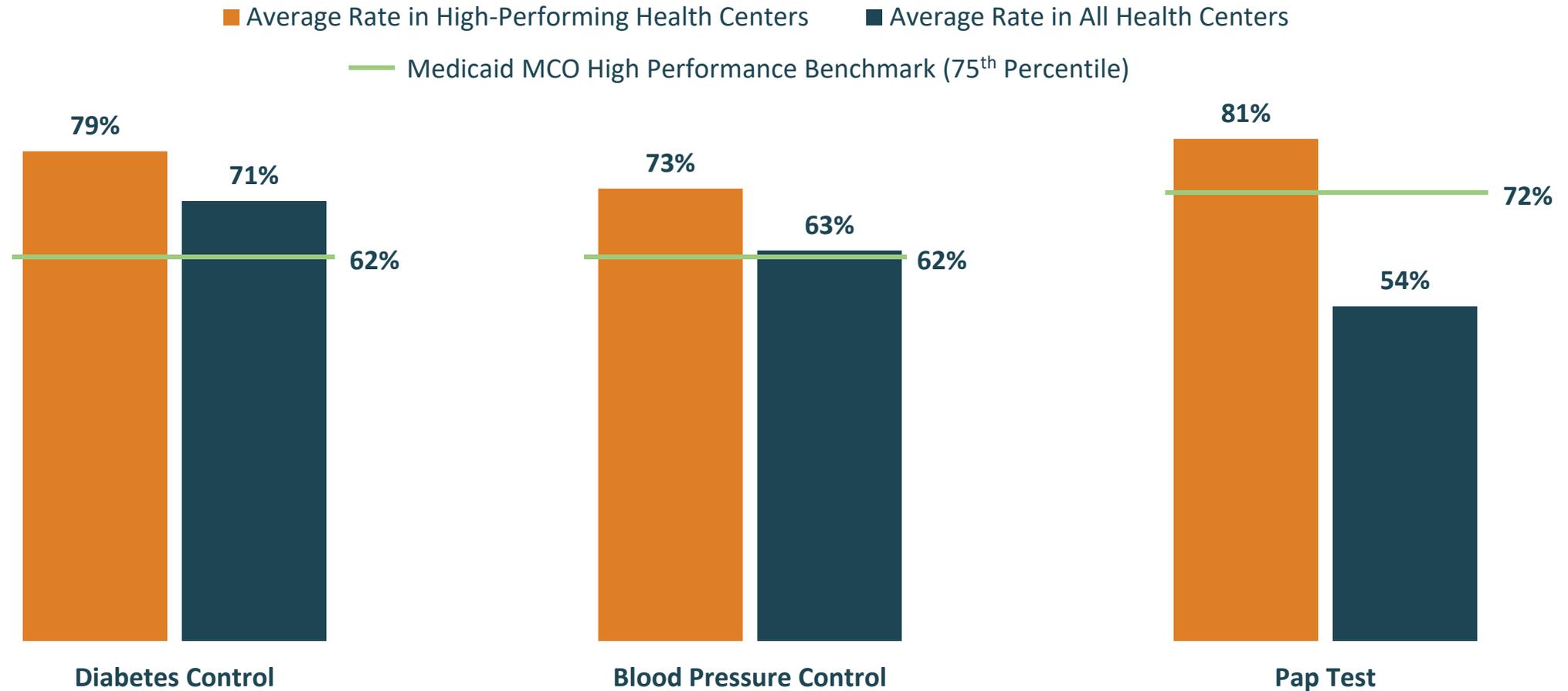


Figure 3.3

Health Centers Exceed Medicaid Managed Care Organization High Performance Benchmark Scores

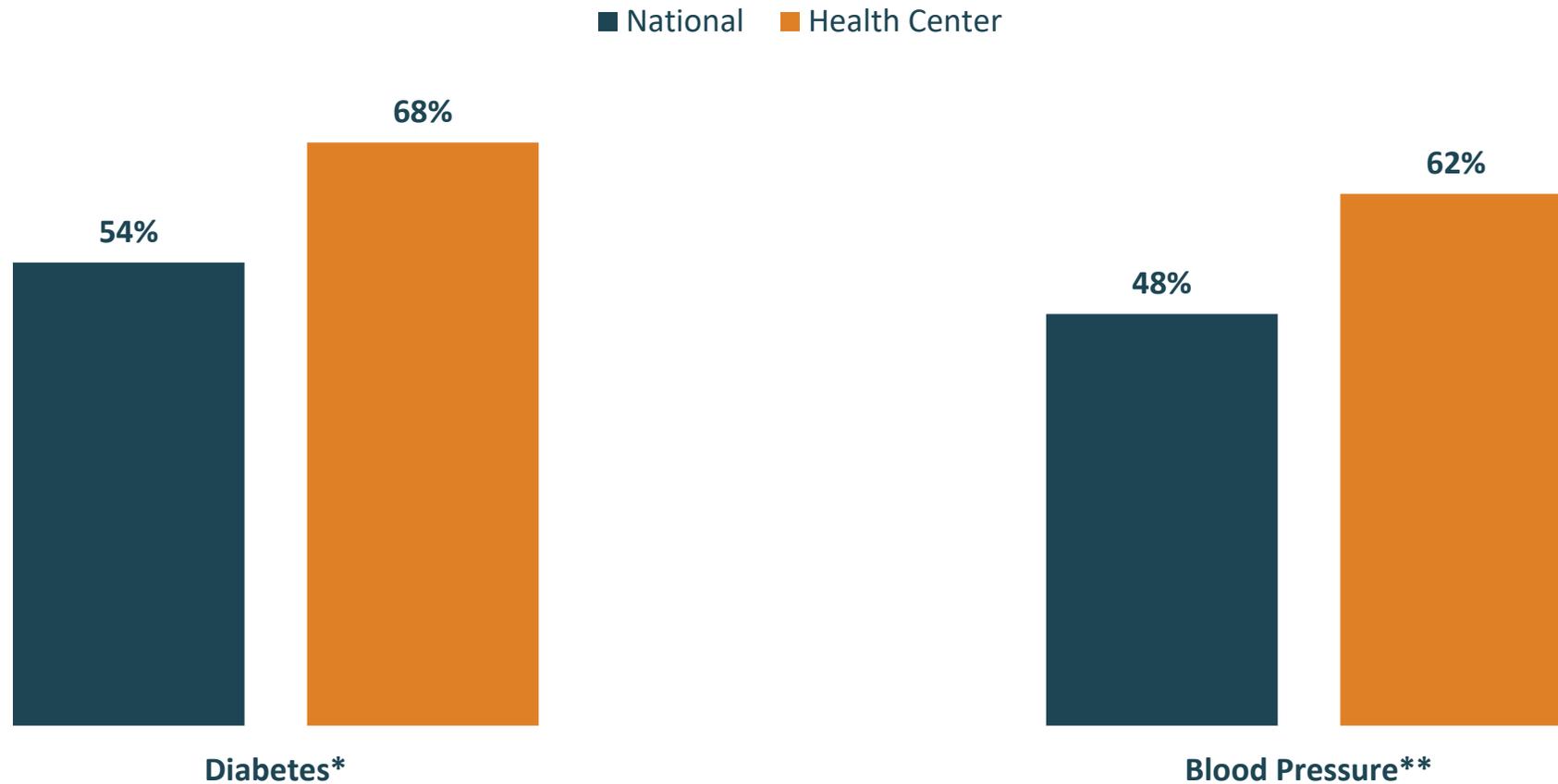


Note: Quality Measures include control of diabetes: share of patients with diabetes with HbA1c between 7% and 9%; Control of hypertension: share of patients with hypertension with blood pressure < 140/90; Pap Tests: share of female patients age 24 – 64 who received Pap test within past three years.

Source: Shin P, Sharac J, Rosenbaum S, Paradise J. Quality of care in community health centers and factors associated with performance. Kaiser Commission on Medicaid and the Uninsured Report #8447 (June 2013).

Figure 3.4

Health Center Patients Have Higher Rates of Diabetes & Blood Pressure Control than the National Average



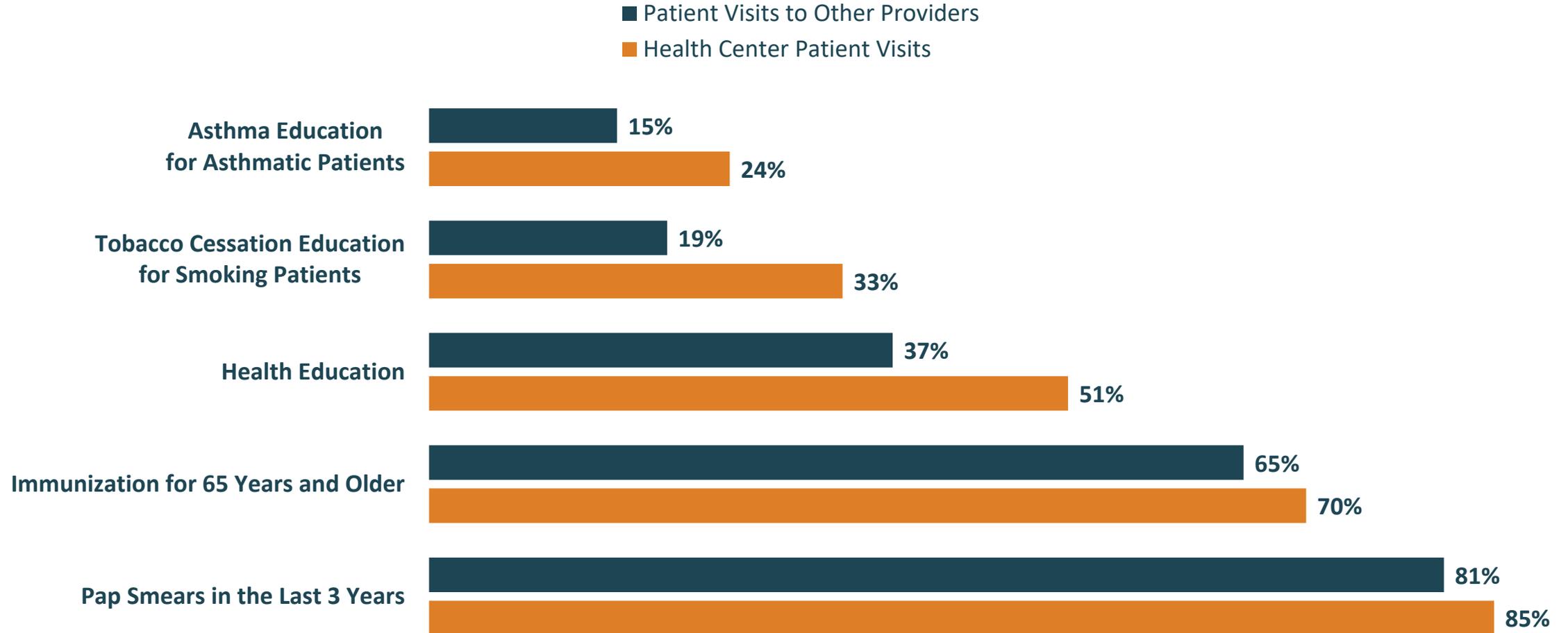
* Estimated percentage of diabetic patients with Hba1c < 9% for diabetes.

** Estimated percentage of hypertensive patients with blood pressure < 140/90.

Sources: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. Fryar CD, Ostchega Y, Hales CM, Zhang G, Kruszon-Moran D. Hypertension prevalence and control among adults: United States, 2015–2016. NCHS data brief, no 289. Hyattsville, MD: National Center for Health Statistics. 2017. National Committee for Quality Assurance. Comprehensive Diabetes Care, The State of Health Care Quality (2016).

Figure 3.5

Health Centers Provide More Preventive Services than Other Primary Care Providers



Sources: Shi L, Tsai J, Higgins PC, Lebrun La. (2009). Racial/Ethnic and Socioeconomic Disparities in Access to Care and Quality of Care for U.S. Health Center Patients Compared with Non-Health Center Patients. *J Ambul Care Manage* 32(4): 342 – 50. Shi L, Leburn L, Tsai J and Zhu J. (2010). Characteristics of Ambulatory Care Patients and Services: A Comparison of Community Health Centers and Physicians' Offices *J Health Care for Poor and Underserved* 21(4): 1169-83. Hing E, Hooker RS, Ashman JJ. (2010). Primary Health Care in Community Health Centers and Comparison with Office-Based Practice. *J Community Health*. 2011 Jun; 36(3): 406 – 13.

Figure 3.6

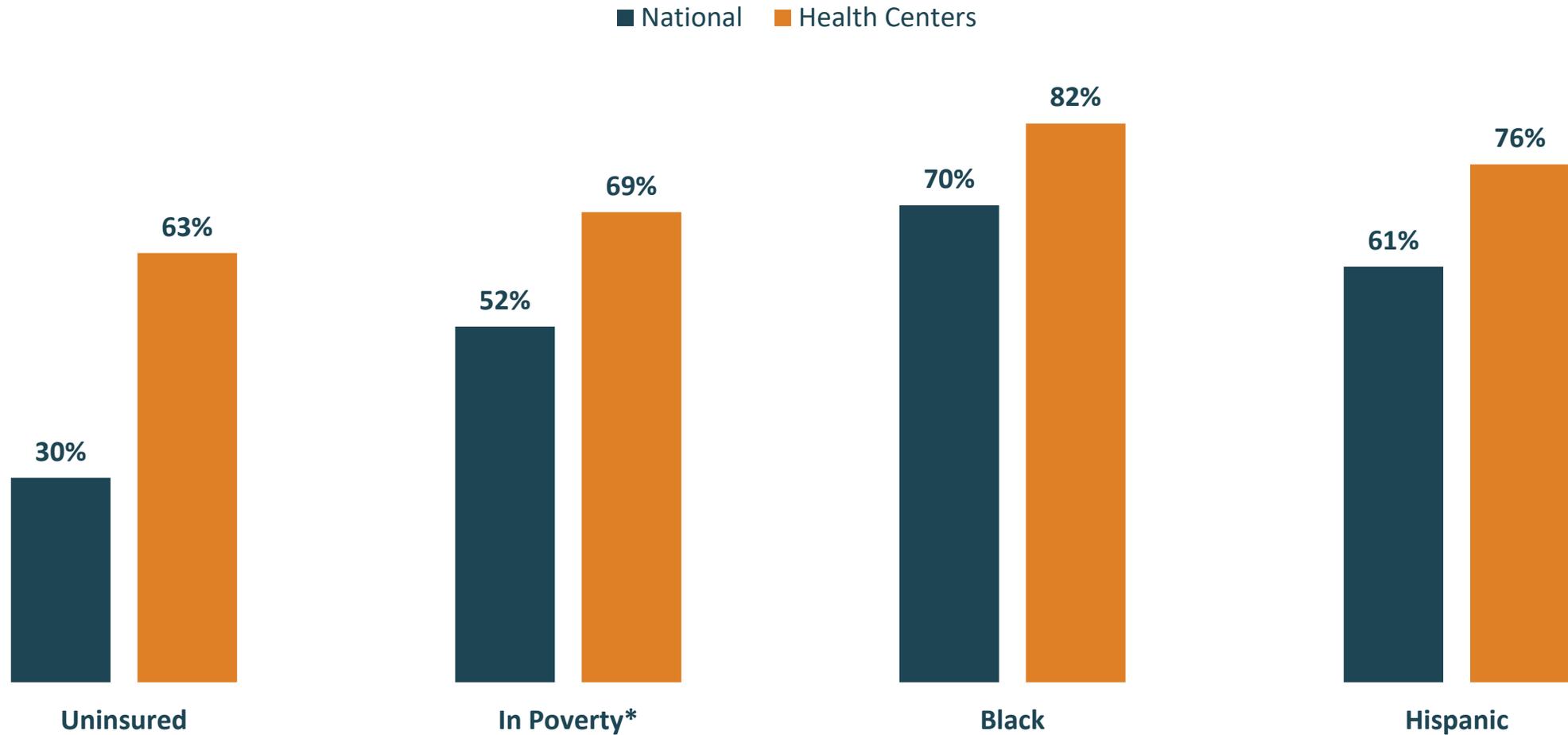
Health Centers Reduce Disparities in Hypertension Treatment

(Percent of Health Center Medicaid Patients Receiving New Medication for Uncontrolled Hypertension Compared to Medicaid Patients of Private Practices)



Figure 3.7

Health Center Women Needing Mammograms are More Likely to Receive Them than Their Counterparts Nationally

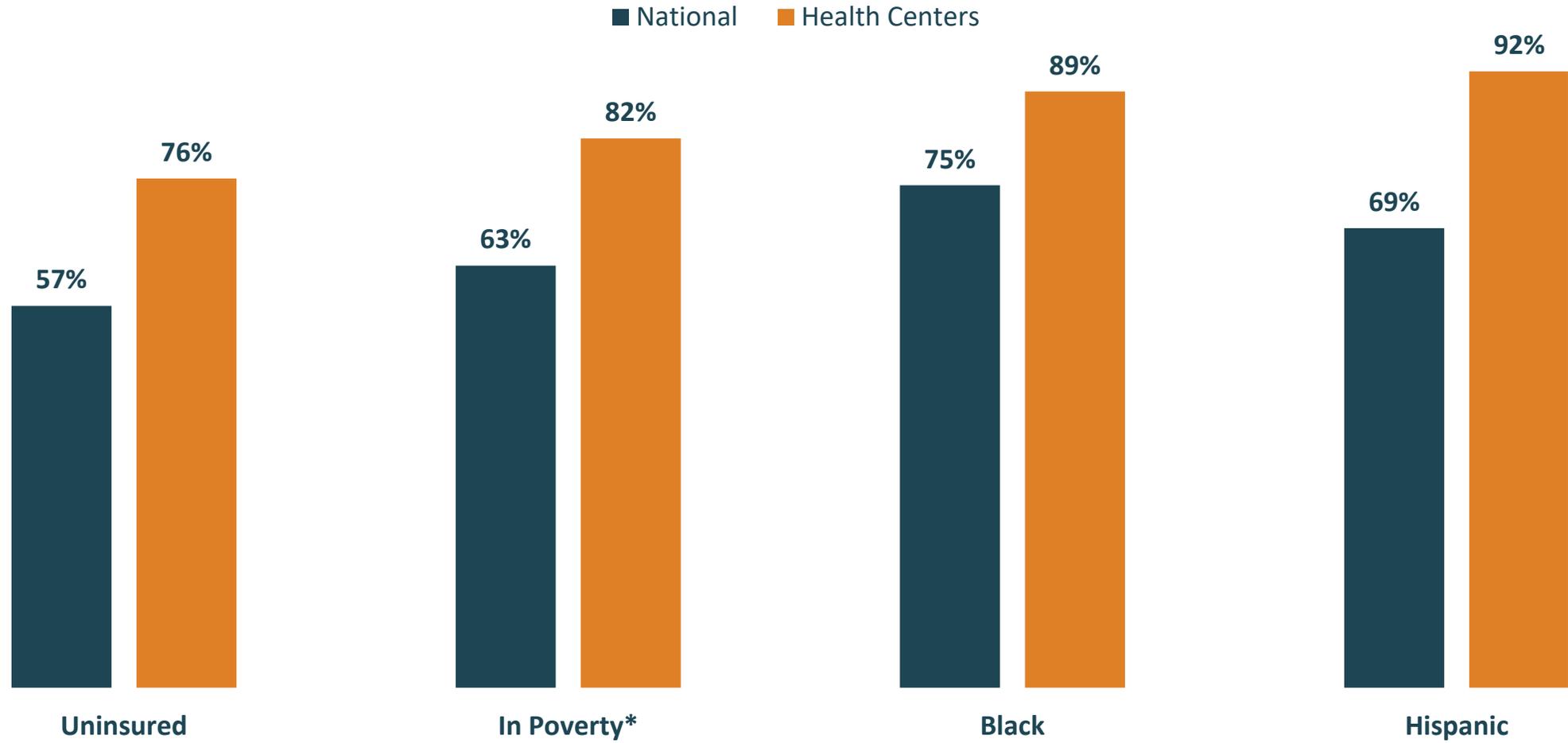


* Includes women below 100% FPL or at 100% FPL and below.

Sources: Health Resources and Services Administration, 2014 Health Center Patient Survey. Female Health Center Patients Aged 40+ Who Had a Mammogram in the Past 2 Years. National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017. Table 70. Use of Mammography Among Women Aged 40 and Over, by Selected Characteristics: United States, Selected Years 1987 – 2015.

Figure 3.8

Health Center Women Needing Pap Smears are More Likely to Receive Them than Their Counterparts Nationally

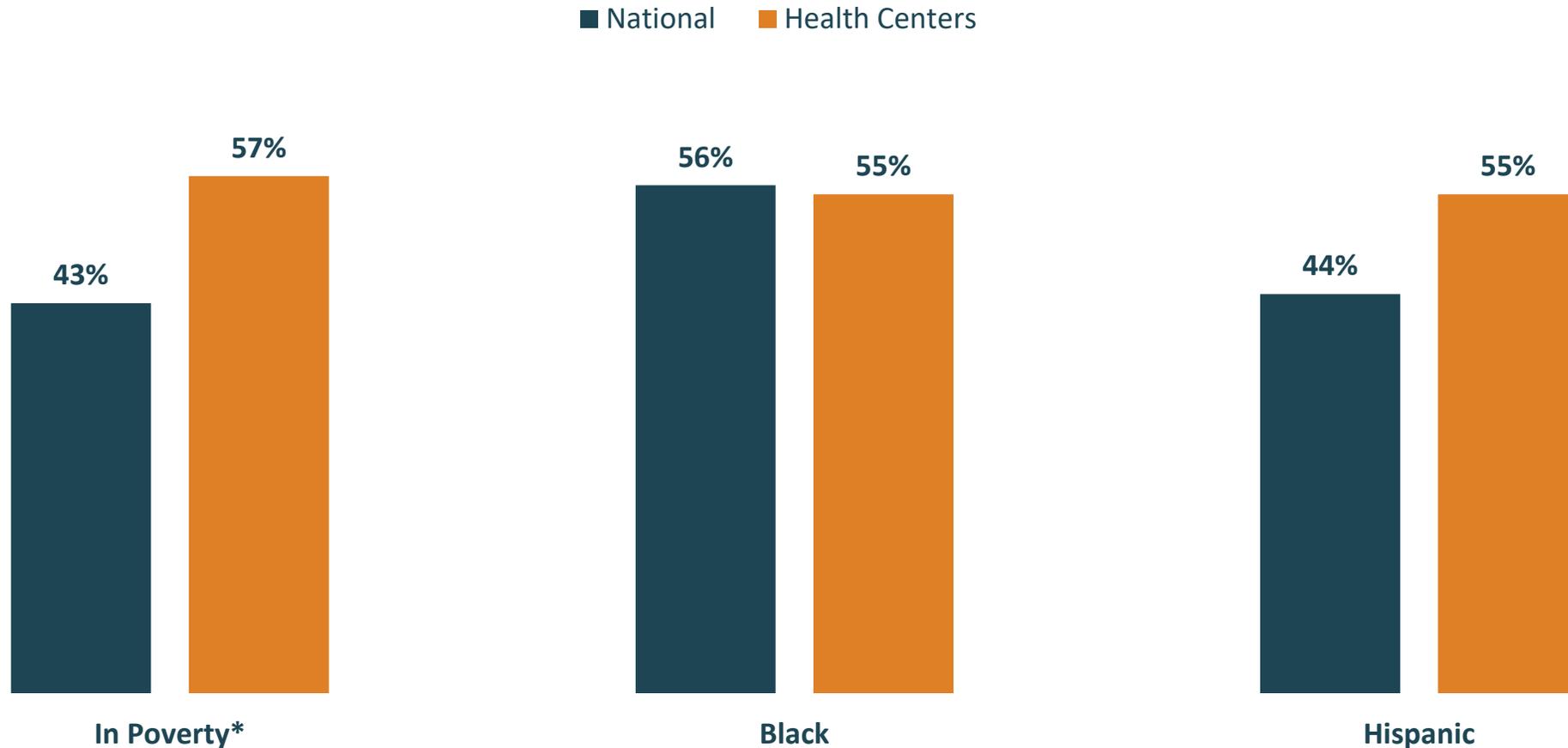


* Includes women below 100% FPL or at 100% FPL and below.

Sources: Health Resources and Services Administration, 2014 Health Center Patient Survey. Female Health Center Patients Aged 18+ Who Had a Pap Smear in the Past 3 Years. National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017. Table 71. Use of Pap Smears Among Women Aged 18 and Over, by Selected Characteristics: United States, Selected Years 1987 – 2015.

Figure 3.9

Health Center Patients Needing Colorectal Cancer Screenings are Often More Likely to Receive Them than Their Counterparts Nationally



* Includes individuals below 100% FPL or at 100% FPL and below.

Sources: Health Resources and Services Administration, 2014 Health Center Patient Survey. Health Center Patients Aged 50+ Who Ever Had a Colonoscopy. National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017. Table 72. Use of Colorectal Tests or Procedures Among Adults Aged 50-75, by Selected Characteristics: United States, Selected Years 2000 – 2015.

Figure 3.10

Health Center Patients Have Lower Rates of Low Birth Weight than Their U.S. Counterparts

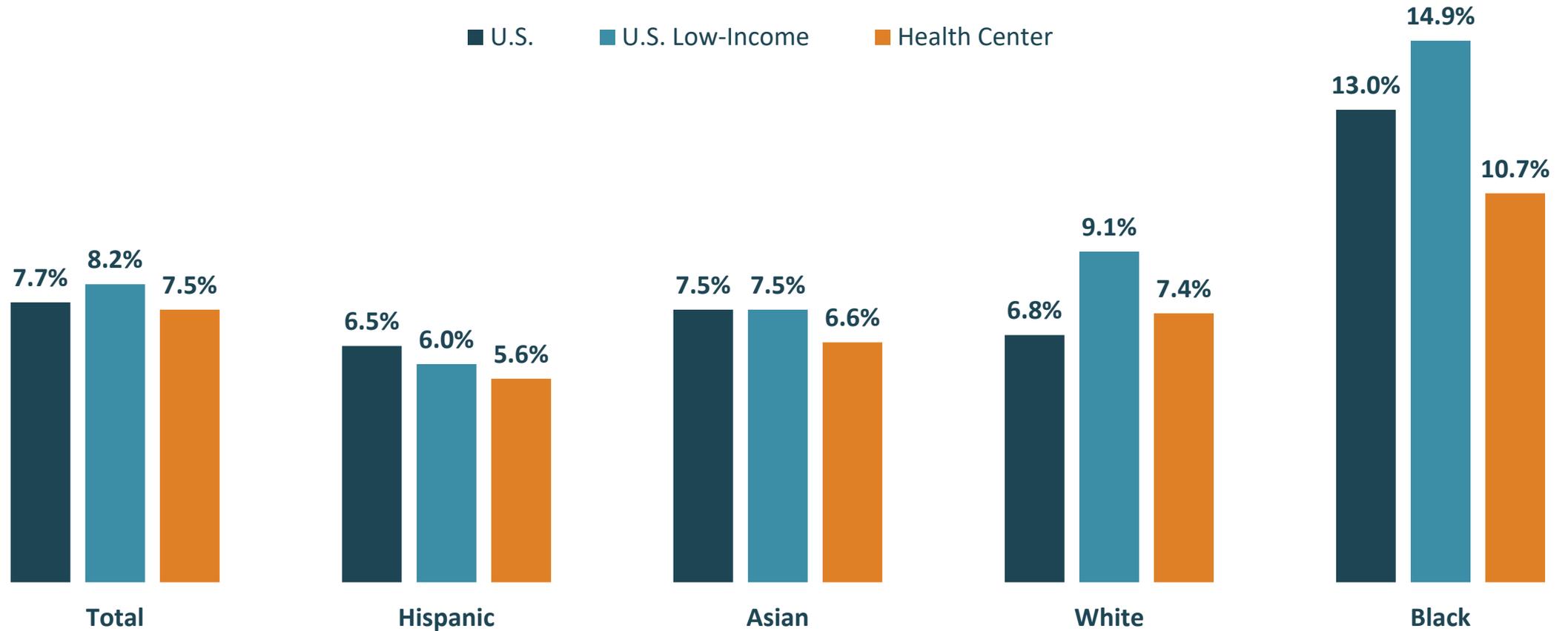


Figure 3.11

Health Center Patients Have Fewer Low Birth Weight Babies than the U.S. Average

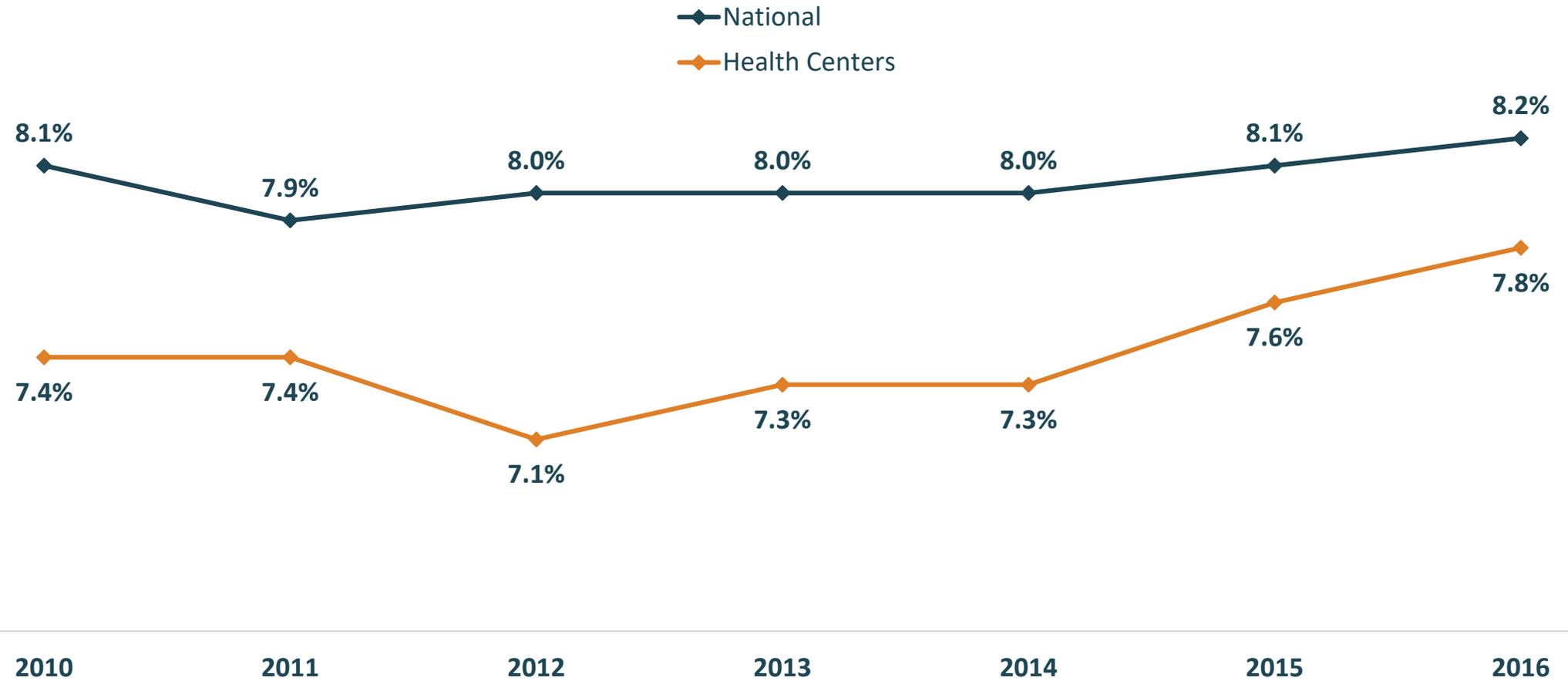
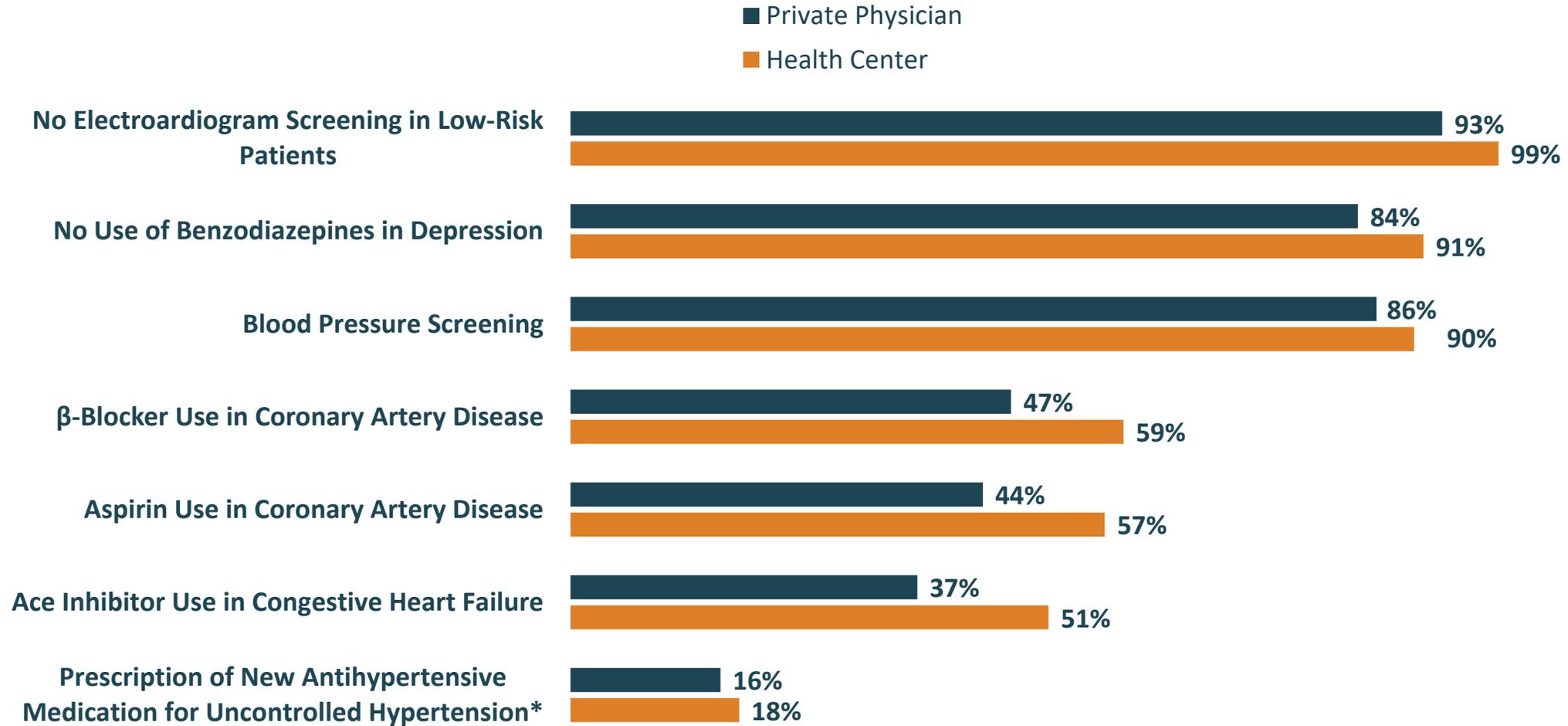


Figure 3.12

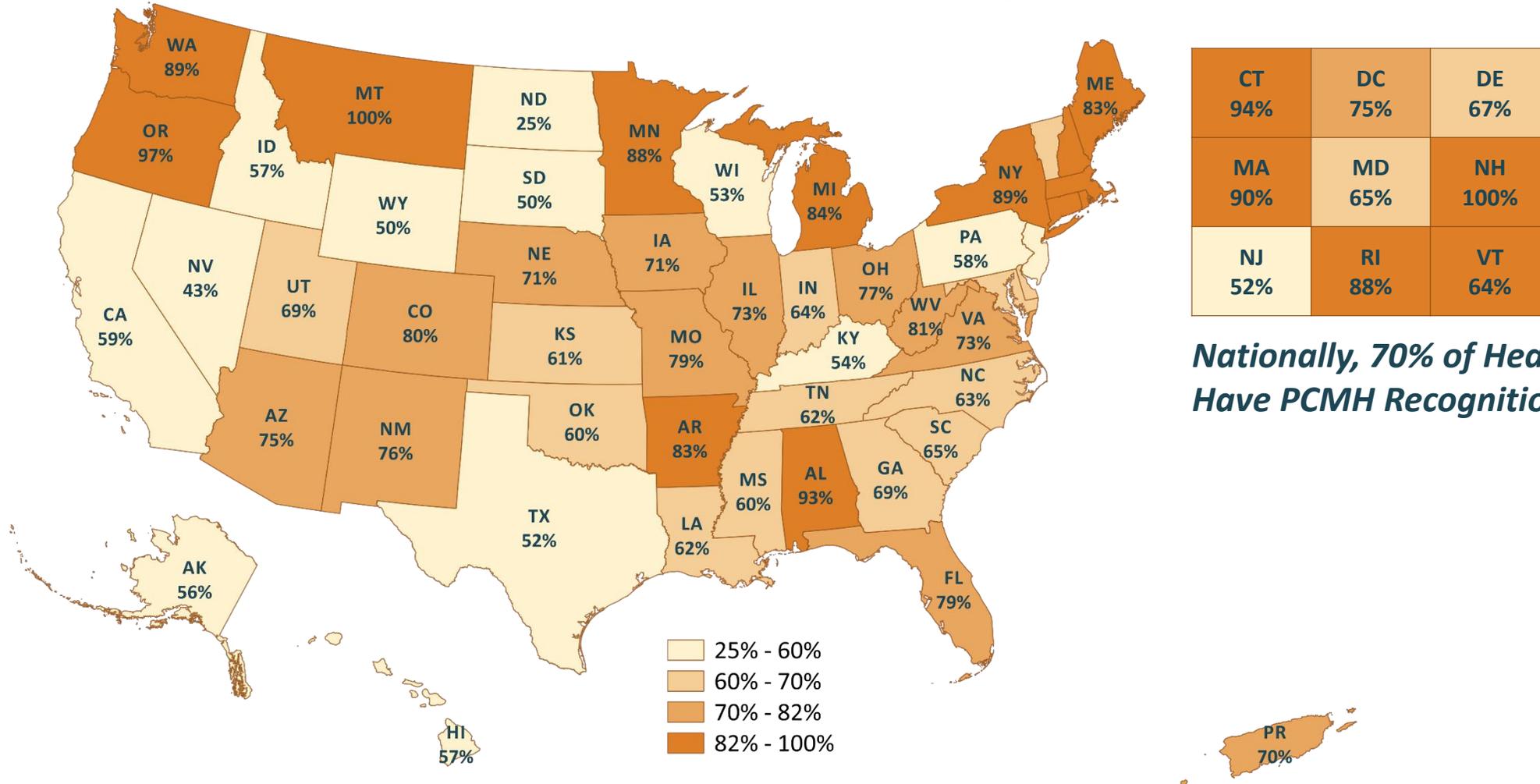
Health Centers Perform Better on Ambulatory Care Quality Measures Than Private Practice Physicians



Source: Goldman, L. E. et al. Federally Qualified Health Centers and Private Practice Performance on Ambulatory Care Measures. *American Journal of Preventive Medicine*. 2012. 43(2): 142.
* Fontil et al. Management of Hypertension in Primary Care Safety-Net Clinics in the United States: A Comparison of Community Health Center and Private Physicians' Offices. *Health Services Research*. April 2017. 52:2.

Figure 3.13

Percent of Health Centers with Patient-Centered Medical Home Recognition, December 2017



Nationally, 70% of Health Centers Have PCMH Recognition.

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quartile for states and territories shown.
 Source: Communication with the Bureau of Primary Health Care, HRSA, DHHS, March 27, 2018.

Section 4

Cost Effective Care

Figure 4.1

Health Centers' Average Daily Cost Per Patient Is Lower Than Other Physician Settings



Figure 4.2

Health Centers Save \$1,263 (or 24%) Per Patient Per Year

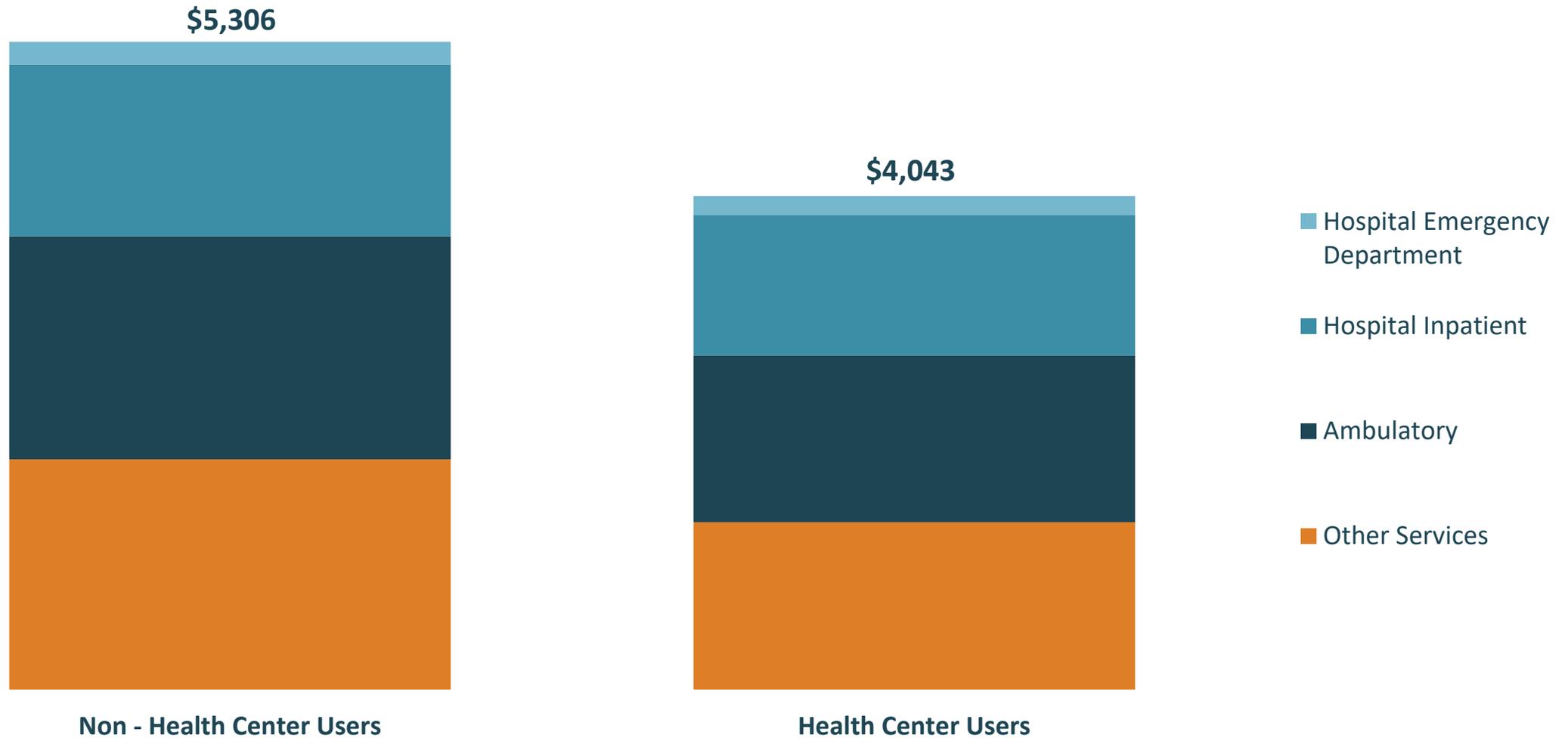


Figure 4.3

Health Centers Save 35% Per Child Compared to Other Providers

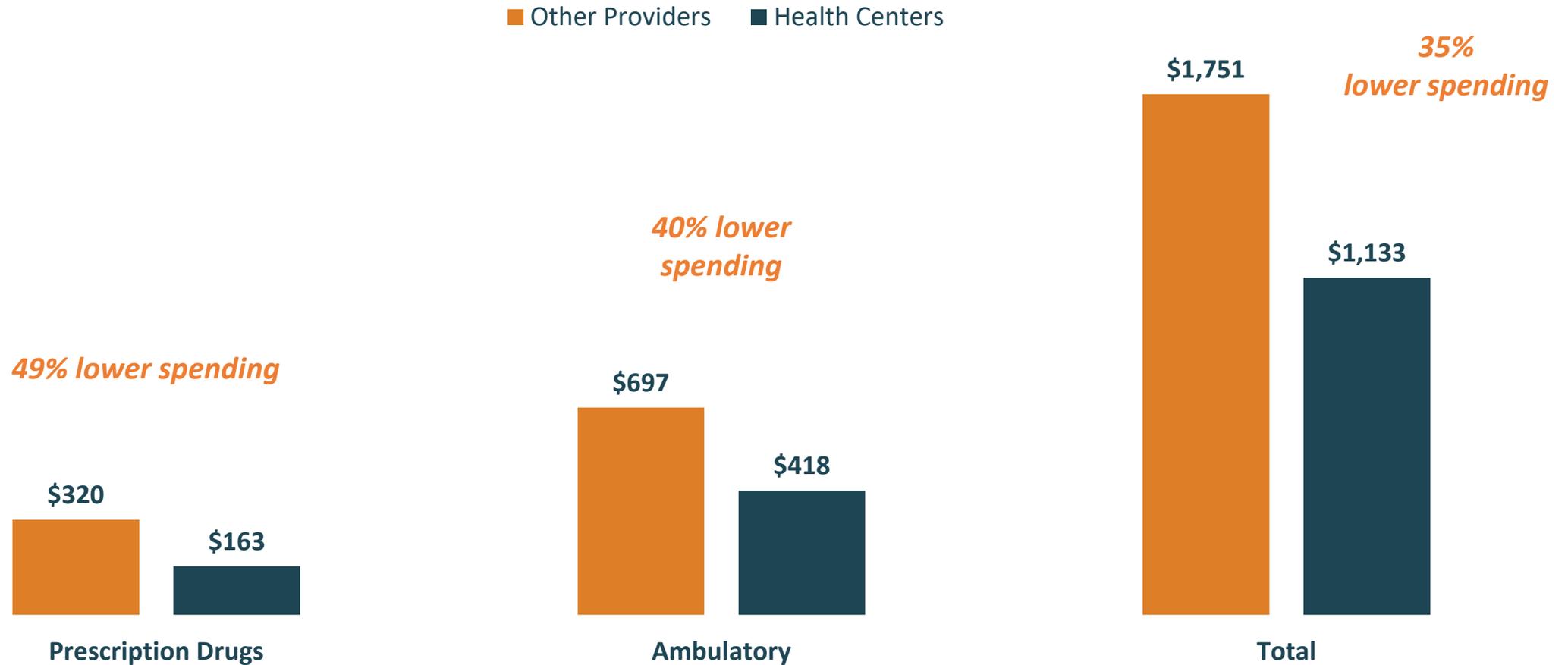
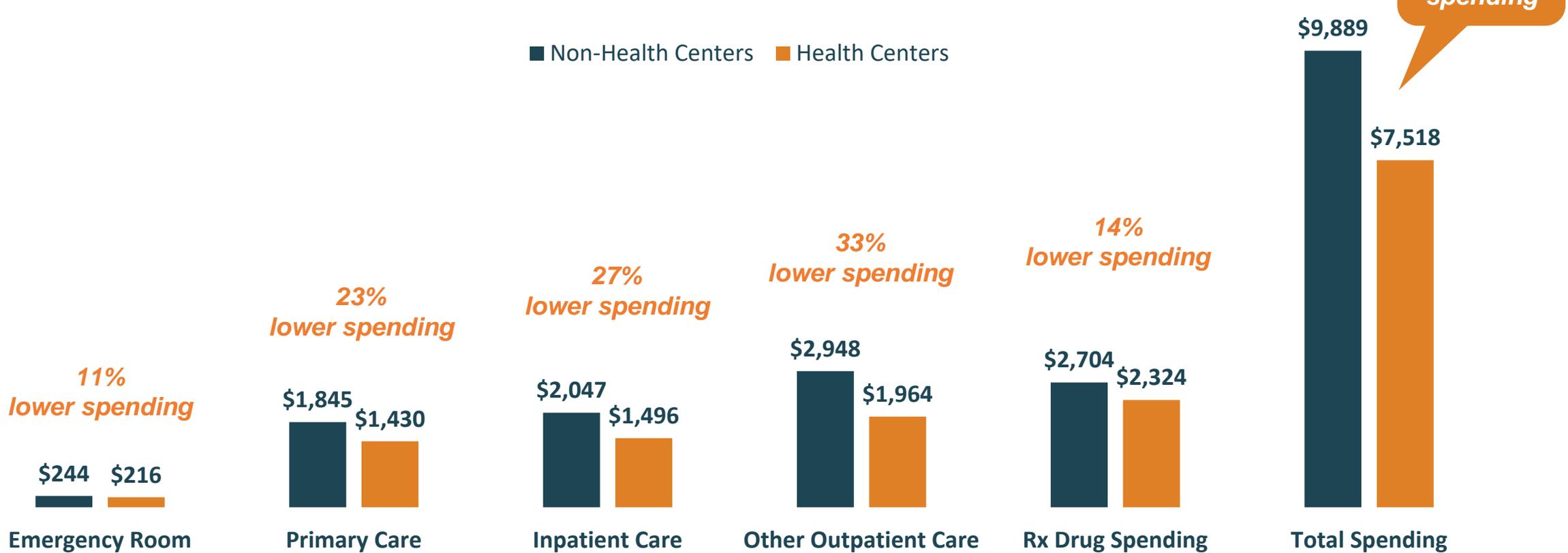


Figure 4.4

Health Centers Save 24% Per Medicaid Patient Compared to Other Providers

(Cost per Patient Comparisons by Service Type & Total Spending)



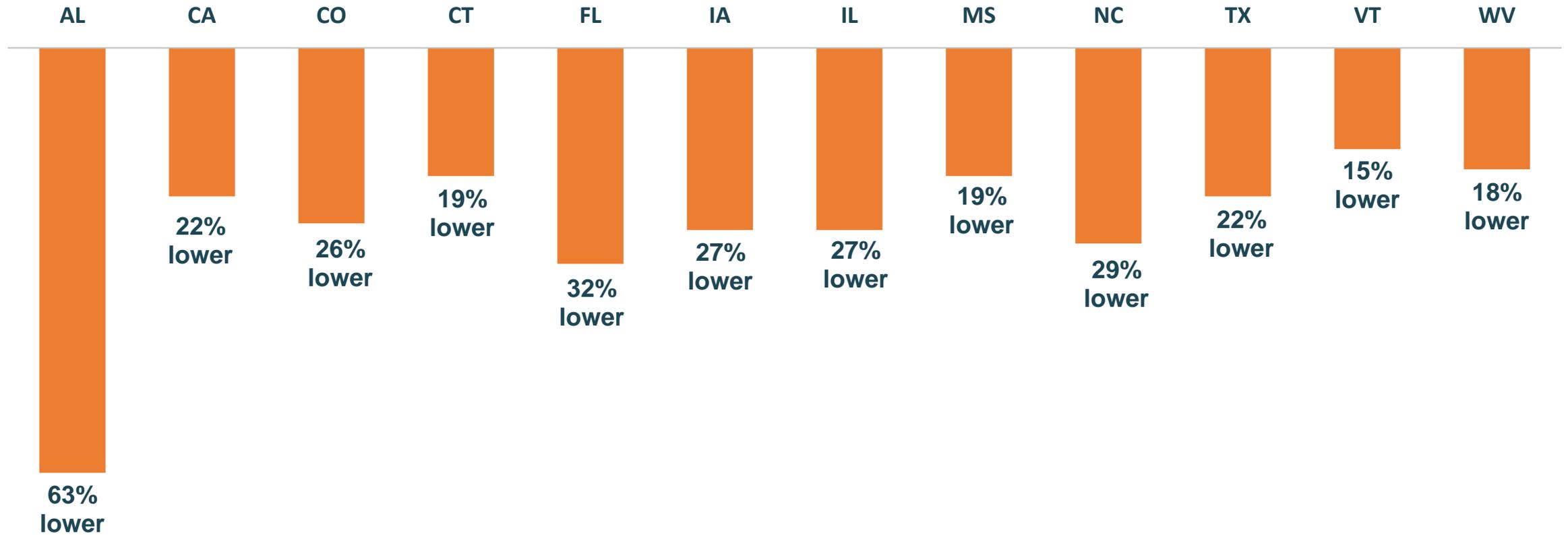
Note: Non-health centers include private physician offices and outpatient clinics.

Source: Nocon et al. Health care use and spending for Medicaid enrollees in federally qualified health centers versus other primary care settings. *AJPH*. November 2016. 106(11): 1981-1989.

Figure 4.5

Health Centers Have Lower Total Spending Per Medicaid Patient Compared to Other Providers

(Percent Lower Spending in States Studied Compared to Other Providers)

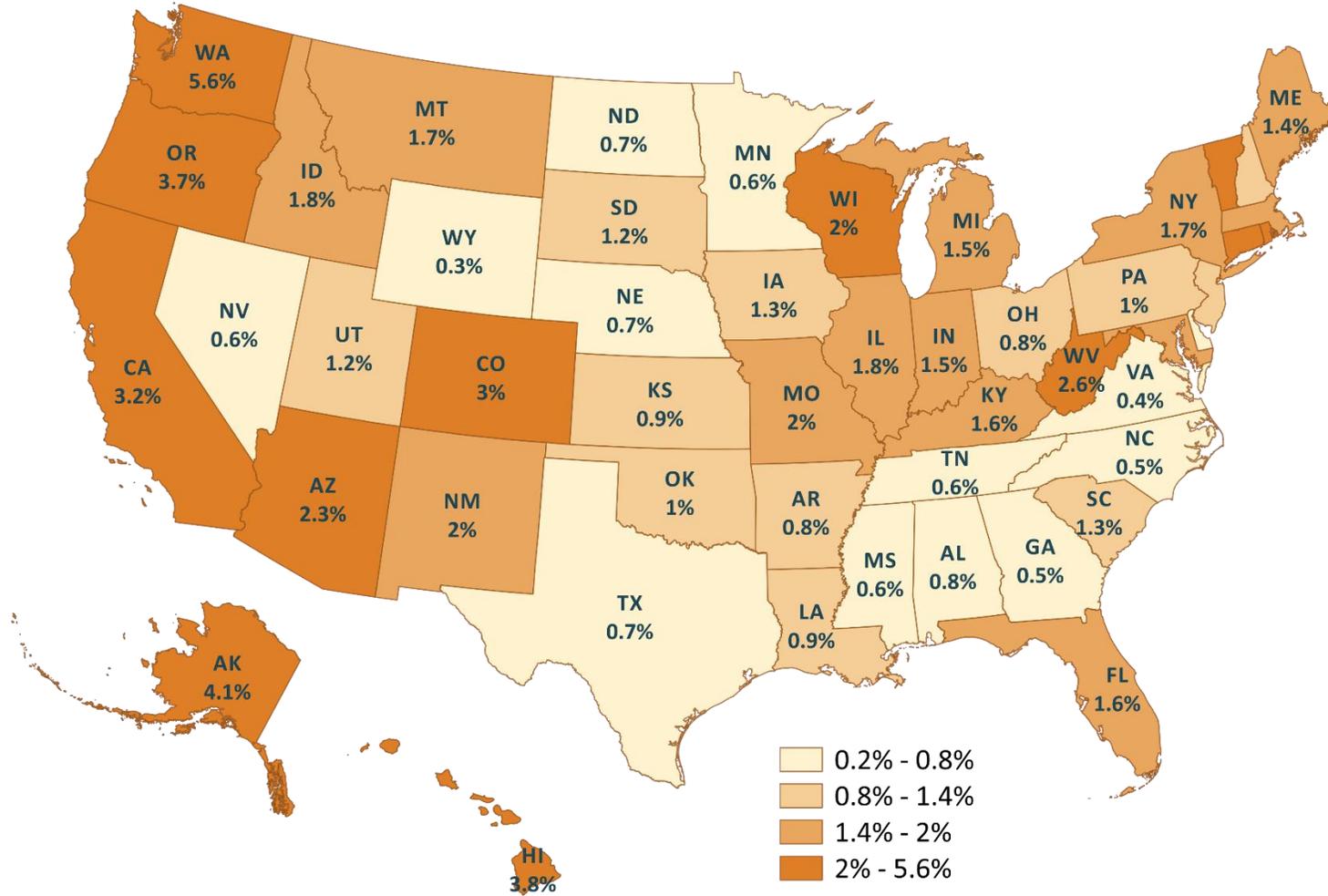


Notes: Other Providers (or “non-health centers”) include private physician offices and outpatient clinics. MT was included in the national-level analyses, but did not have a large enough sample size to be included in the adjusted state-level analyses.

Source: Nocon et al. Health care use and spending for Medicaid Enrollees in Federally Qualified Health Centers Versus other Primary Care Settings. AJPH. November 2016. 106(11): 1981-1989.

Figure 4.6

Health Center Medicaid Revenues as a Percent of Total Medicaid Expenditures, 2016



CT	DC	DE
2.6%	3.4%	0.5%
MA	MD	NH
1.7%	1.5%	1%
NJ	RI	VT
1%	3.4%	2.4%

Nationally, Health Center Medicaid Revenues Account for 1.8% of the Total Medicaid Expenditures...

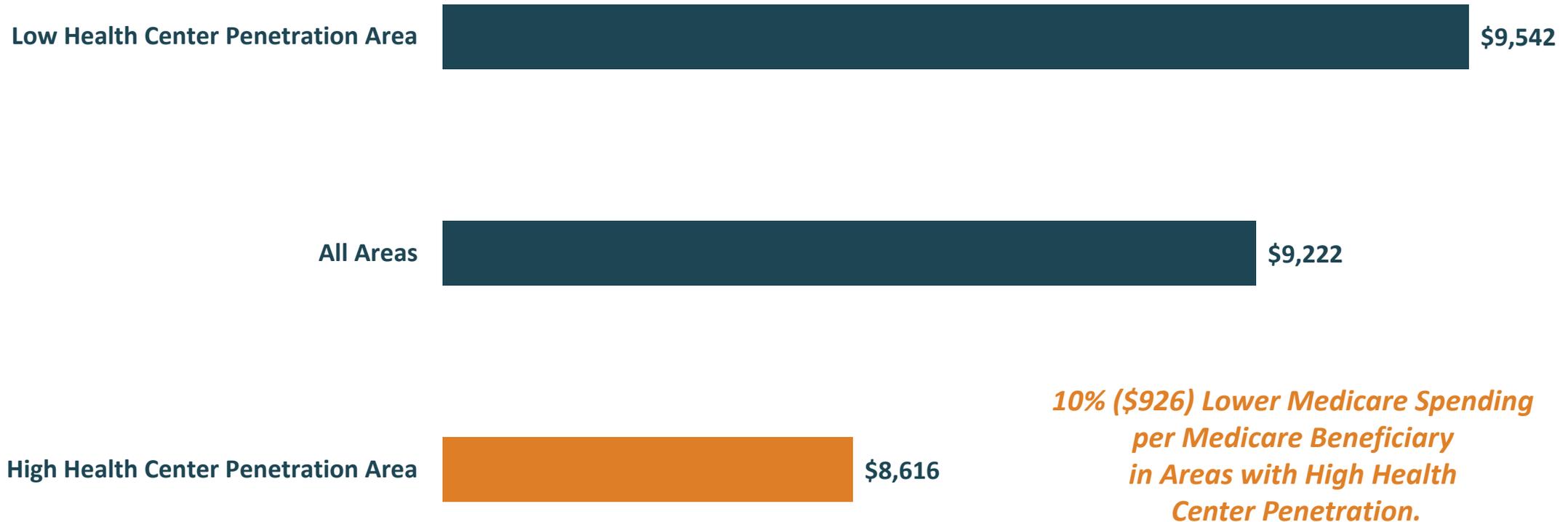
...While Serving 17% of the Nation's Medicaid Population. (see figure 2.9)

Source: National Association of Community Health Centers. Health Centers and Medicaid Fact Sheet. May 2016. Data Book. 2017. <http://www.nachc.org/research-and-data/>. Note: Uses data from 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. Medicaid and CHIP Payment Access Commission. Medicaid Spending by State, Category, and Source of Funds. MACStats: Medicaid and CHIP

Figure 4.7

Medicare Spending is Lower in Areas Where Health Centers Serve More Low-Income Residents

(Total Cost of Care per Medicare Beneficiary in Areas with High Health Center Penetration Vs. Areas with Low Health Center Penetration)



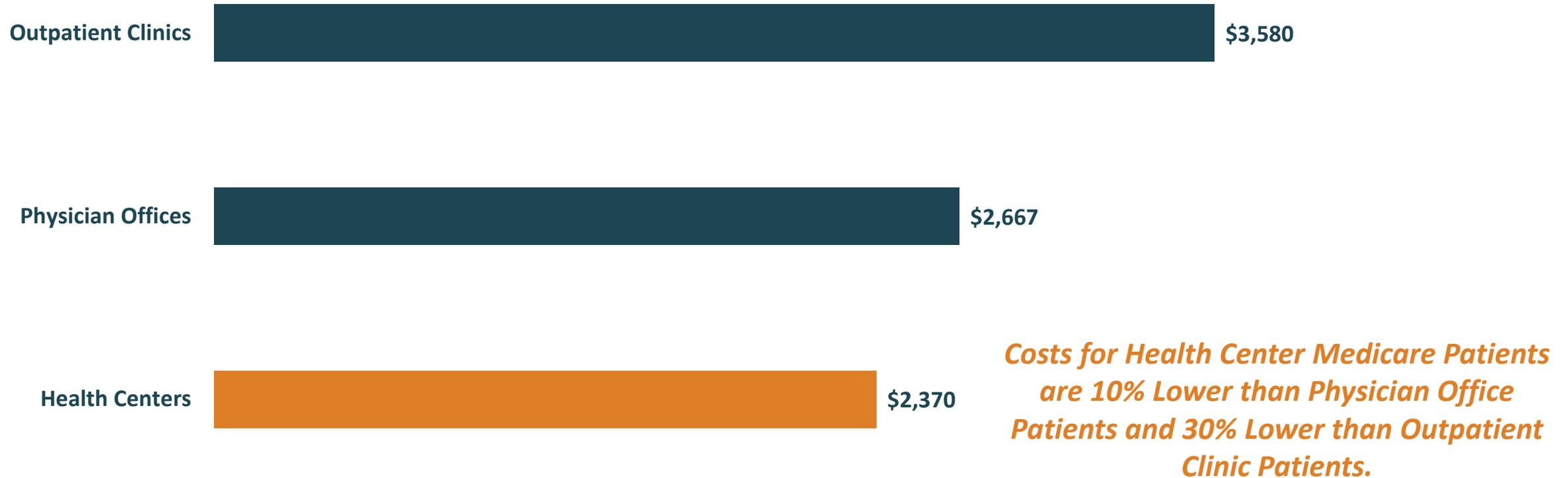
Notes: High health center penetration corresponds to 54% health center penetration rate among low-income residents; Low health center penetration corresponds to 3% health center penetration rate among low-income residents; Average health center penetration rate among low-income residents was 21%.

Source: Sharma R, Lebrun-Harris L, Ngo-Metzger Q. Costs and Clinical Quality Among Medicare Beneficiaries: Associations with Health Center Penetration of Low-Income Residents. *Medicare & Medicaid Research Review*. 2014; 4(3):E1-E17.58.

Figure 4.8

Health Centers are Associated with Lower Total Costs of Care for Medicare Patients Compared to Other Providers

(Total Cost of Care per Medicare Beneficiary)



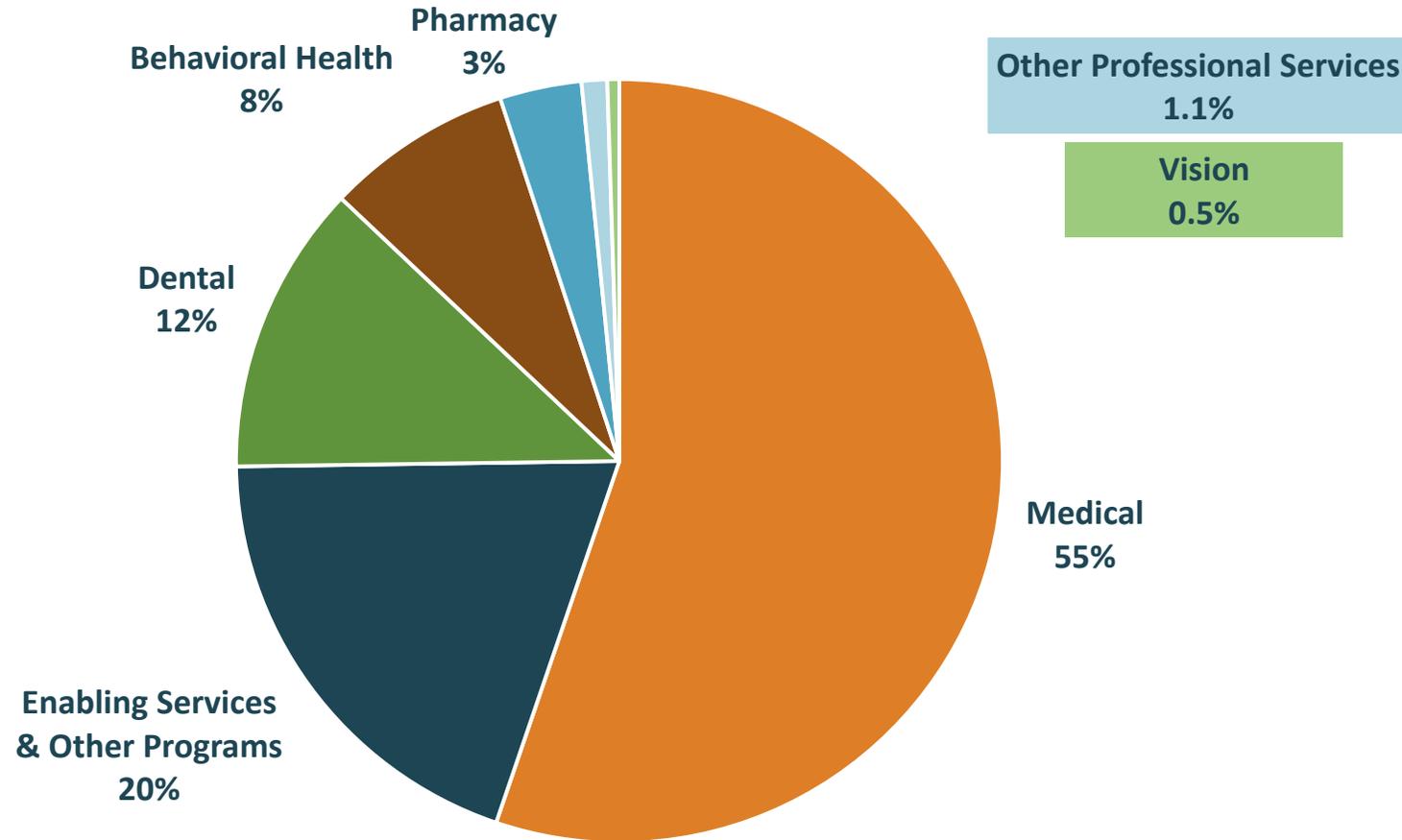
Section 5

Health Center Services and Staffing

Figure 5.1

Health Center Care Team Staff Provide a Broad Array of Services

(Total Care Team: 131,233 Full Time Equivalent)

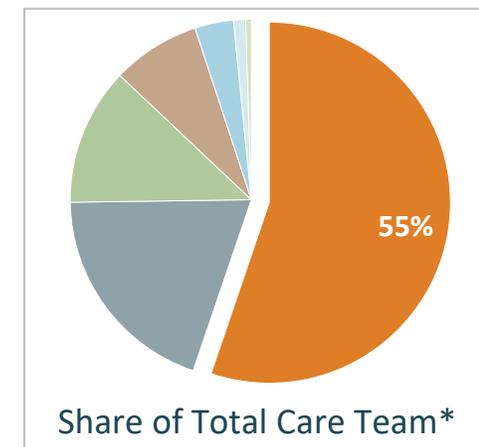


Note: Percentages may not add to 100% due to rounding.

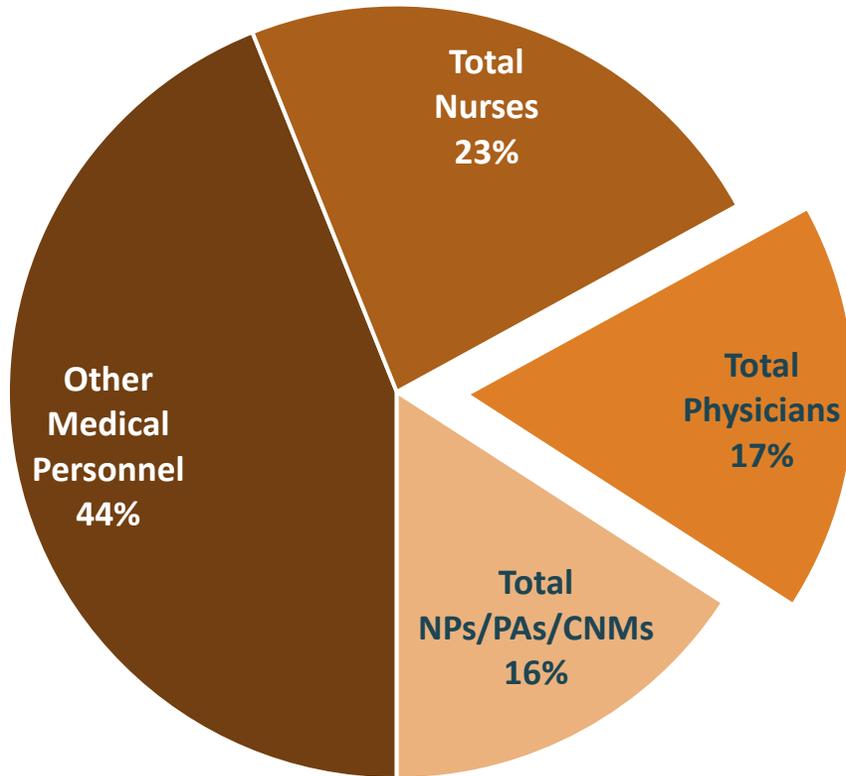
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.2

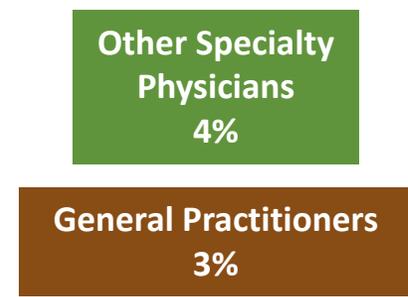
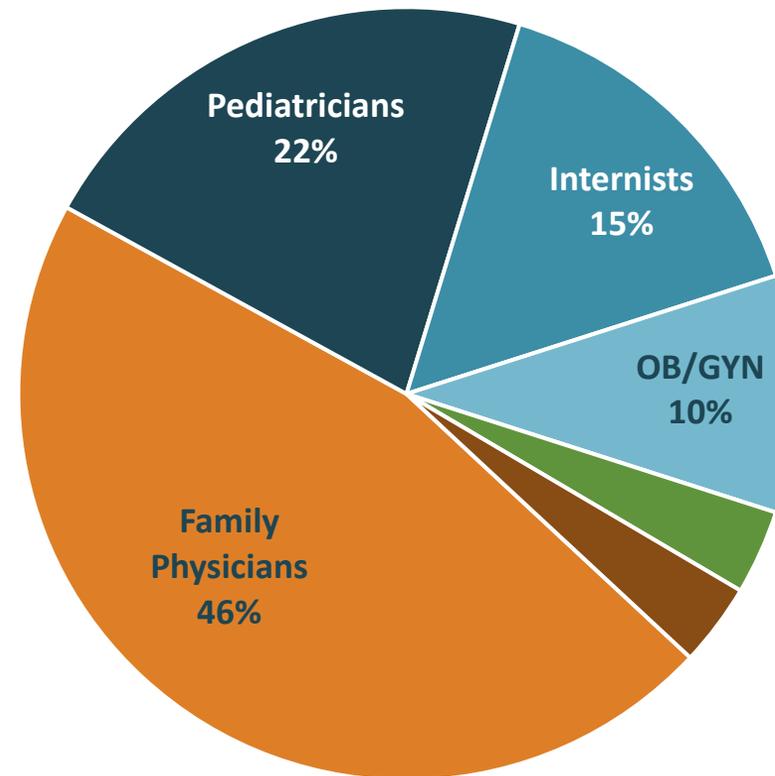
Health Center Medical Services Staff, 2016



Total Medical Team: 72,454 Full Time Equivalent



Total Physicians: 12,419 Full Time Equivalent



* Total Care Team is shown in Figure 5.1.

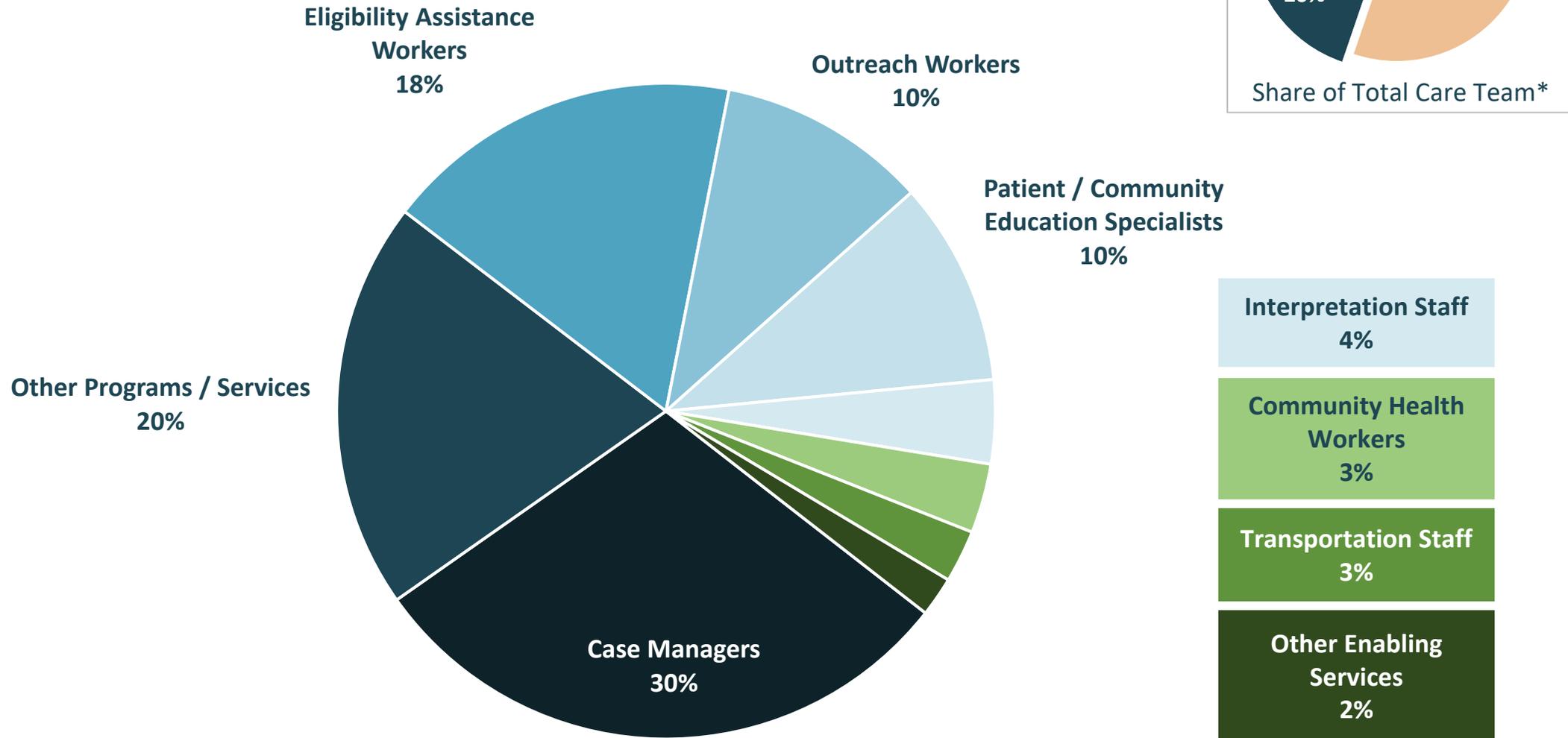
Note: Total Physicians excludes Psychiatrists and Optometrists. NP/PA/CNM stands for Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives. Other Medical Personnel include, but are not limited to, medical assistants, nurses' aides, laboratory personnel and X-Ray personnel.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.3

Health Center Enabling Services & Other Programs Staff, 2016

(Total: 25,678 Full Time Equivalent)



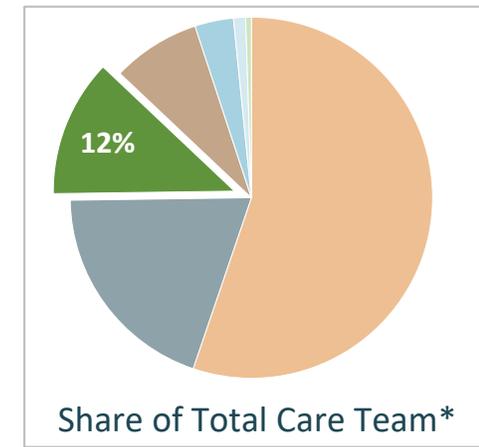
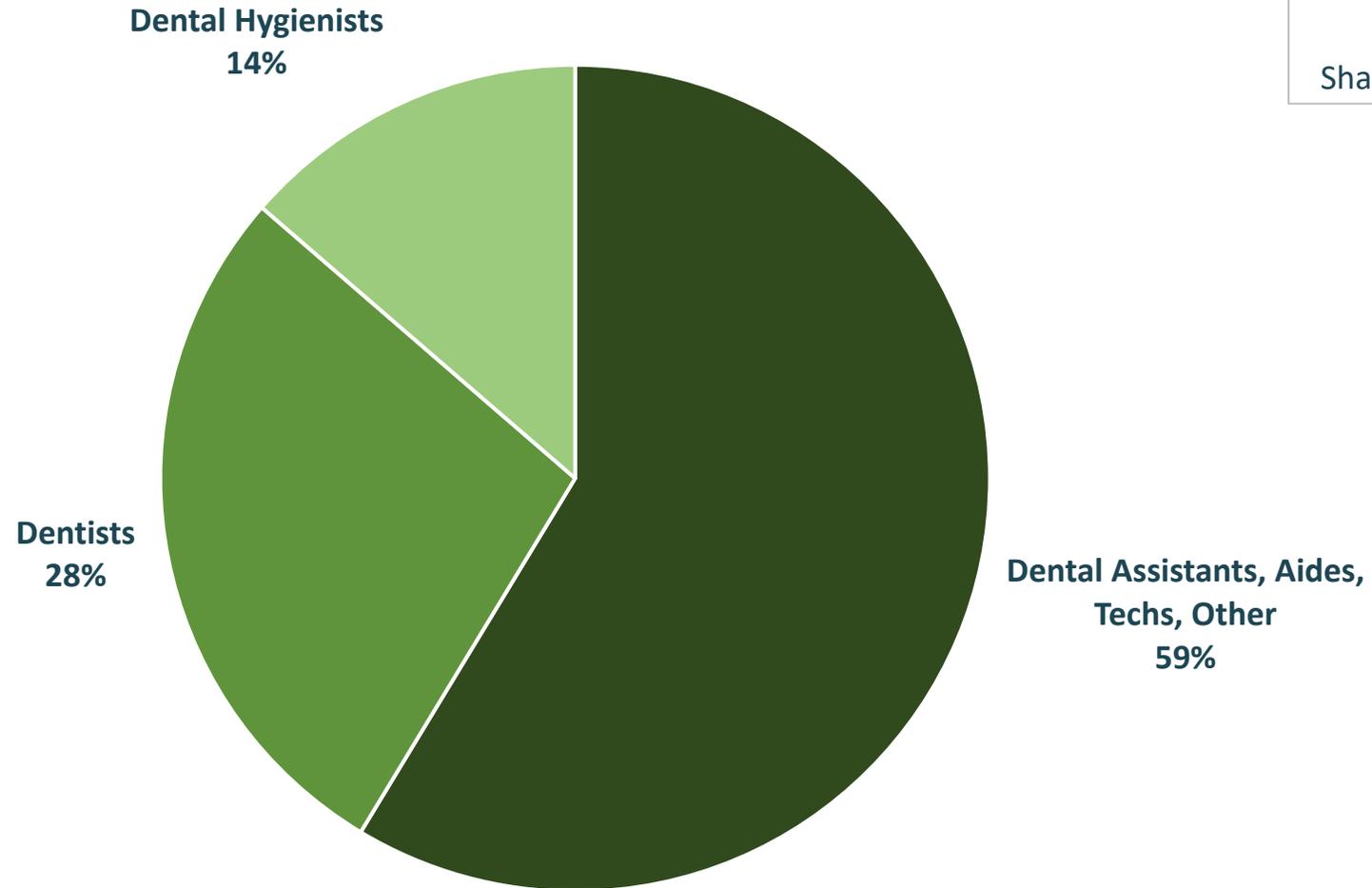
* Total Care Team is shown in Figure 5.1.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.4

Health Center Dental Staff, 2016

(Total: 16,142 Full Time Equivalent)



* Total Care Team is shown in Figure 5.1.

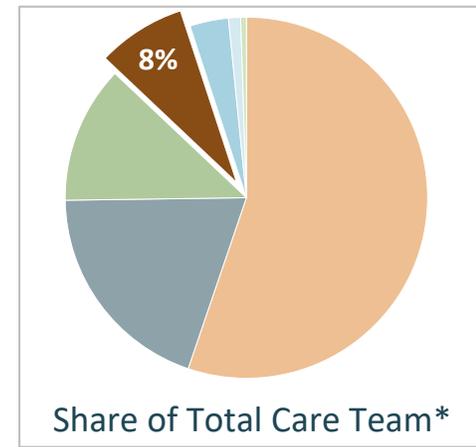
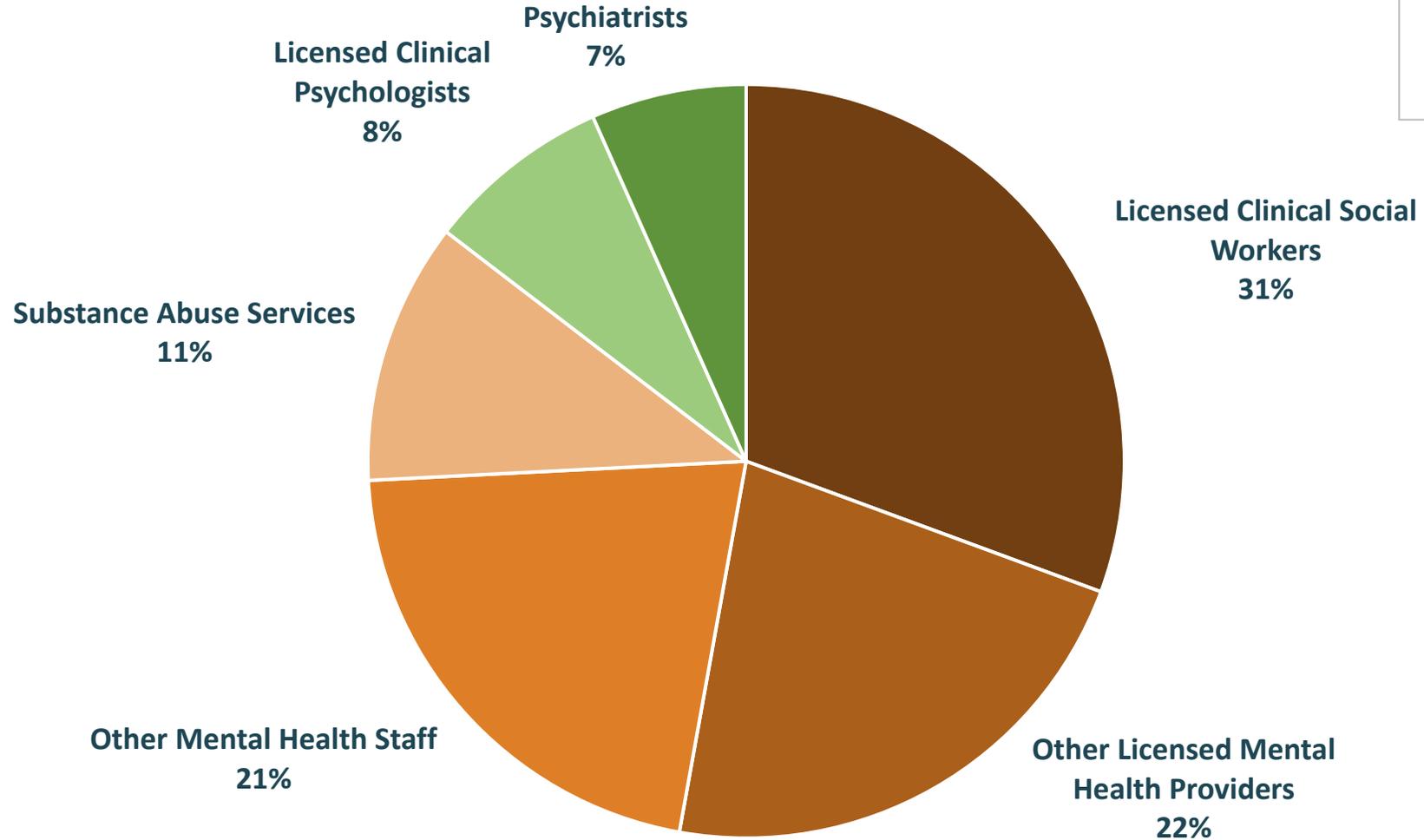
Note: Percentage may not add to 100% due to rounding.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.5

Health Center Behavioral Health Staff, 2016

(Total: 10,355 Full Time Equivalent)



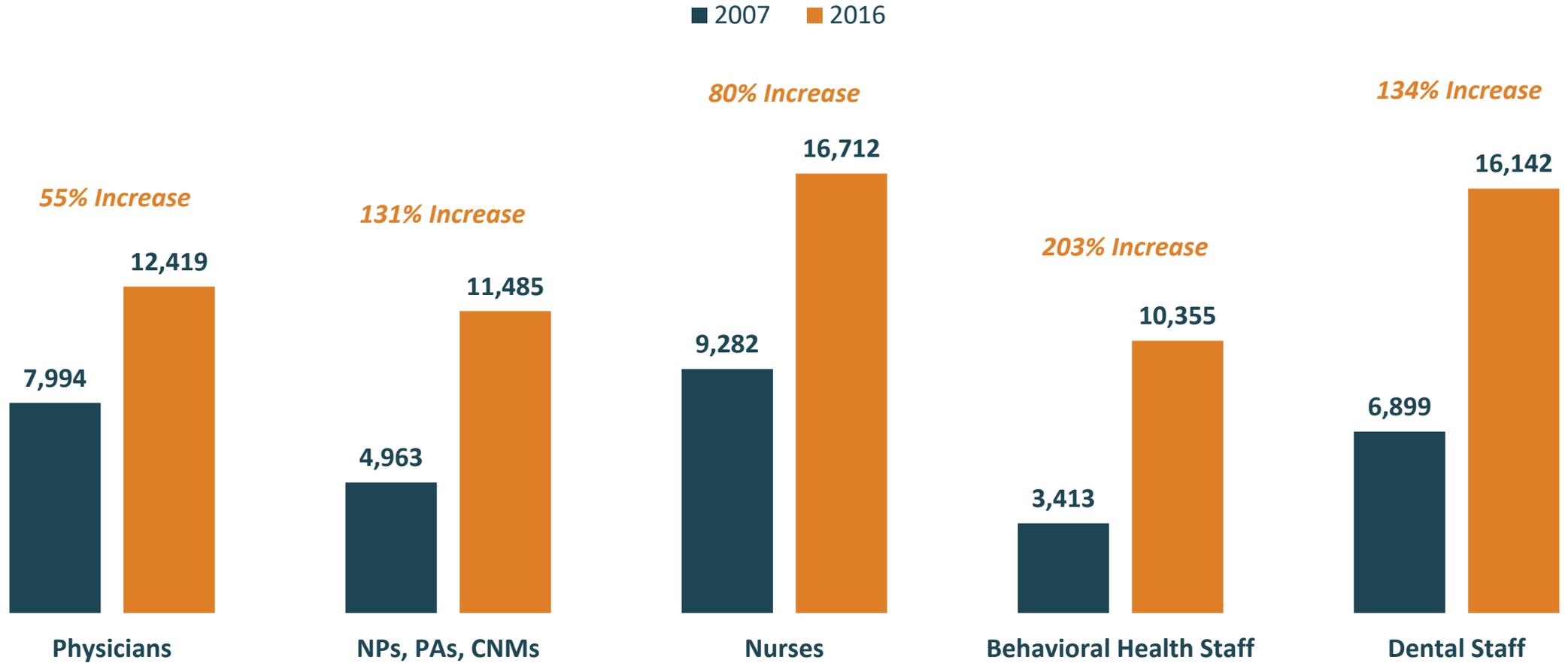
* Total Care Team is shown in Figure 5.1.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.6

Growth in Health Center Medical Providers, 2007 - 2016

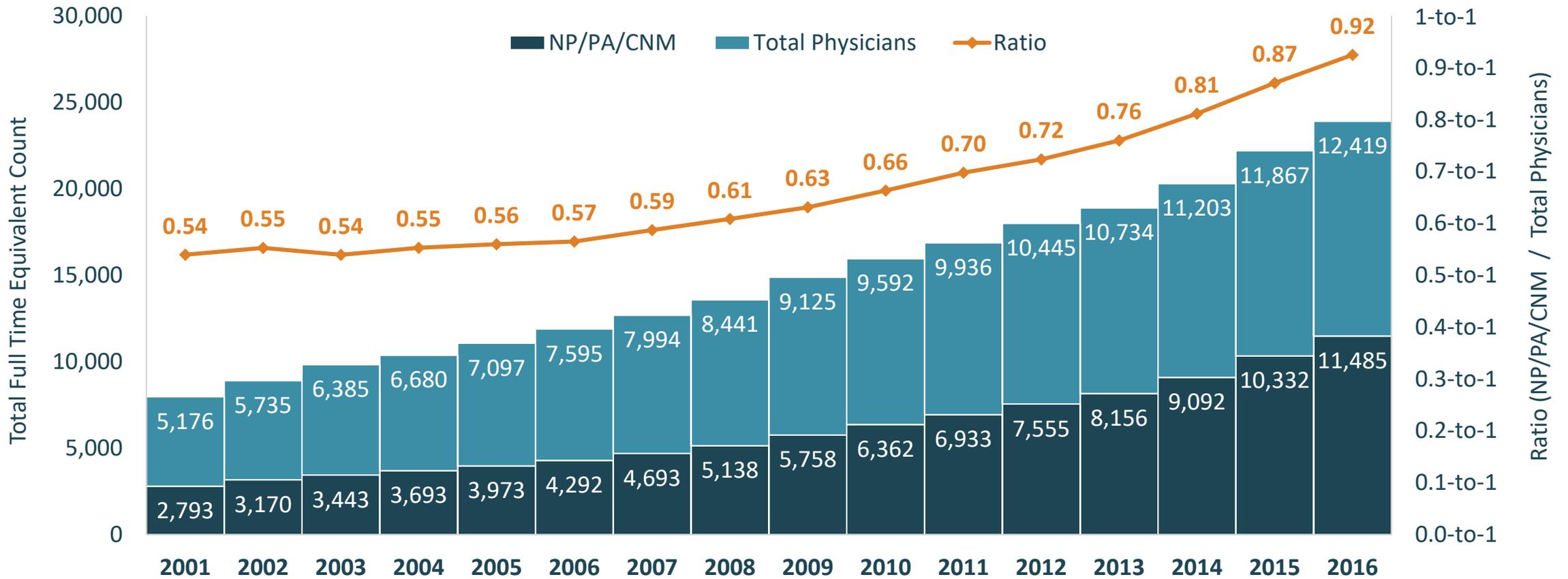
(Full Time Equivalent)



Note: NP, PA, CNM stand for Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, respectively. Behavioral Health Staff includes Mental Health and Substance Abuse staff.
Source: 2006 and 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.7

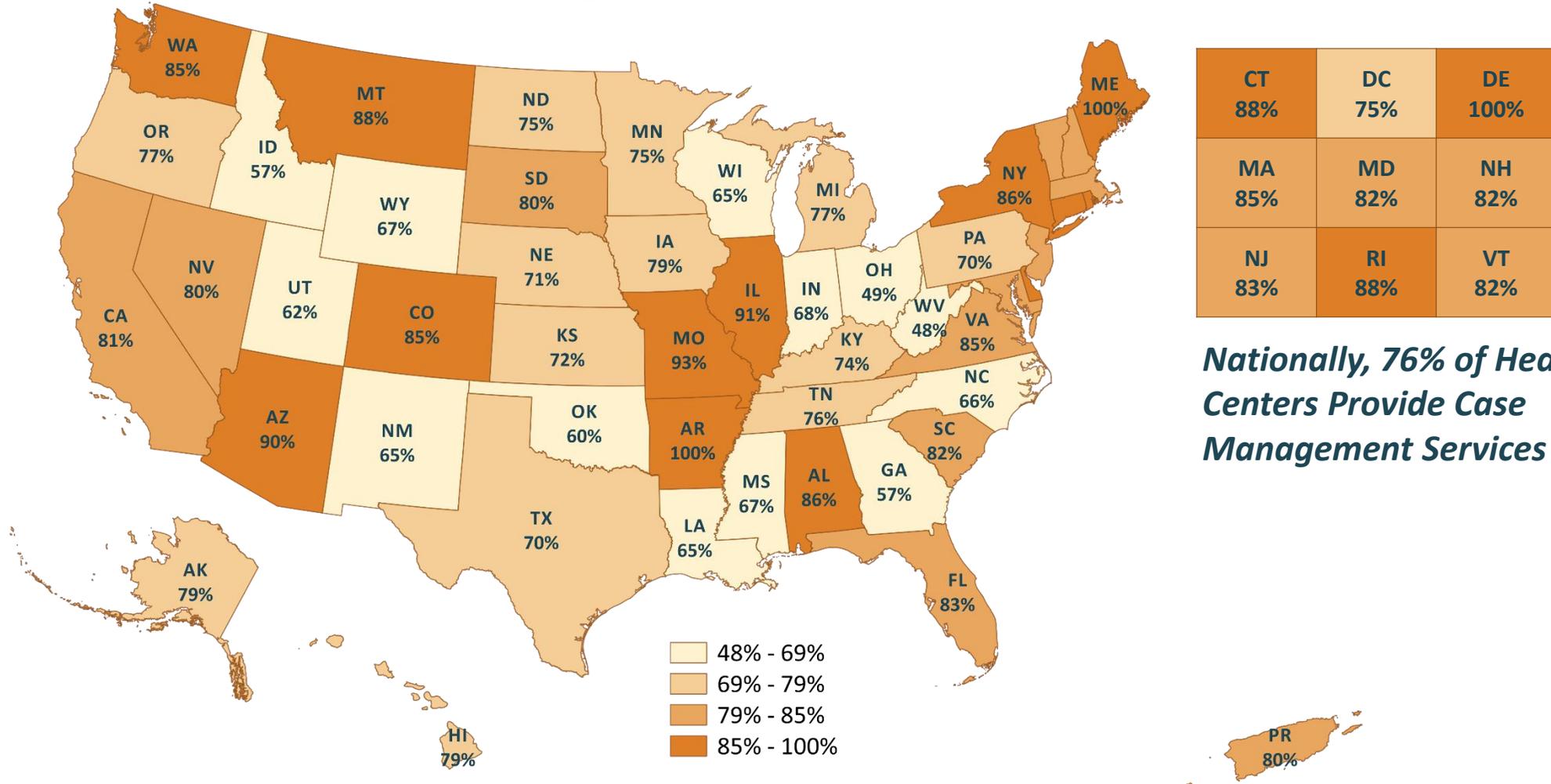
Health Centers are Hiring Non-Physician Providers at Higher Rates than Physicians



Notes: NP, PA, and CNM stand for Nurse Practitioner, Physician Assistant, and Certified Nurse Midwife, respectively. FTE stands for Full-Time Equivalent.
 Source: 2001 - 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.8

Percent of Health Centers Offering Case Management Services Onsite, 2016



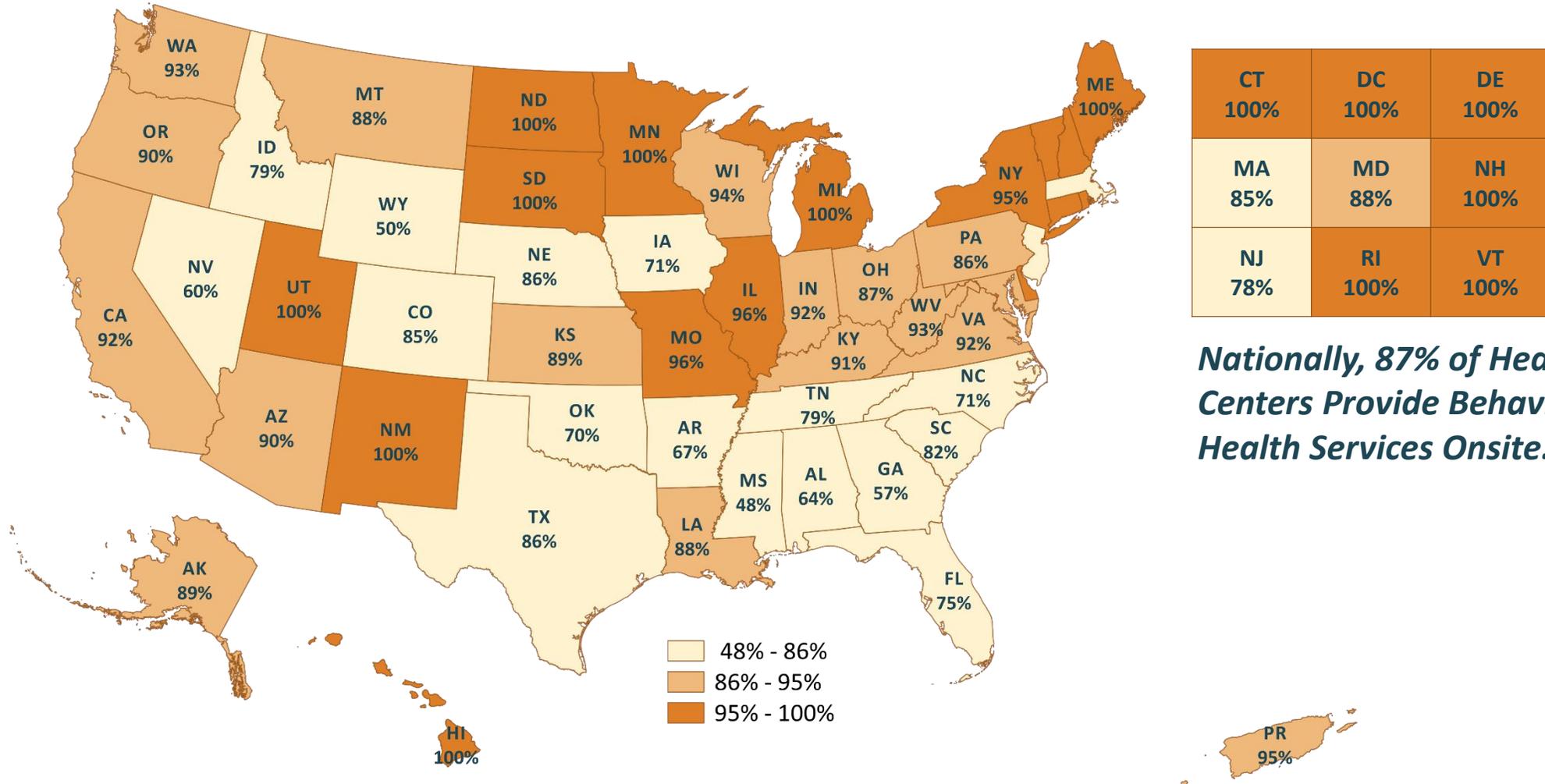
Nationally, 76% of Health Centers Provide Case Management Services Onsite.

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quartile for states and territories shown. Percentage offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.9

Percent of Health Centers Offering Behavioral Health Services Onsite, 2016



Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quantile for states and territories shown. Percentage offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.10

Health Centers Have Responded to an Increasing Need For Substance Use Disorder (SUD) Treatment & Therapy By Building Their Capacity & Integrating Care



Health centers **doubled** their behavioral health workforce between 2010 & 2016.



There were **1,700** health center physicians with authorization to provide Medication-Assisted Treatment (MAT) for opioid addiction as of 2016.



Over **39,000** health center patients received MAT for opioid use disorder directly from certified physicians in 2016.



In 2016, providers performed an evidence-based screening, intervention, and referral procedure (SBIRT) for **10x MORE PATIENTS** than in 2010.

Figure 5.11

Health Centers Have Responded to an Increasing Need for Substance Use Disorder (SUD) Treatment & Therapy By Seeing More Patients

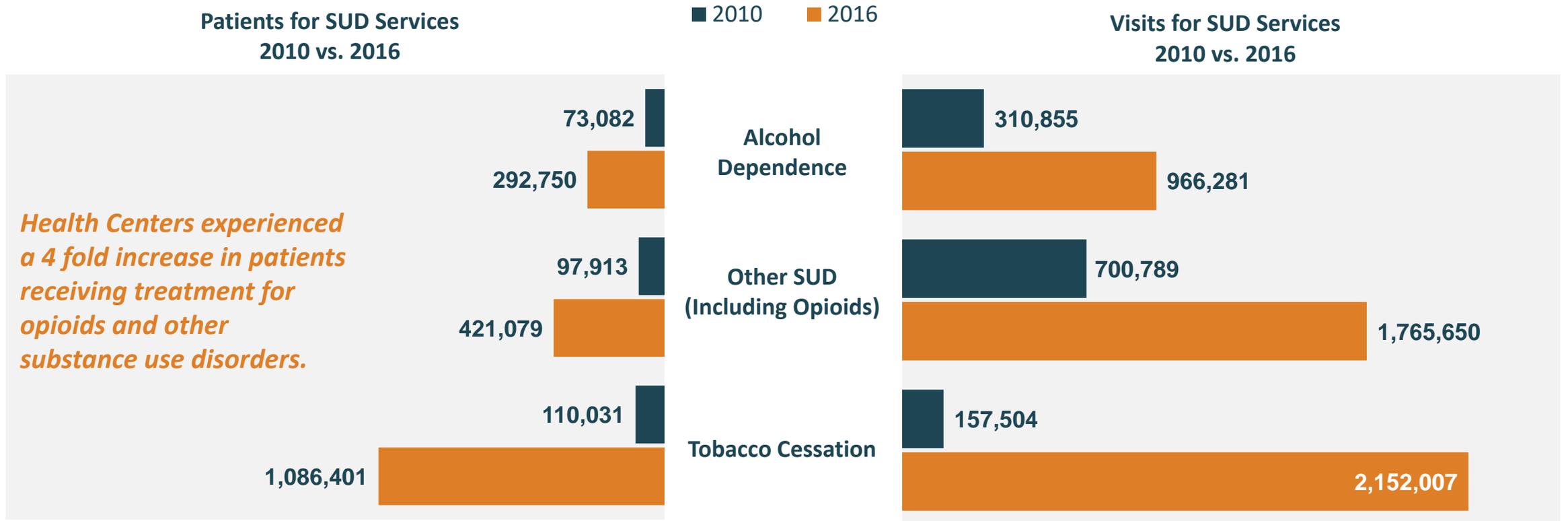
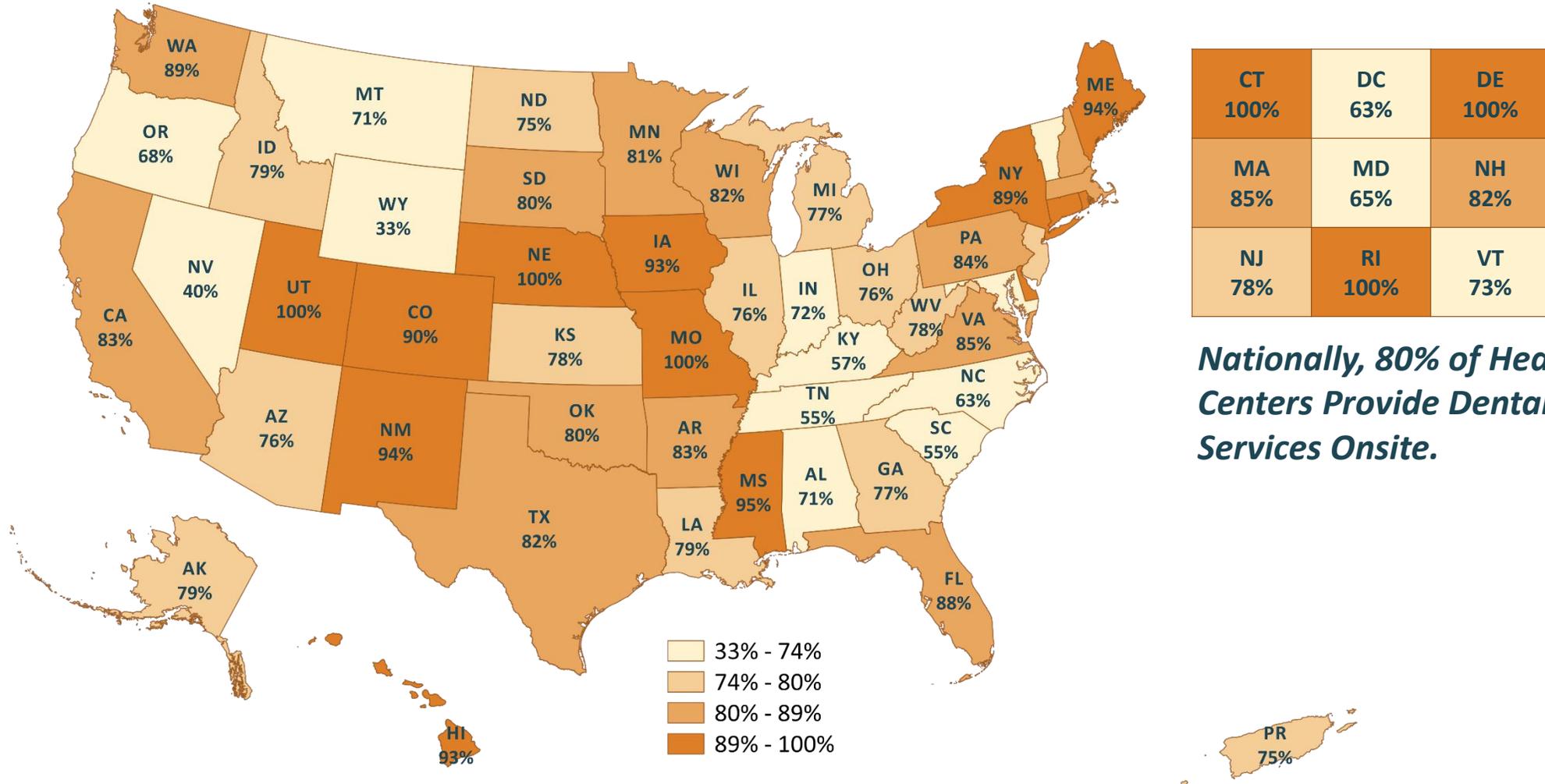


Figure 5.12

Percent of Health Centers Offering Dental Services Onsite, 2016



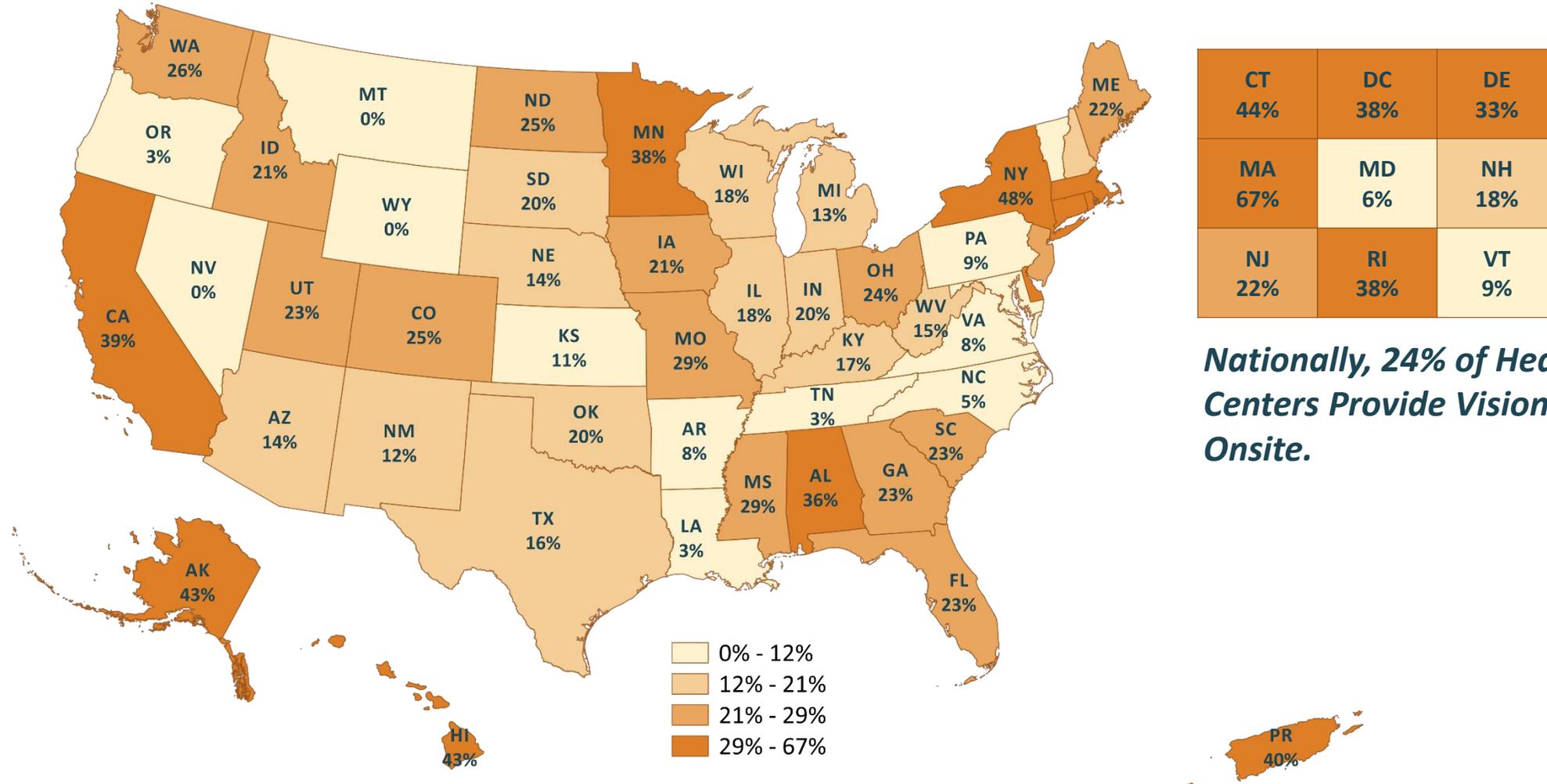
Nationally, 80% of Health Centers Provide Dental Services Onsite.

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quartile for states and territories shown. Percentage offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.13

Percent of Health Centers Offering Vision Services Onsite, 2016



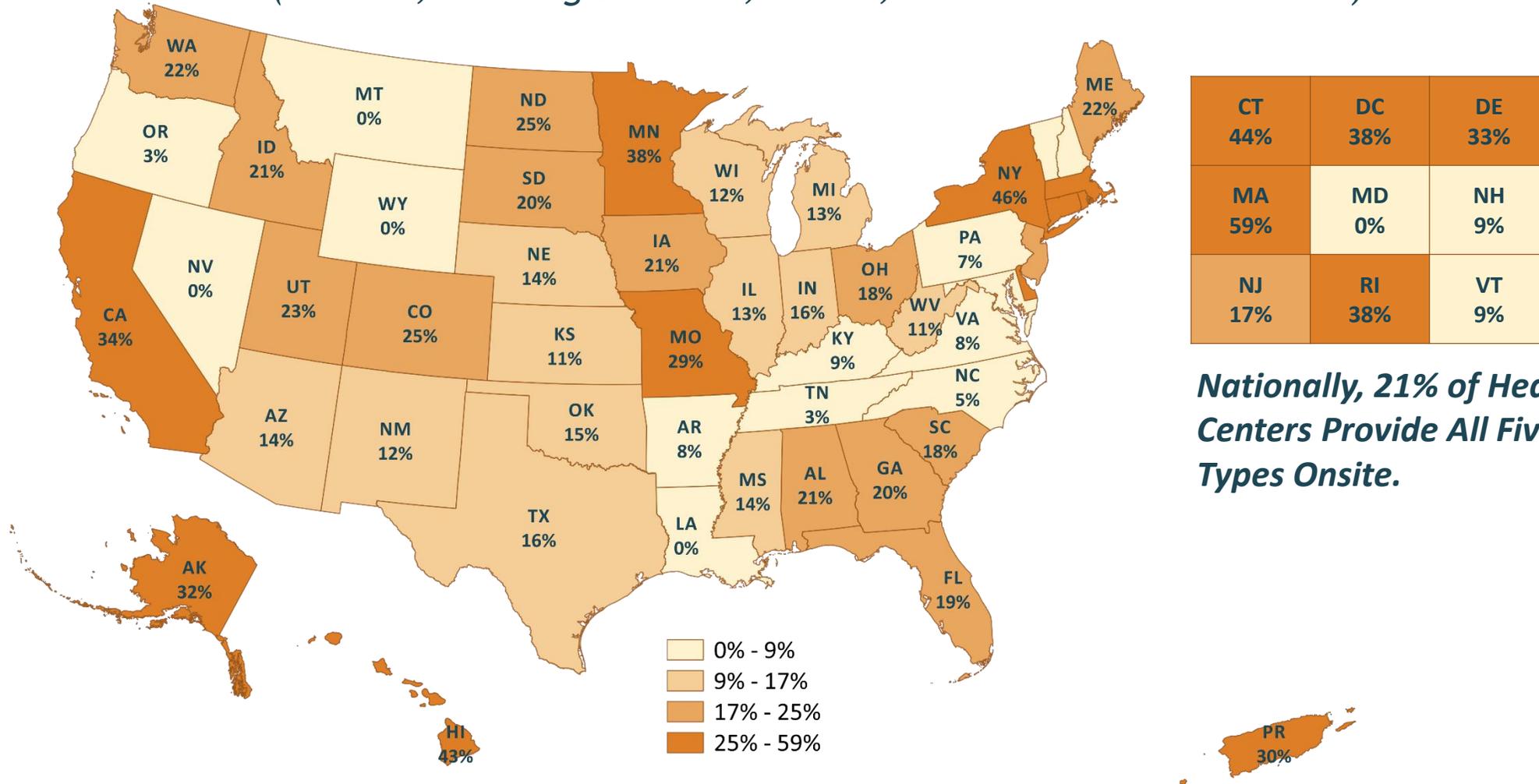
Nationally, 24% of Health Centers Provide Vision Services Onsite.

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quartile for states and territories shown. Percentage offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.
 Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.14

Percent of Health Centers Offering All Five Services Onsite, 2016

(Medical, Enabling Services, Dental, Behavioral Health & Vision)*



Nationally, 21% of Health Centers Provide All Five Service Types Onsite.

* The Bureau of Primary Health Care defines enabling services as “a wide range of services that support and assist primary care and facilitate patient access to care (UDS Reporting Manual, 2016, p. 128, Bureau of Primary Health Care, HRSA, DHHS).” Examples of enabling services include case managers, transportation staff, interpretation staff, community health workers, and patient education specialists.

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quartile for states and territories shown. Percentage offering services onsite calculated by including all health centers with more than 0 full time equivalents for each service.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.15

Health Centers are Using Telehealth to Expand Services That May Not be Readily Available In their Locality

(Health Center Telehealth Service Offerings by Urban/Rural Status)

Note: Percentages Include Only Health Centers Utilizing Telehealth

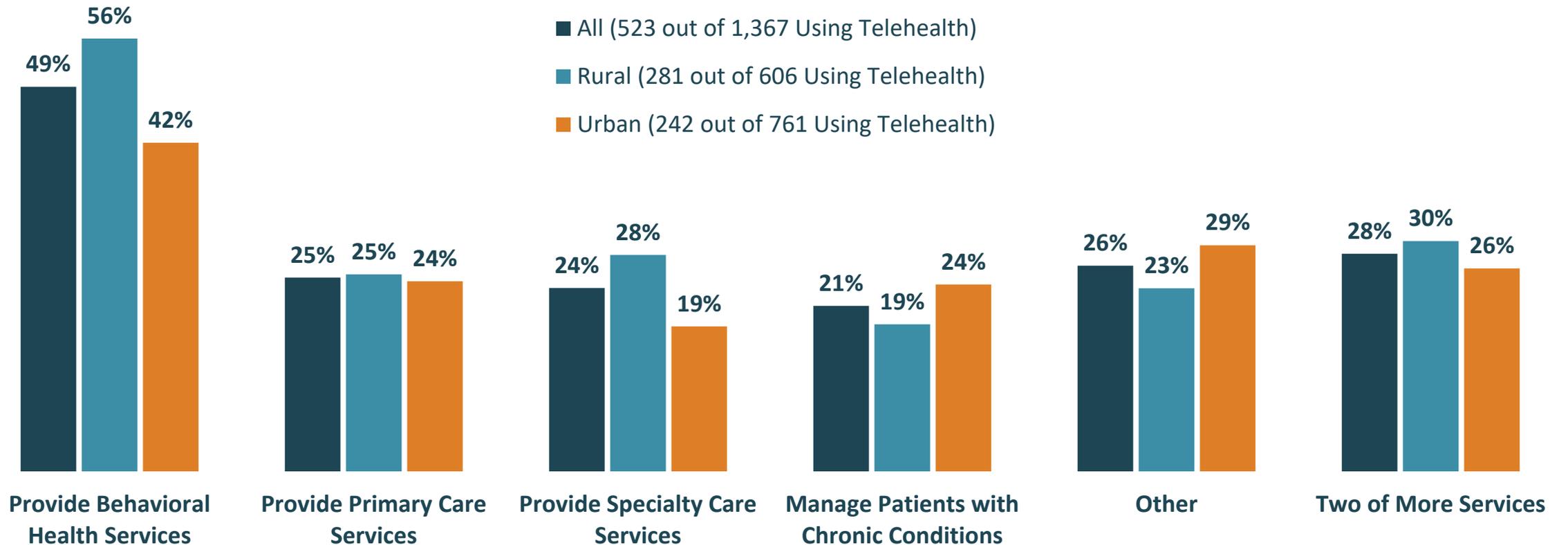
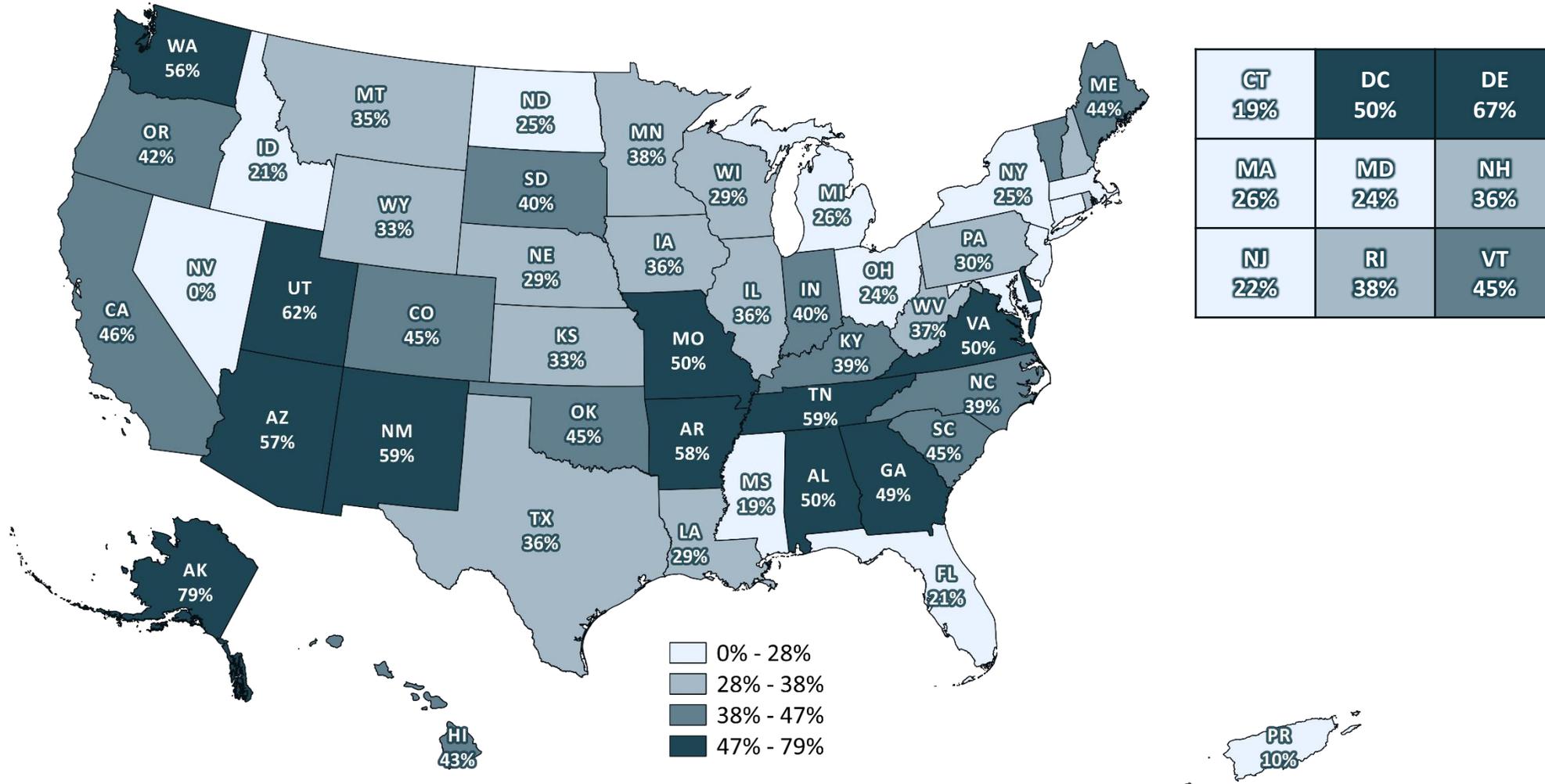


Figure 5.16

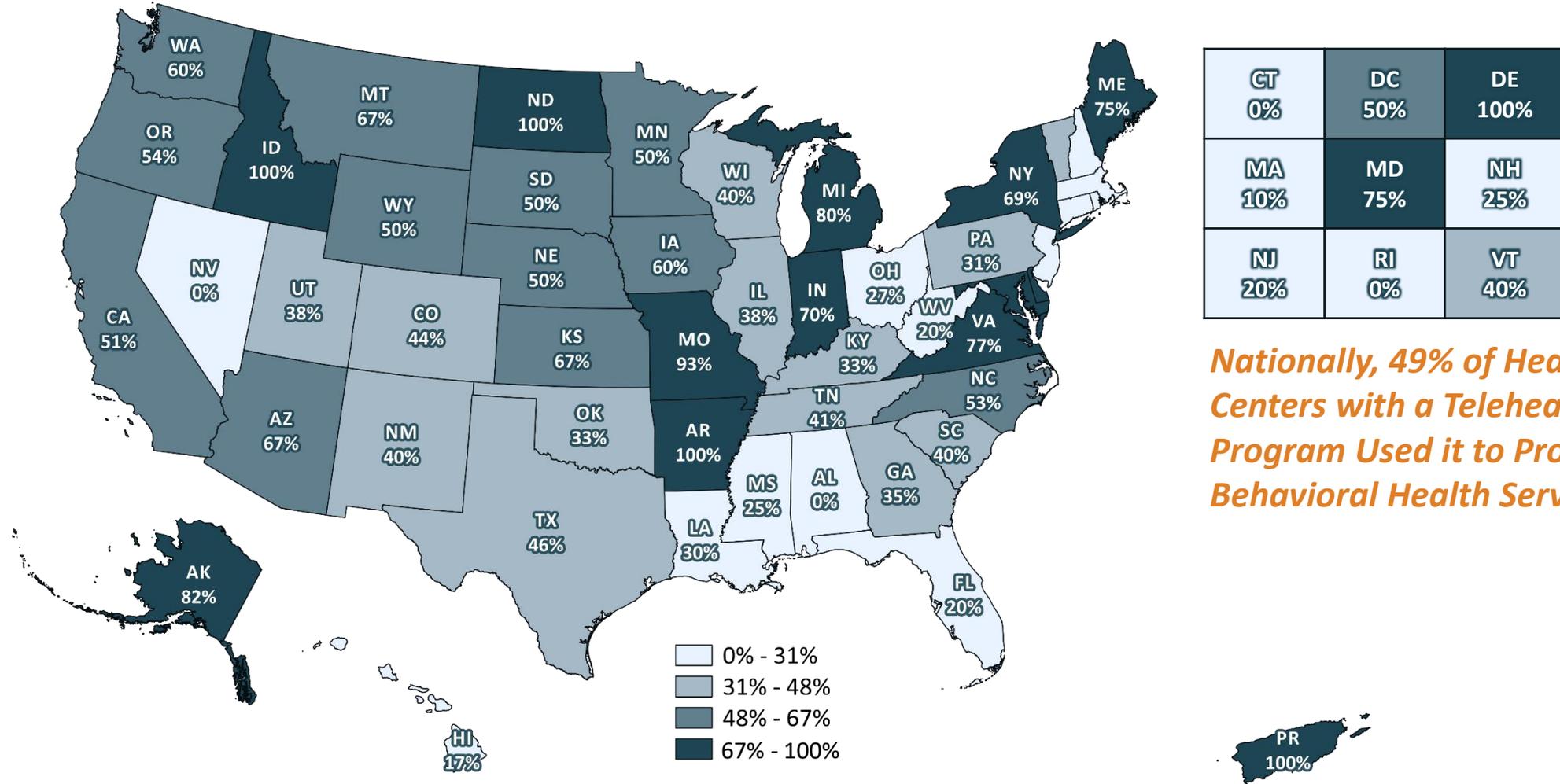
Percent of Health Centers Using Telehealth, 2016



Note: For number of health centers in each state, see Figure 2.1. Binned by quartile for states and territories shown.
 Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.17

Percent of Health Centers Using Telehealth for Behavioral Health Services, 2016

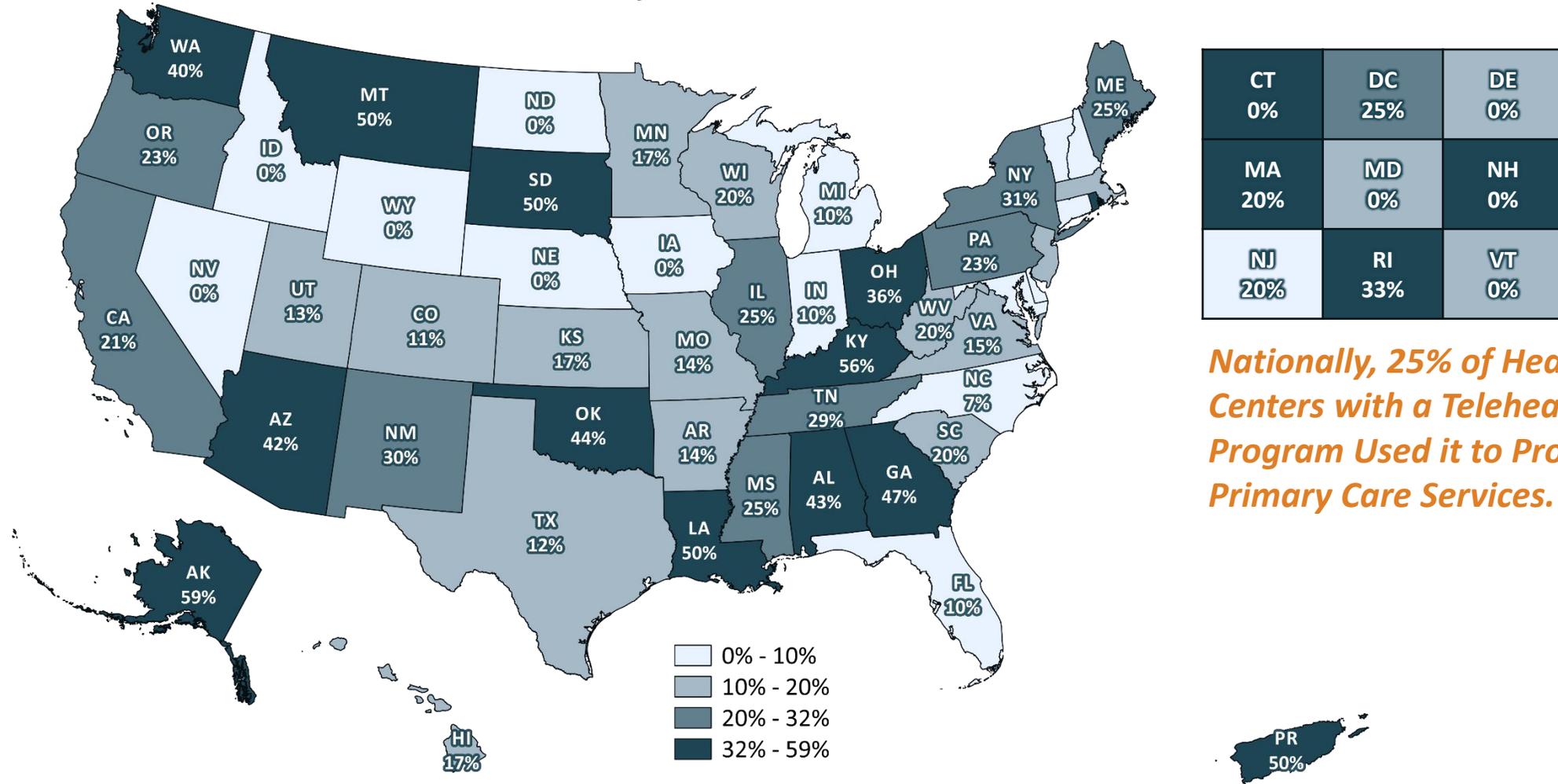


Note: Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. Behavioral Health includes mental health and substance abuse services. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quartile for states and territories shown.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.18

Percent of Health Centers Using Telehealth for Primary Care Services, 2016

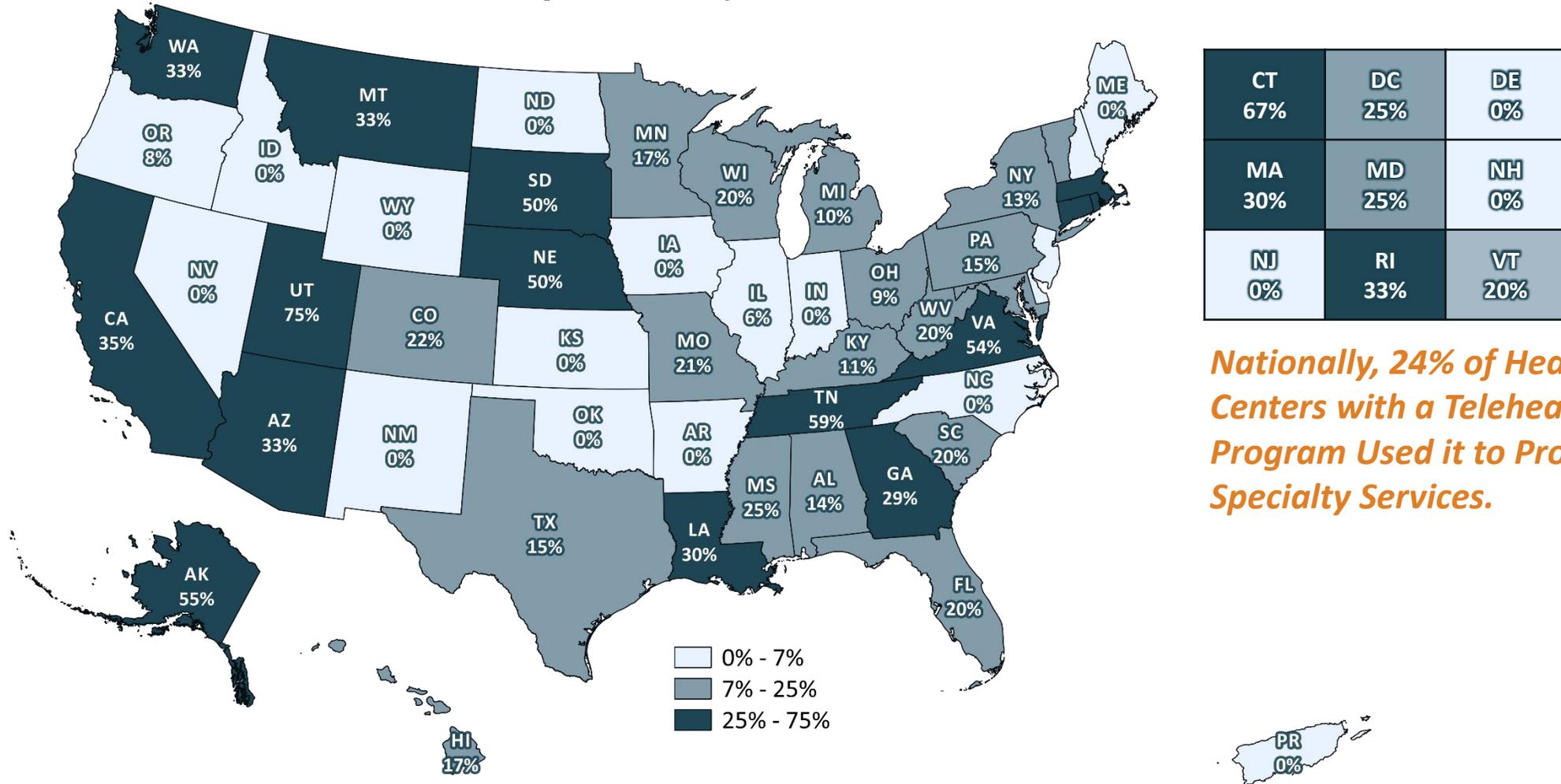


Note: Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quartile for states and territories shown.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.19

Percent of Health Centers Using Telehealth for Specialty Services, 2016



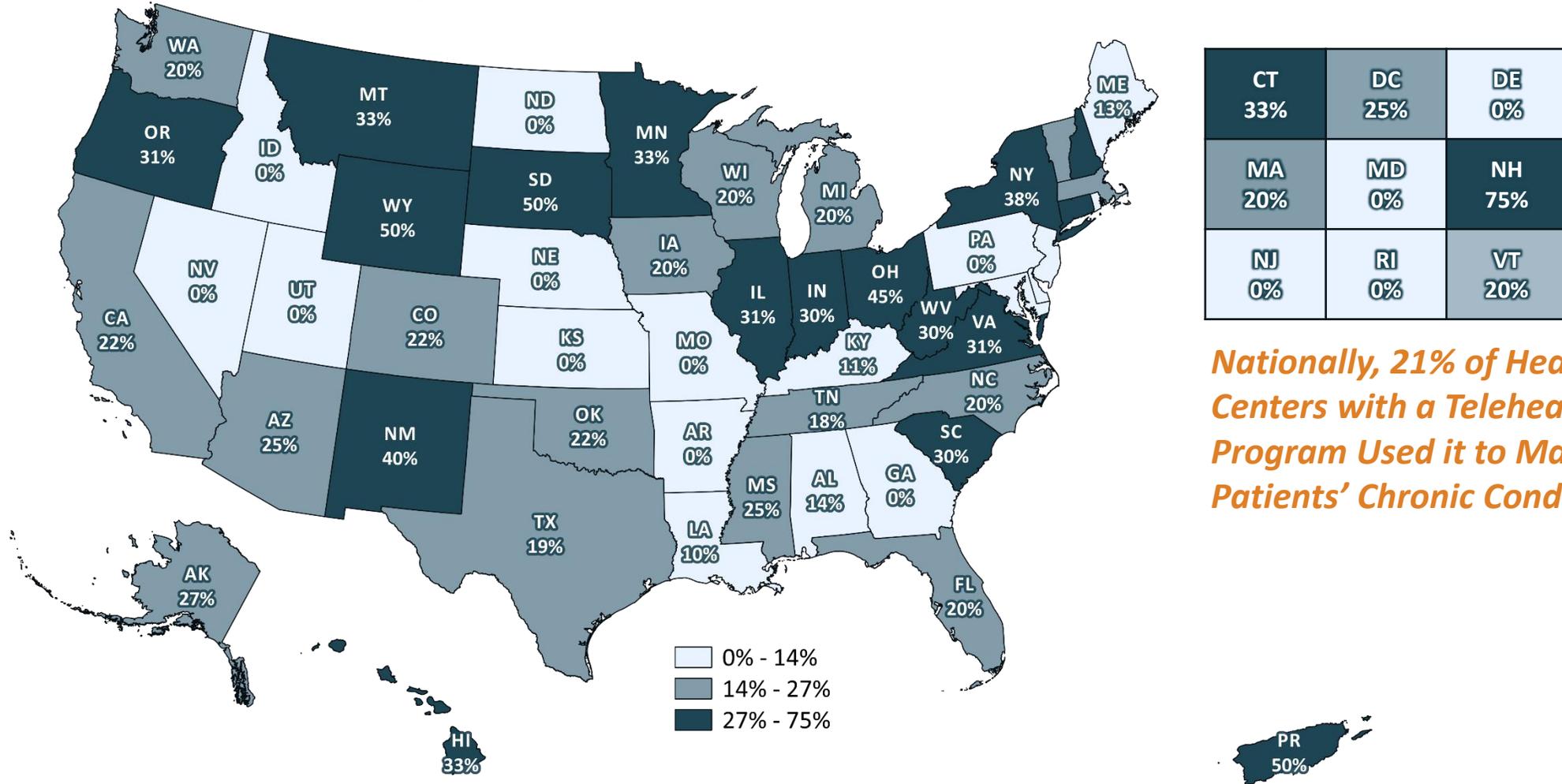
Nationally, 24% of Health Centers with a Telehealth Program Used it to Provide Specialty Services.

Note: Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quantile for states and territories shown.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.20

Percent of Health Centers Using Telehealth to Manage Patients' Chronic Conditions, 2016



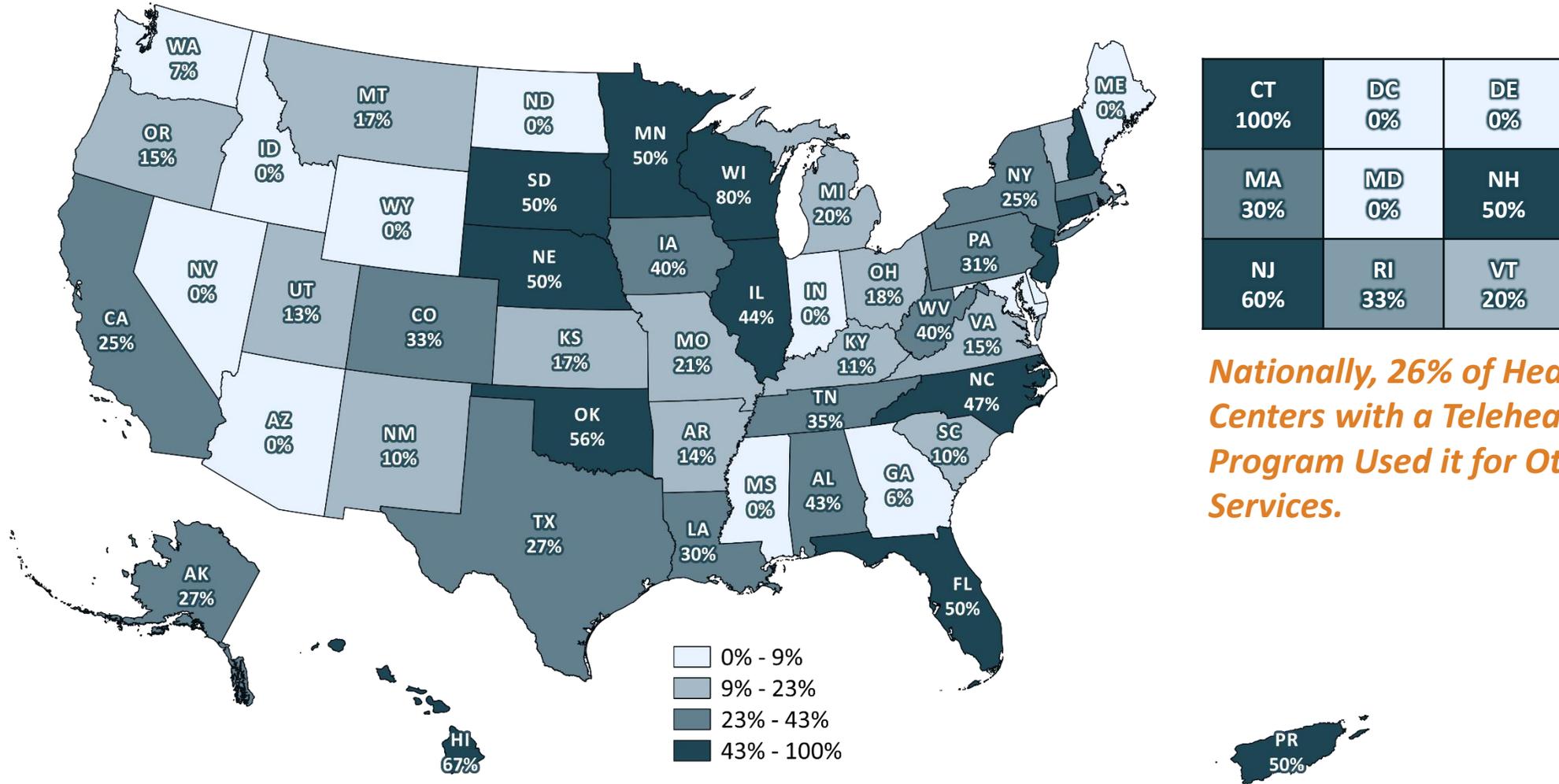
Nationally, 21% of Health Centers with a Telehealth Program Used it to Manage Patients' Chronic Conditions.

Note: Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quantile for states and territories shown.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.21

Percent of Health Centers Using Telehealth for Services Other than Primary Care, Specialty Care, Behavioral Health, or Monitoring Patients' Chronic Conditions, 2016

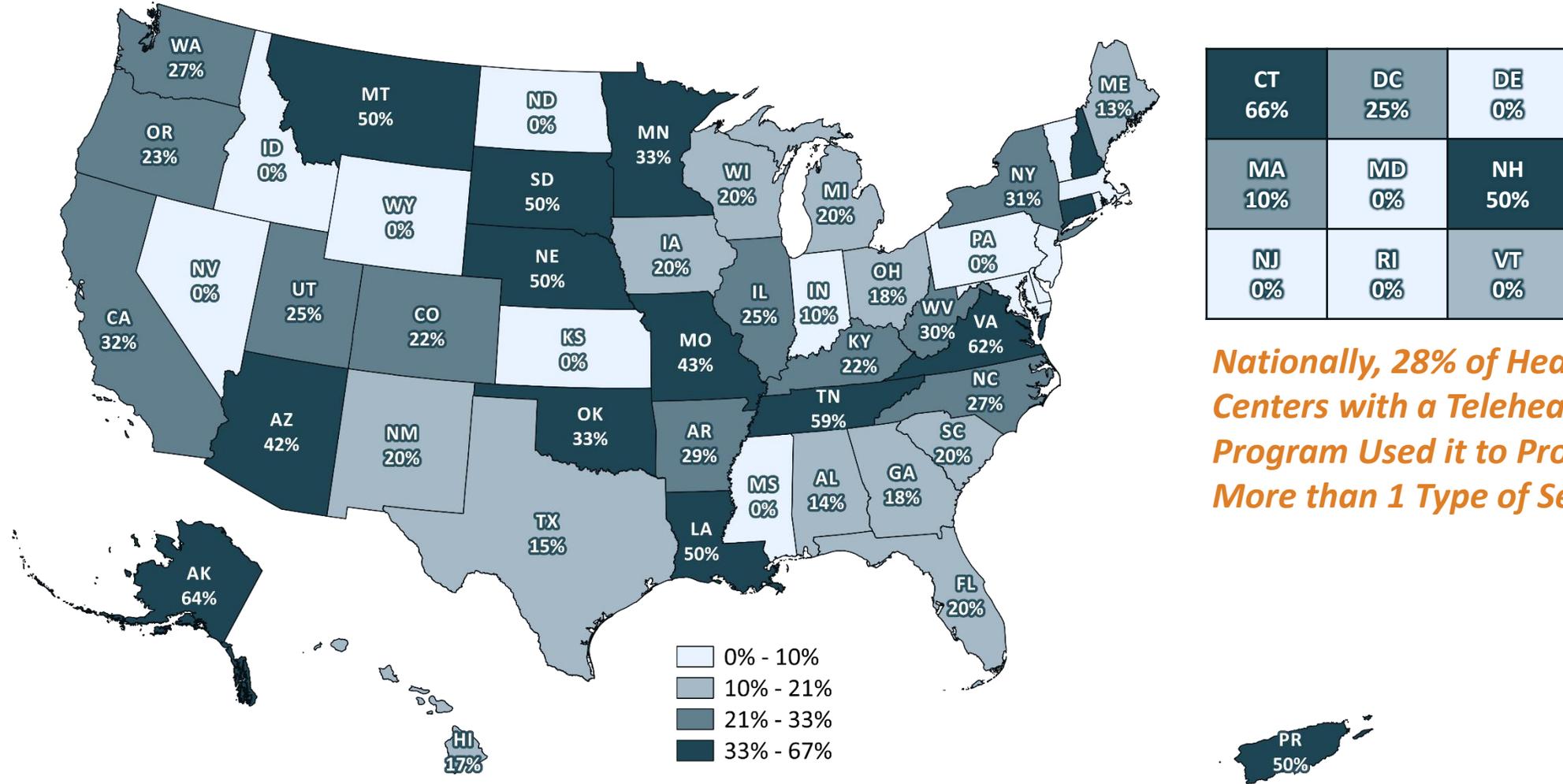


Nationally, 26% of Health Centers with a Telehealth Program Used it for Other Services.

Note: Health centers were able to respond as “other” when asked to report services offered via telehealth. Percentages also include health centers using telehealth for dental services in addition to “other.” Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quartile for states and territories shown. Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.22

Percent of Health Centers Using Telehealth for Two or More Service Types, 2016



Note: Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quartile for states and territories shown.

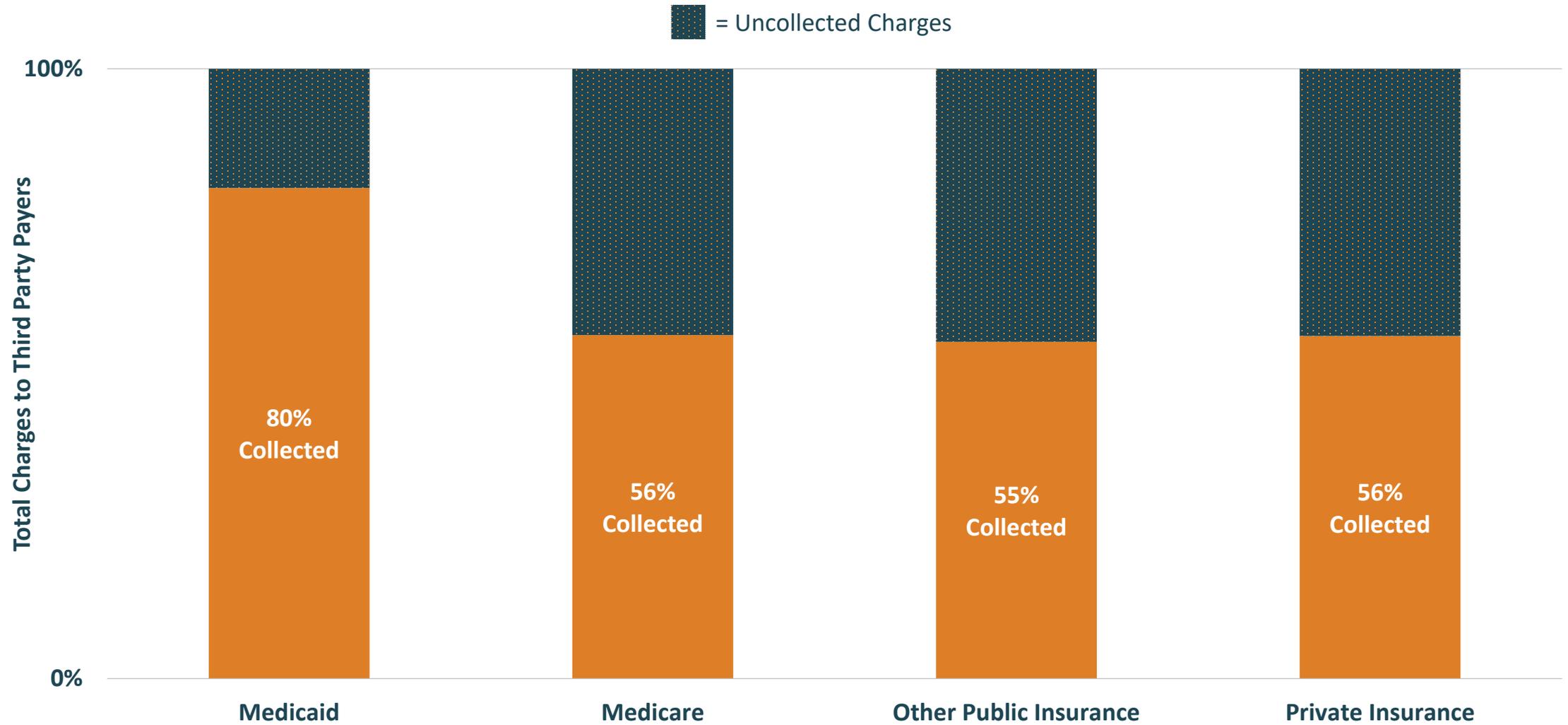
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Section 6

Challenges in Meeting Demand for Care

Figure 6.1

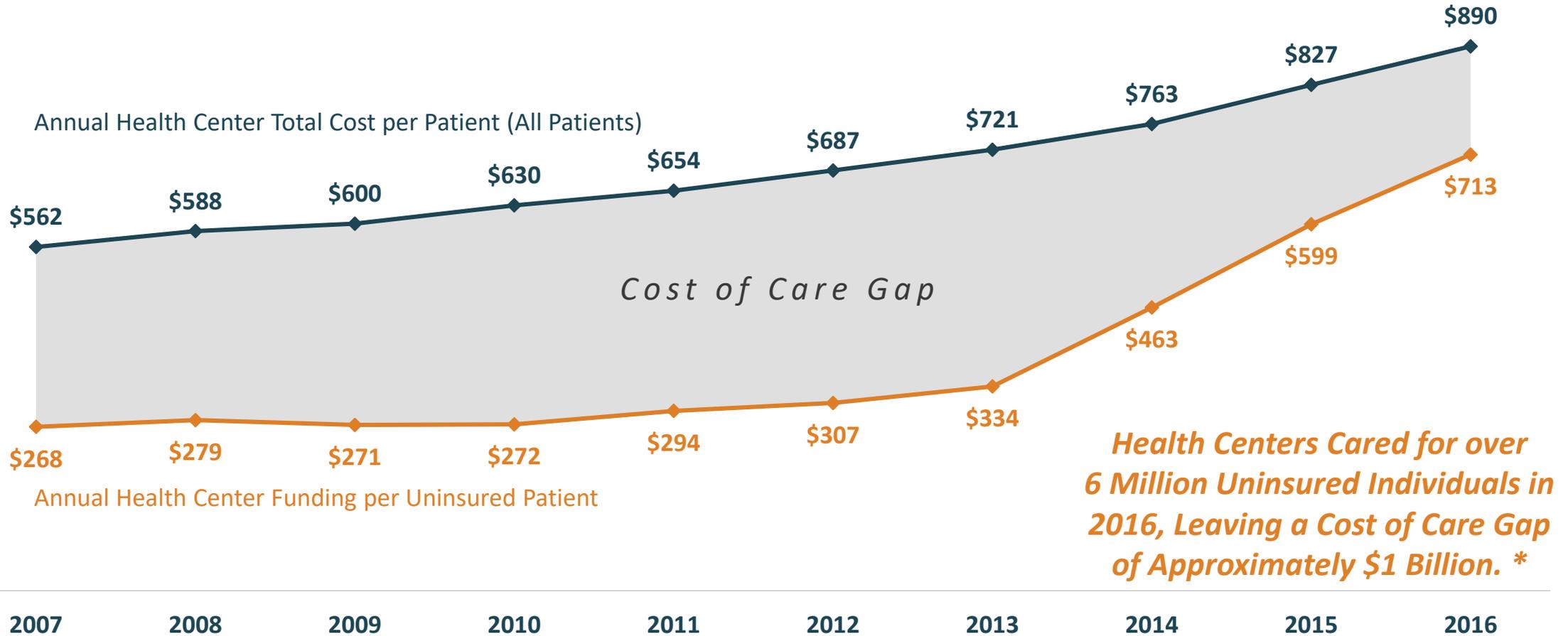
Payments from Third Party Payers are Less than Cost



Note: Health centers are non-profits, and thus charges are a proxy for costs.
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 6.2

Health Center Funding Per Uninsured Patient Is Well Below Total Per Patient Cost



Health Centers Cared for over 6 Million Uninsured Individuals in 2016, Leaving a Cost of Care Gap of Approximately \$1 Billion. *

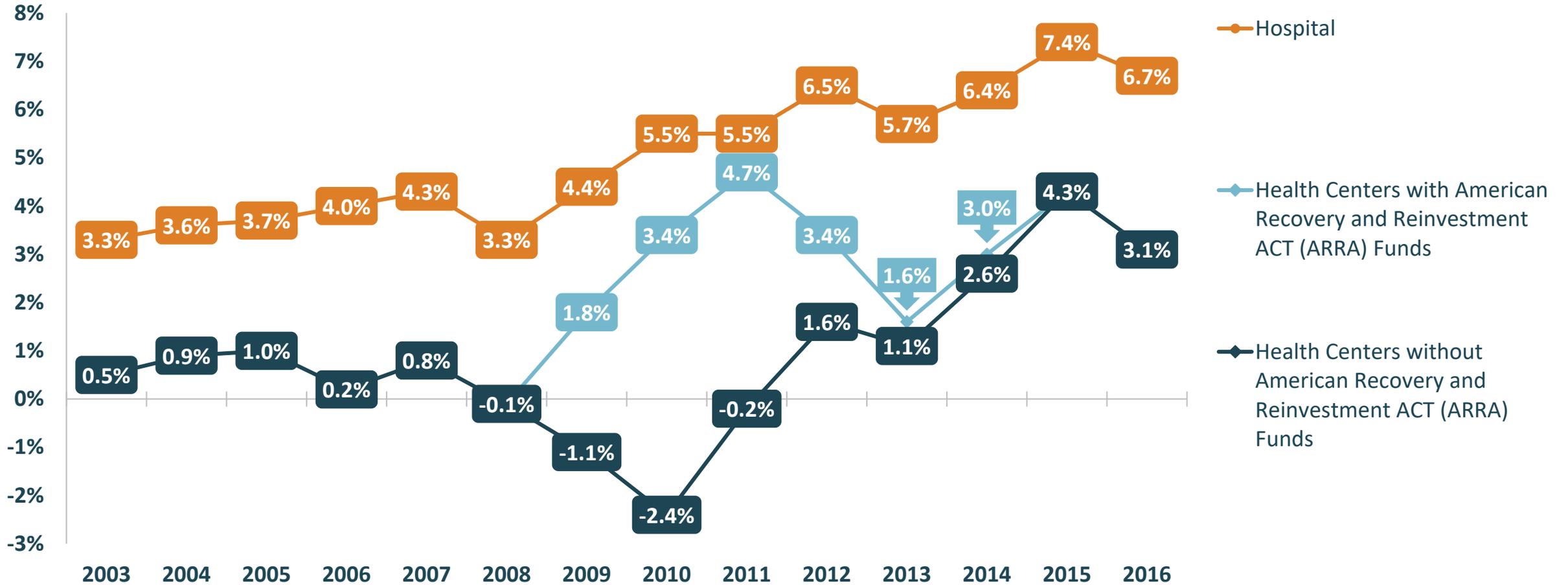
* Calculated by taking the difference between 2016 health center total cost per patient (all patients) and 2016 health center funding per uninsured patient, then multiplying by the number of health center uninsured patients in 2016.

Note: Not adjusted for inflation. Federal appropriations are for consolidated health centers under PHSA Section 330.

Source: 2006-2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 6.3

Health Center Operating Margins Are Less than Hospital Operating Margins

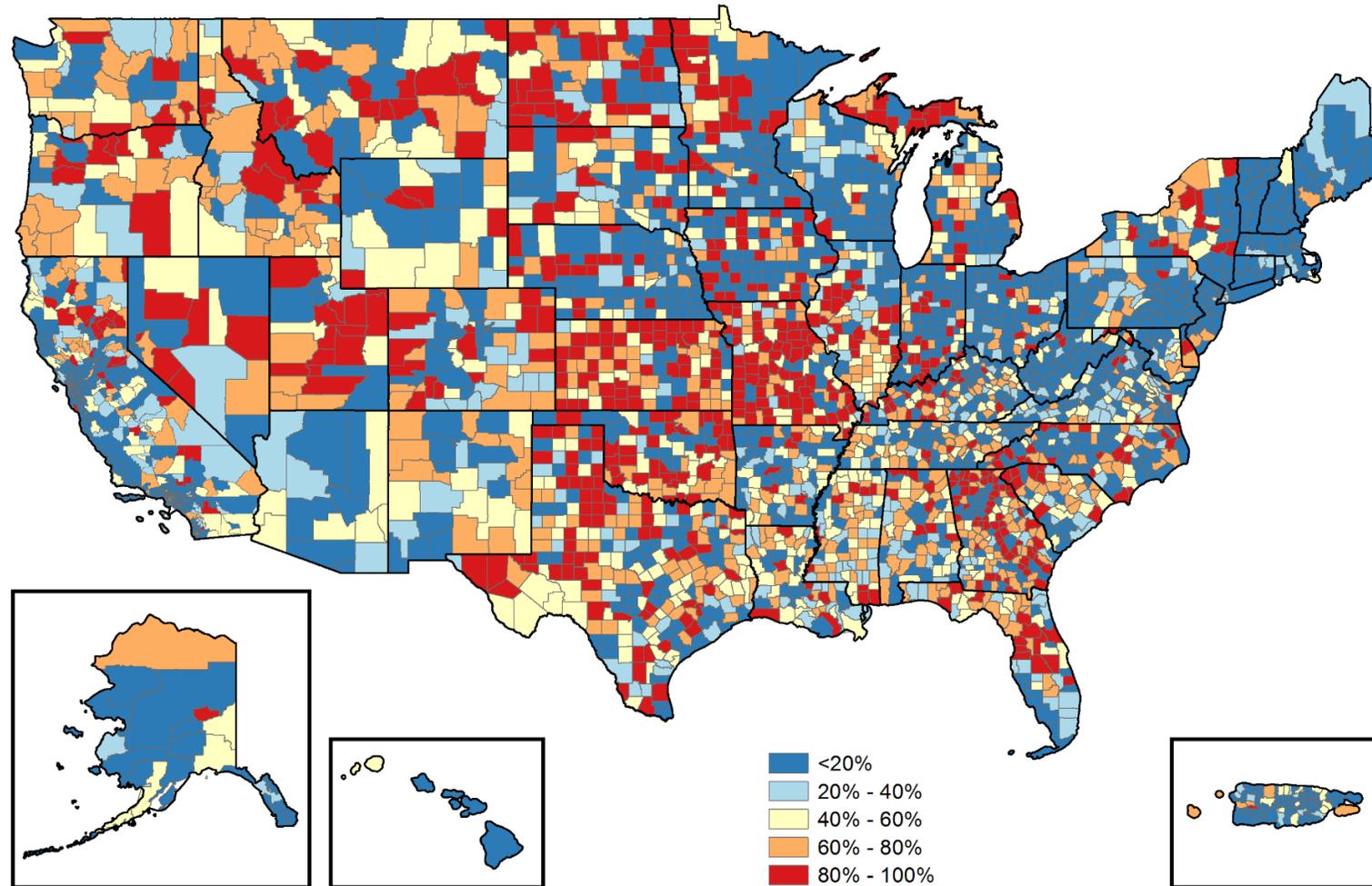


Note: Operating margin data for Hospitals after 2014 are unavailable.

Sources: 2003 – 2016 Uniform Data System. Bureau of Primary Health Care, HRSA. DHHS. American Hospital Association. Trendwatch Chartbook 2018: Trends Affecting Hospitals and Health Systems. Supplementary Data Tables. Table 4.1: Aggregate Total Hospital Margins and Operating Margins; Percentage of Hospitals with Negative Total Margins; and Aggregate Non-operating Gains as a Percentage of Total Net Revenue, 1994 – 2016.

Figure 6.5

Estimated Percent of County Residents Experiencing Shortages of Primary Care Physicians, 2013



62 Million People Experience Inadequate or No Access to Primary Care Because of Shortages of Physicians in their Communities.

Figure 6.6

Health Centers Experience Difficulty Recruiting Many Clinical Staff

(Percent of Health Centers Reporting A Vacancy for Selected Positions)

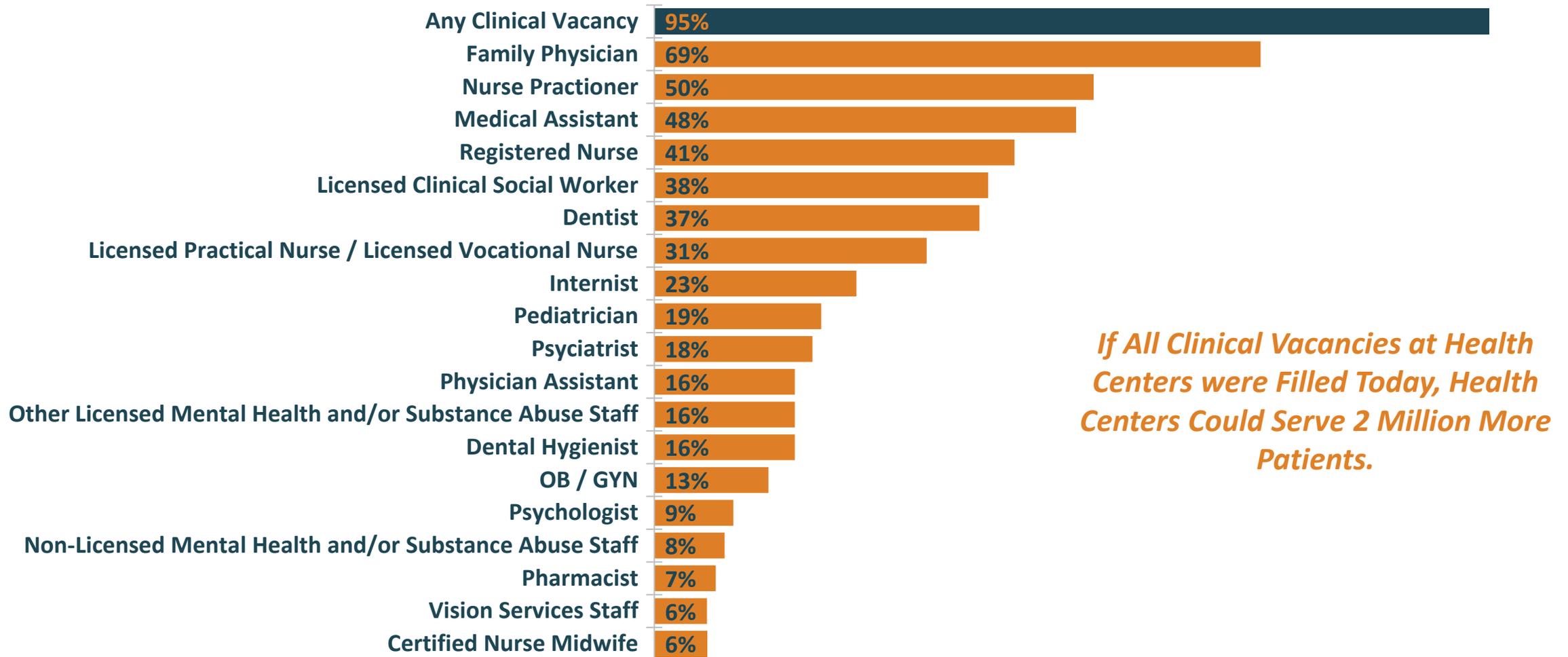


Figure 6.7

Health Centers Have Unique Challenges in Recruiting & Retaining Staff

(Percent of Health Centers Reporting Selected Problems in Clinical Staff Recruitment & Retention)

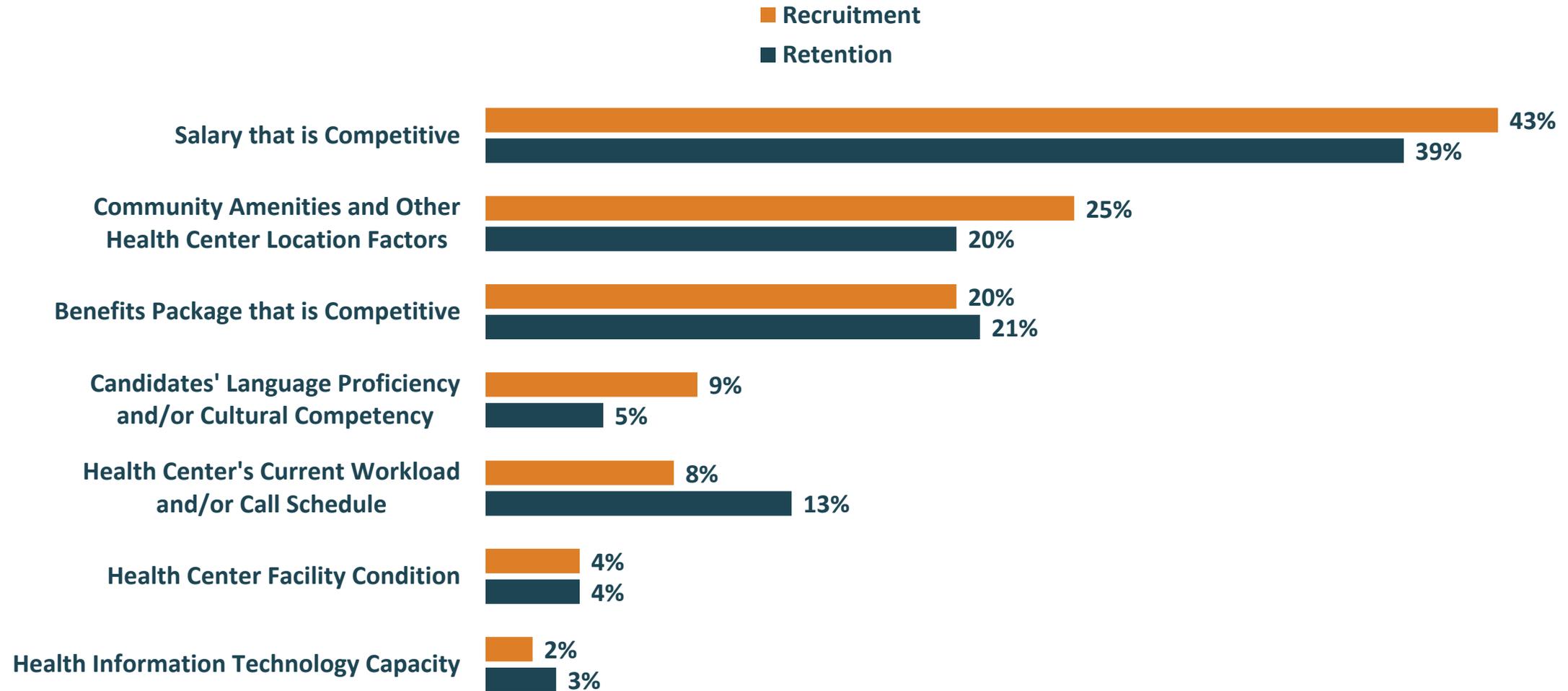


Figure 6.8

Health Center Capital Project Plans & Funding Needs, 2015

- **79%** of health centers have plans to initiate capital projects within the next several years. These plans represent **2,300 capital projects**.
- These planned projects are estimated to cost **\$4.6 billion**:
 - which will result in **12 million square feet** of new space
 - accommodating **6,100 new providers**
 - who will serve **5.4 million new patients** annually
 - However **75%** of health centers report funding gaps for these planned projects

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For more information, email research@nachc.org.



This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS16089, Technical Assistance to Community and Migrant Health Centers and Homeless for \$6,375,000.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Suggested Citation:

National Association of Community Health Centers. Community Health Center Chartbook. June 2018.