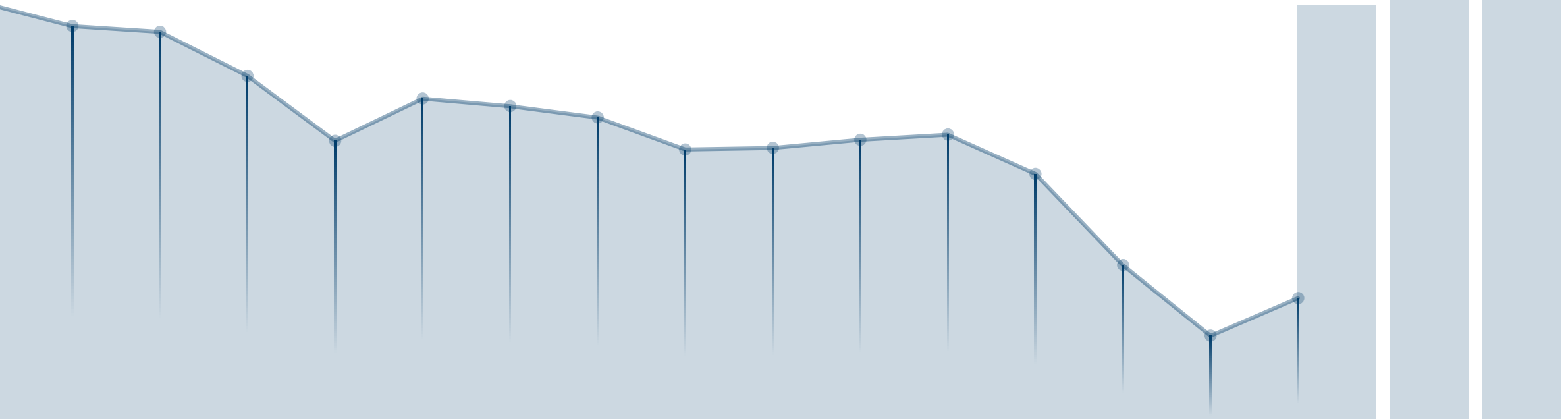


Community

Health

Center

Chartbook 2020



About Community Health Centers

The National Association of Community Health Centers (NACHC) is pleased to present the 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 coordinated, culturally competent, and community-directed primary and preventive health care services.

Health centers play a critical role in the U.S. health care system, delivering care to **29 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 generate taxpayer savings. They 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.

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

* Includes patients of federally-funded health centers, look-alikes, and expected patient growth for 2019.

About this Chartbook

The Community Health Center Chartbook highlights important research and data 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

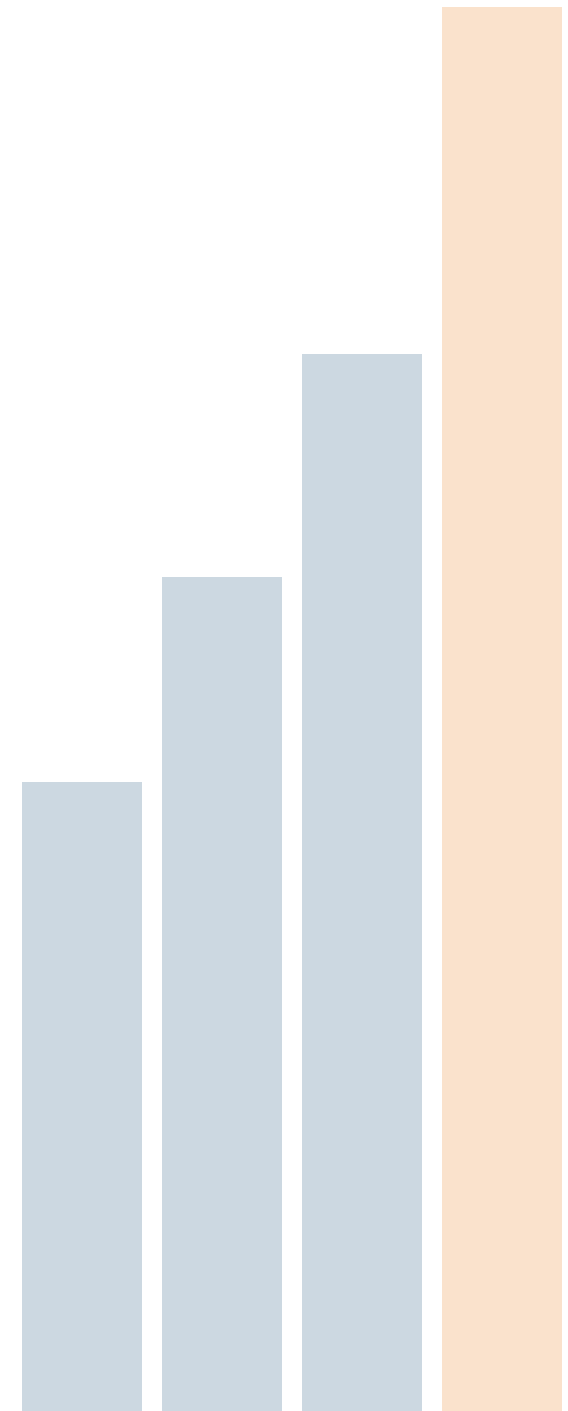


Figure 1-1

Health Centers Serve
1 in 12 People in the U.S.
Including...



Figure 1-2

Health Centers Serve Many Special Populations

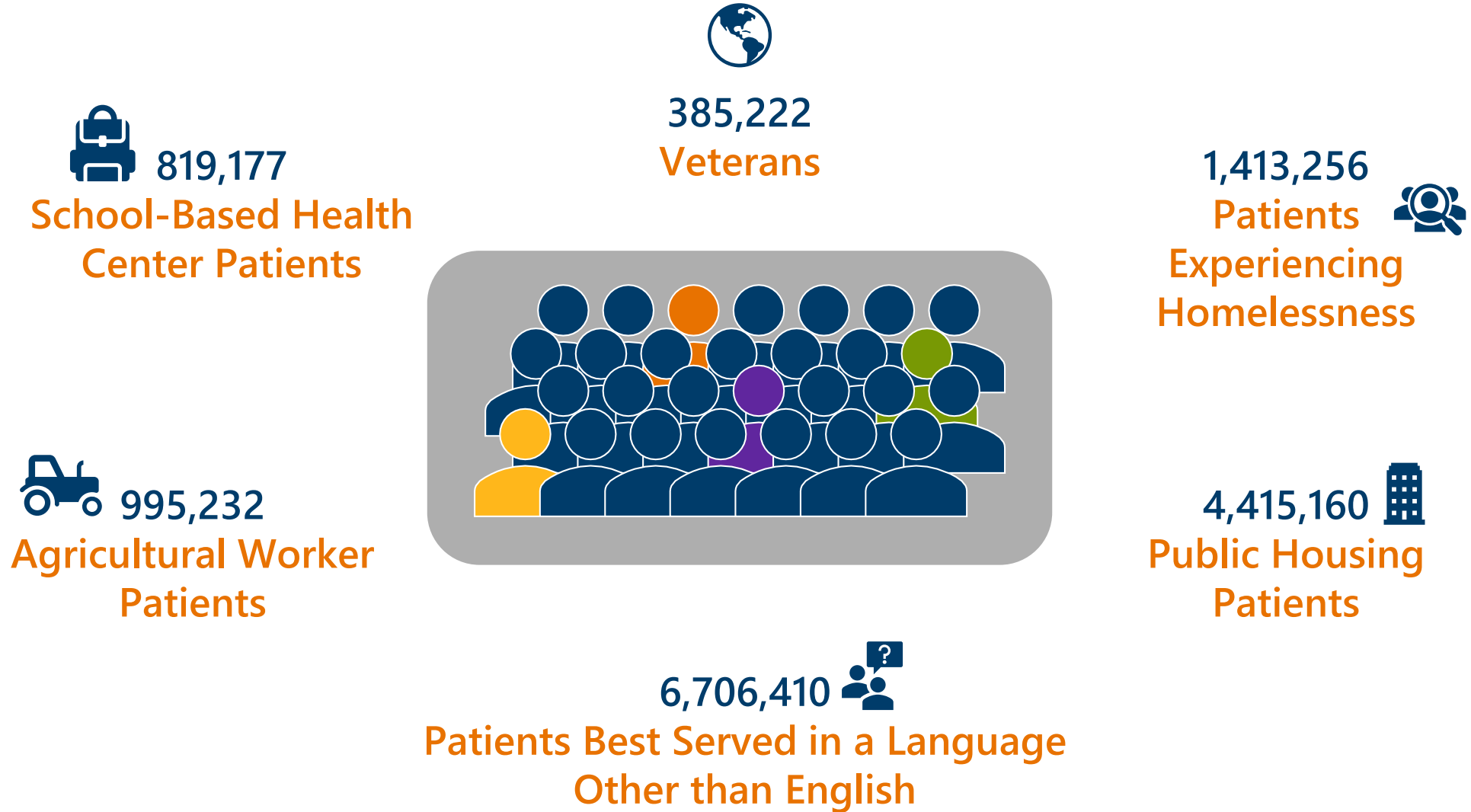
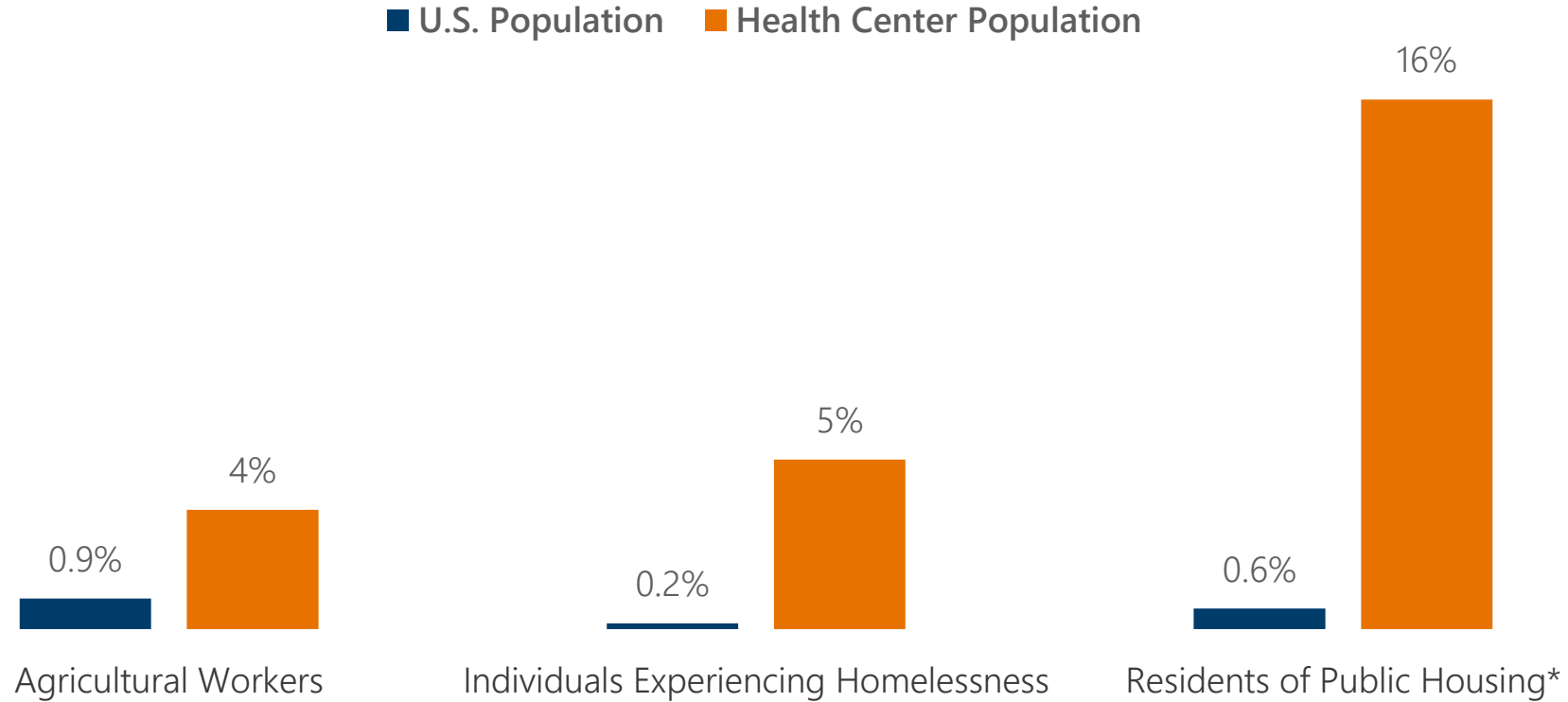


Figure 1-3

Health Centers Serve Greater Proportions of Special Populations



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

Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) Legal Services Corporation: Agricultural-Worker Population Estimates, Final Estimates, July 2016. (3) U.S. Department of Housing and Urban Development. The 2018 Annual Homeless Assessment Report (AHAR) to Congress, December 2018. (4) U.S. Department of Housing and Urban Development. Picture of Subsidized Households Dataset, 2018.

Figure 1-4

Health Center Patients are Predominately Low-Income

91% of health center patients are in or near poverty.

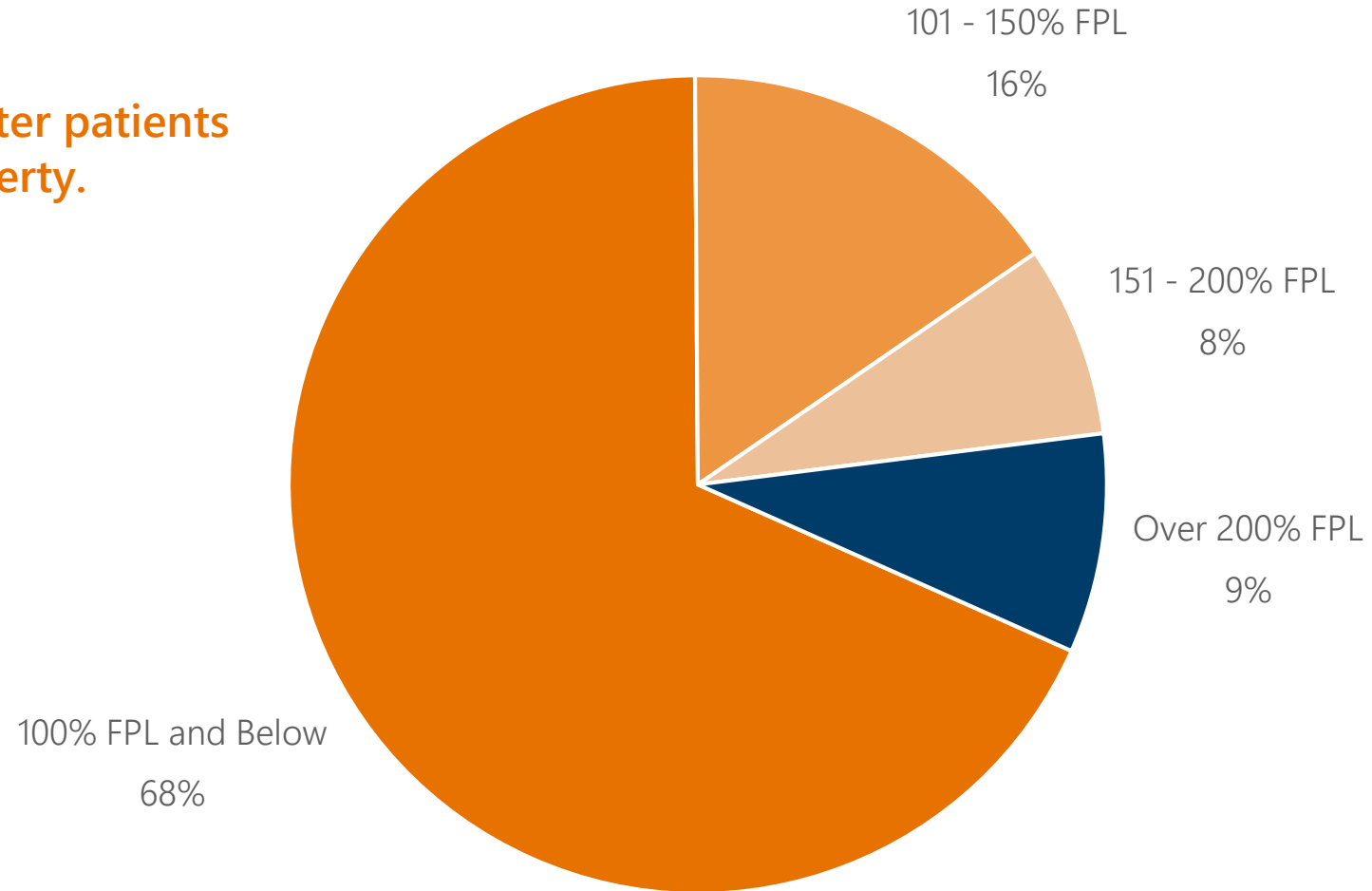
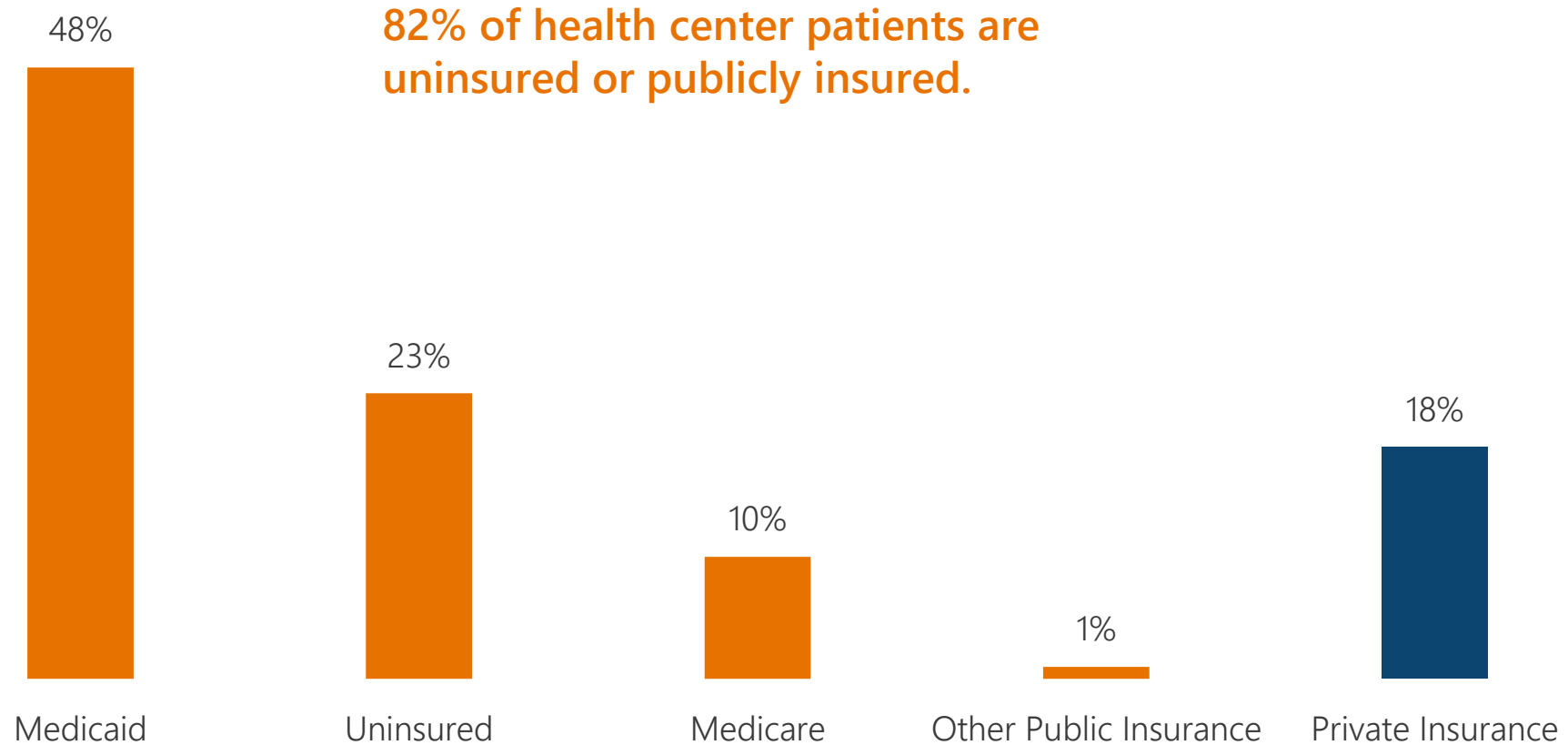


Figure 1-5

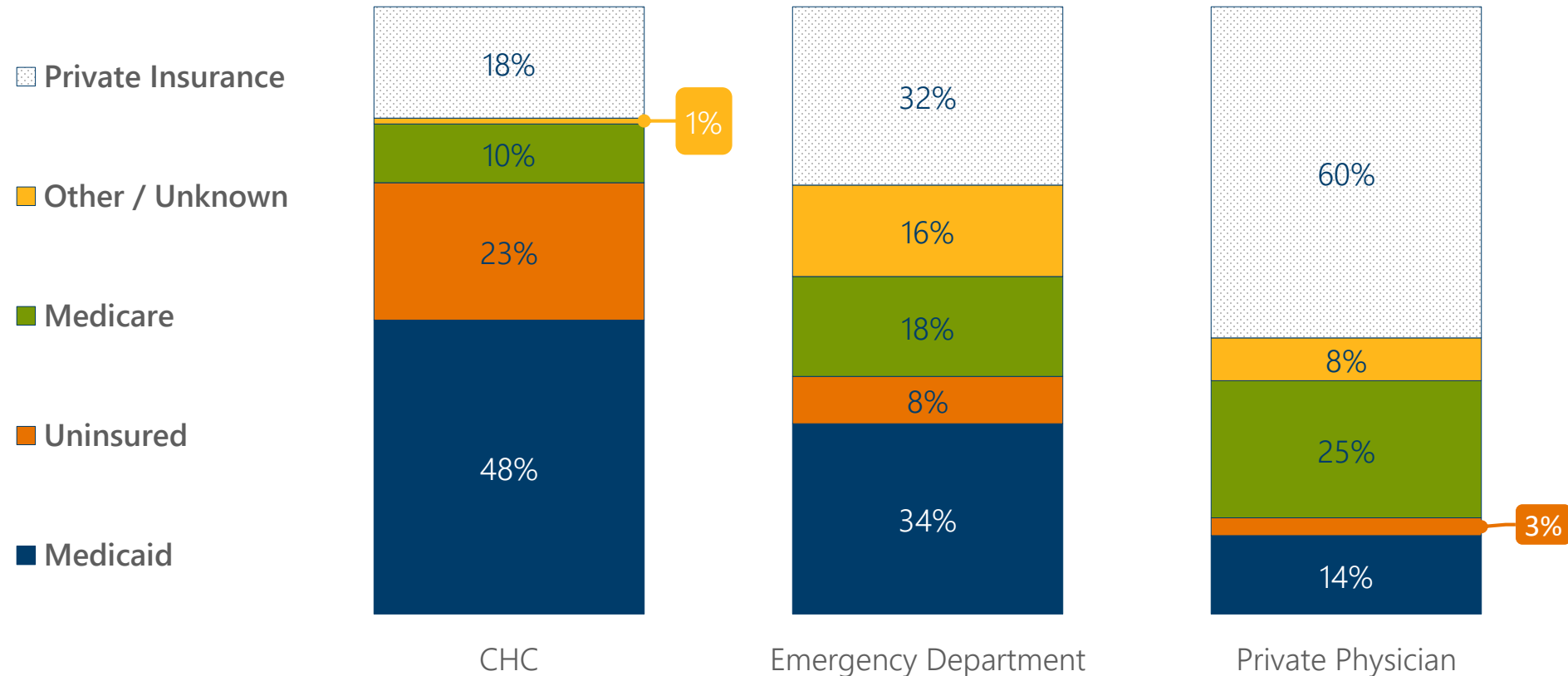
Most Health Center Patients are Uninsured or Publicly Insured



Note: Percentage for "Other Public Insurance" includes non-Medicaid CHIP, or coverage where states contract CHIP through private third-party payers and not Medicaid.
Source: 2018 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

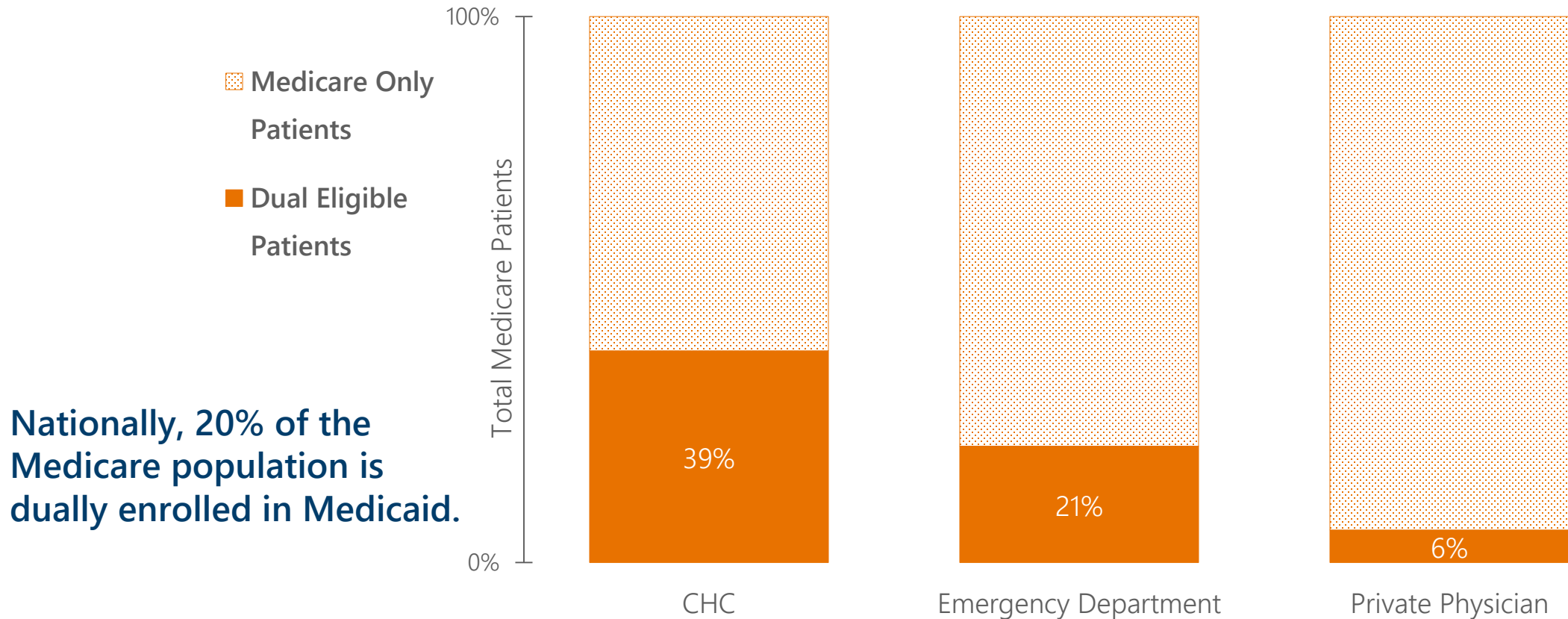


Notes: Percentages may not add to 100% due to rounding and private physician and emergency department numbers allow for more than one category to be indicated. Dual eligible patient visits were removed from the Medicaid category in NAMCS/NHAMCS data for private physicians and emergency department visits.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

Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) National Ambulatory Medical Care Survey, 2016. Table 6. Expected Sources of Payment at Office Visits. United States, 2016. National Center for Health Statistics. (3) National Hospital Ambulatory Survey, 2015. Table 6. Expected Sources of Payment at Emergency Department Visits: United States, 2016.

Figure 1-7

Health Centers Serve More Medicare and Medicaid Dual Eligibles Than Other Ambulatory Care Providers

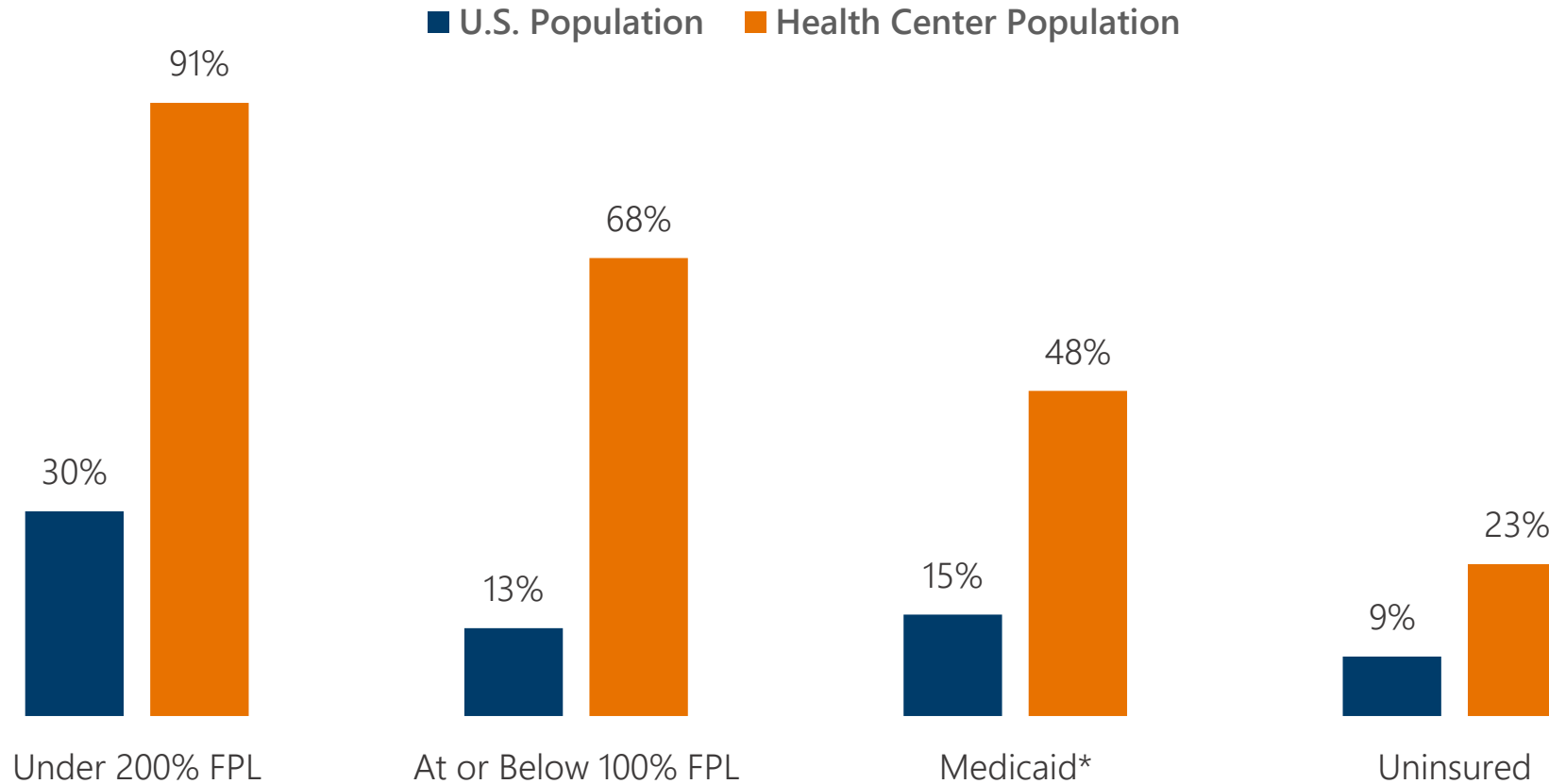


Nationally, 20% of the Medicare population is dually enrolled in Medicaid.

Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) National Hospital Ambulatory Survey, 2016. Table 6. Expected Sources of Payment at Emergency Department Visits: United States, 2015. National Center for Health Statistics. (3) National Ambulatory Medical Care Survey, 2016. Table 6. Expected Sources of Payment at Office Visits: United States, 2016. National Center for Health Statistics. (4) Centers for Medicare and Medicaid Services Medicare-Medicaid Coordination Office, December 2018. Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2017. Note: Used for national estimate of national dual eligible population.

Figure 1-8

Health Center Patients are Disproportionately Poor, Uninsured, and Publicly Insured



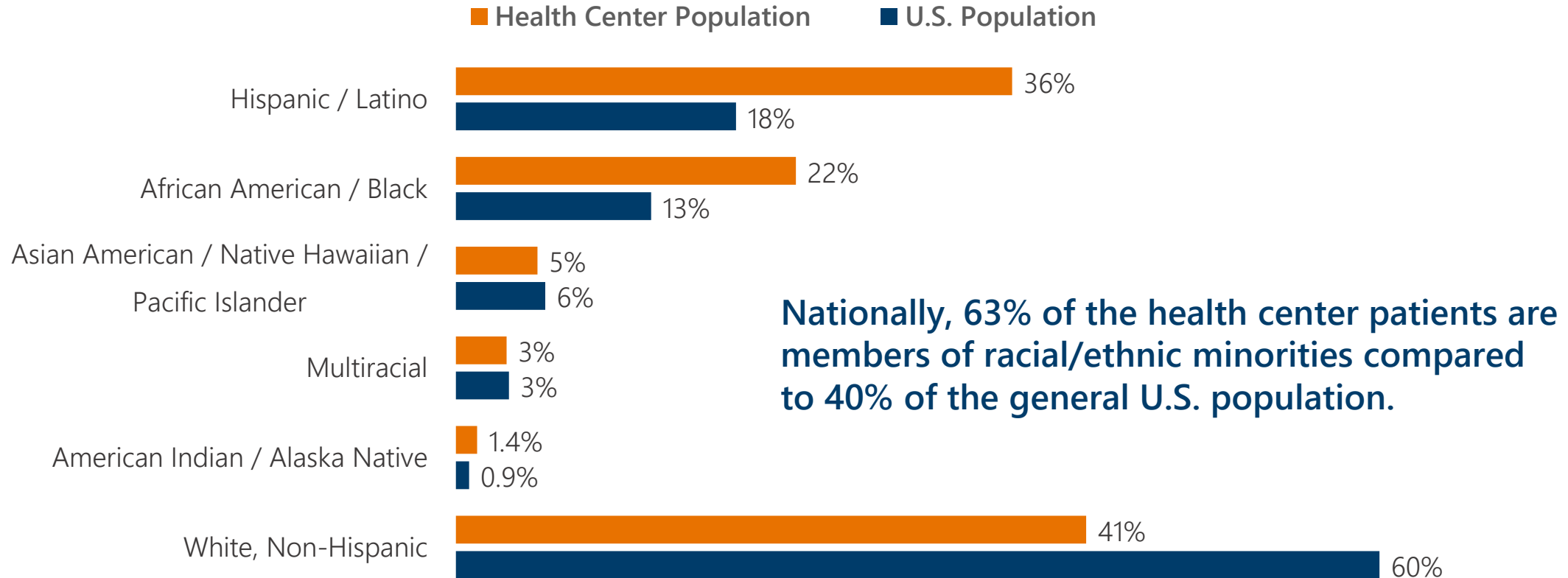
Note: FPL = federal poverty level.

* Medicaid alone and not in combination with other insurance.

Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Tables B17002, S2704, and DP03.

Figure 1-9

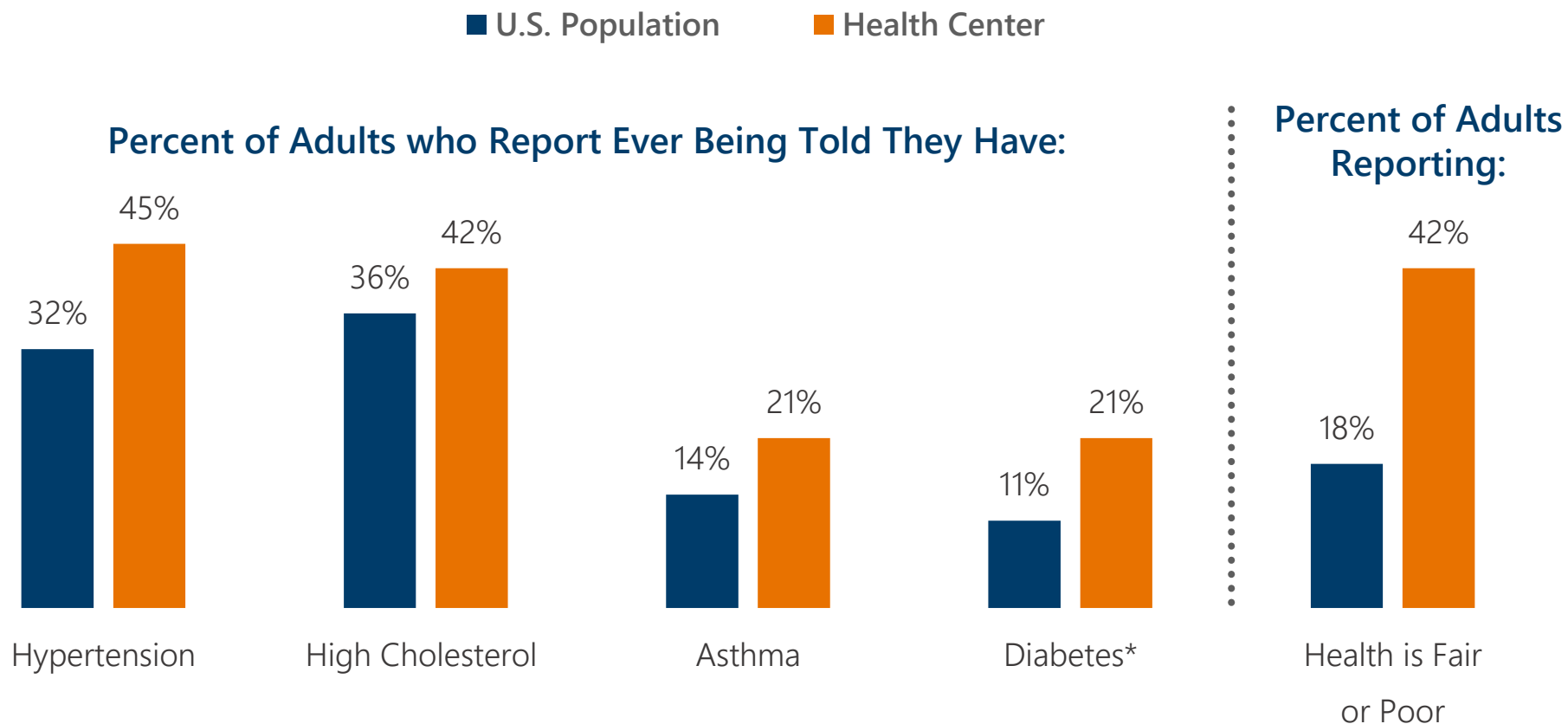
Health Center Patients are Disproportionately Members of Racial/Ethnic Minority Groups



Notes: Figures may not add to 100% due to rounding and patients of Hispanic ethnicity can identify with any racial category. Based on known race and/or ethnicity.
Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. Note: National racial/ethnic minority estimate calculated using the Reference Guide for UDS Data Reports Available to Health Centers, CY 2018, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Table B03002.

Figure 1-10

Health Center Patients Suffer from Chronic Conditions At Higher Rates than the General Population



* Other than during pregnancy.

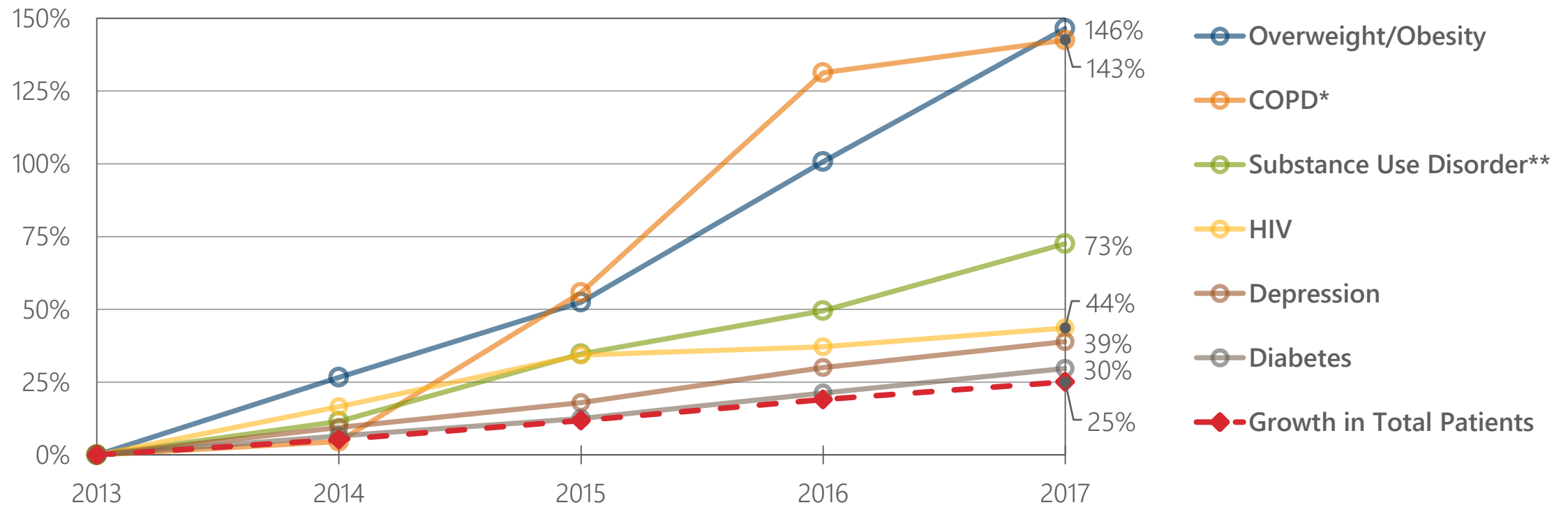
Note: Includes only adult population ages 18 and older.

Sources: (1) 2014 Health Center Patient Survey. Bureau of Primary Health Care, HRSA, DHHS. (2) 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. (3) 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 1-11

Health Center Patients are Growing Increasingly Complex, With Higher Rates of Chronic Conditions than in Previous Years

Percent Growth in Health Center Patients Diagnosed with Selected Chronic Conditions, 2013 - 2017



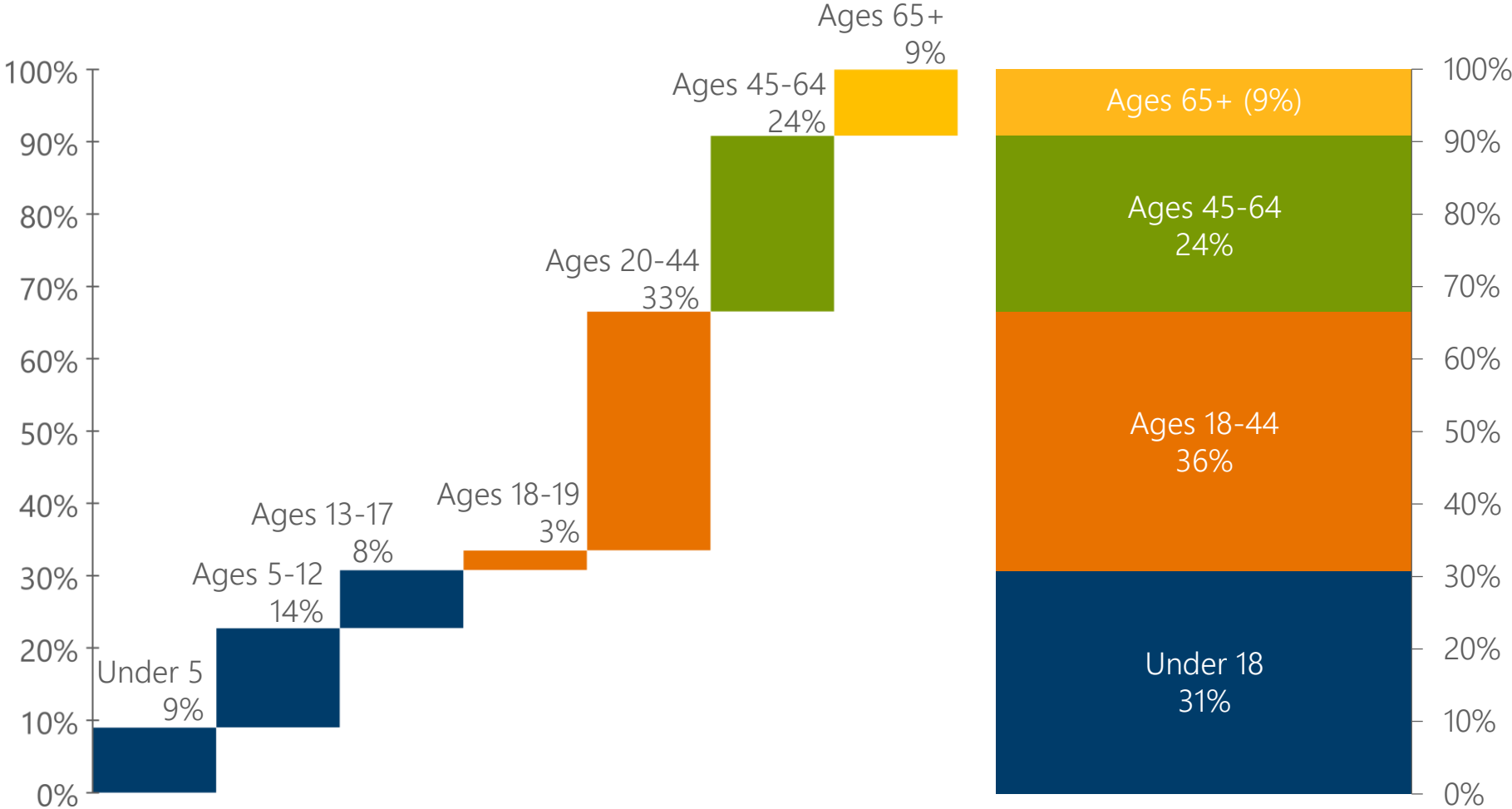
* COPD = chronic obstructive pulmonary disease

** Excludes tobacco and alcohol use disorders

Figure 1-12

Health Centers Serve Patients Through the Life Cycle

Selected Age Groups, Represented Two Ways

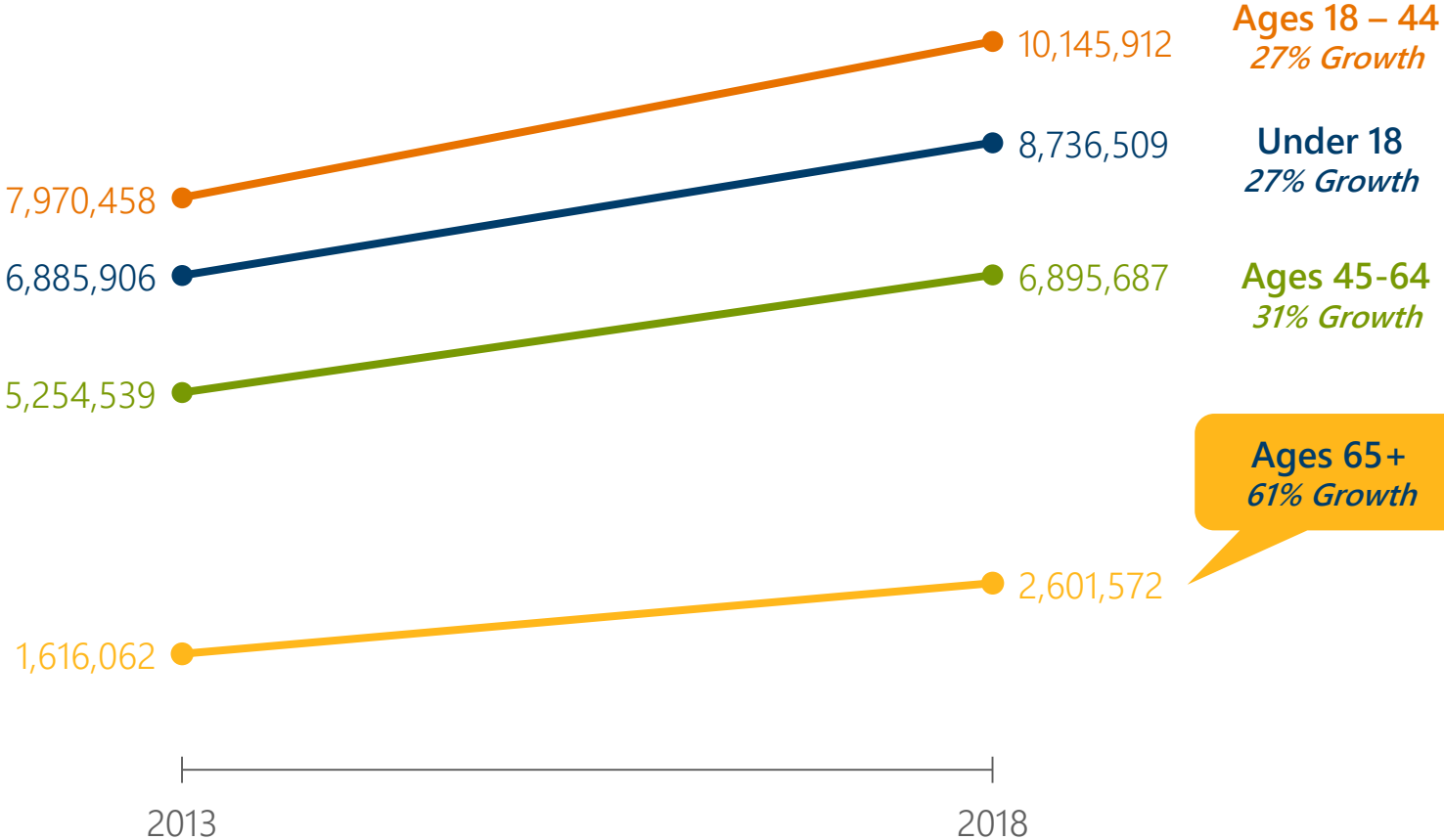


Source: 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 1-13

Health Center Patients Ages 65 and Older Are the Fastest Growing Age Group

Number of Health Center Patients by Age Group, 2013 - 2018



Source: 2013 & 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Section 2

Expanding Access to Care

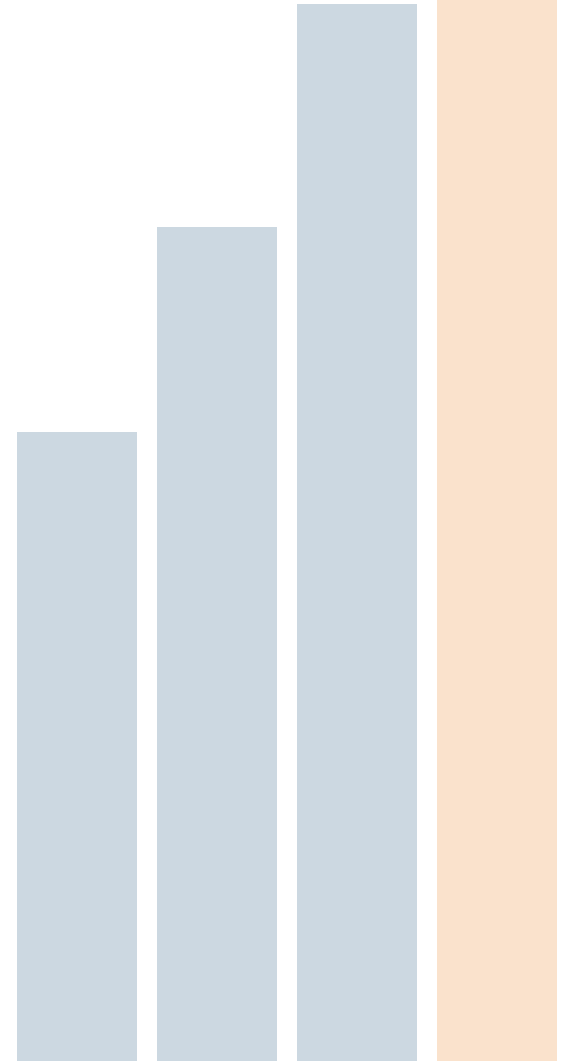
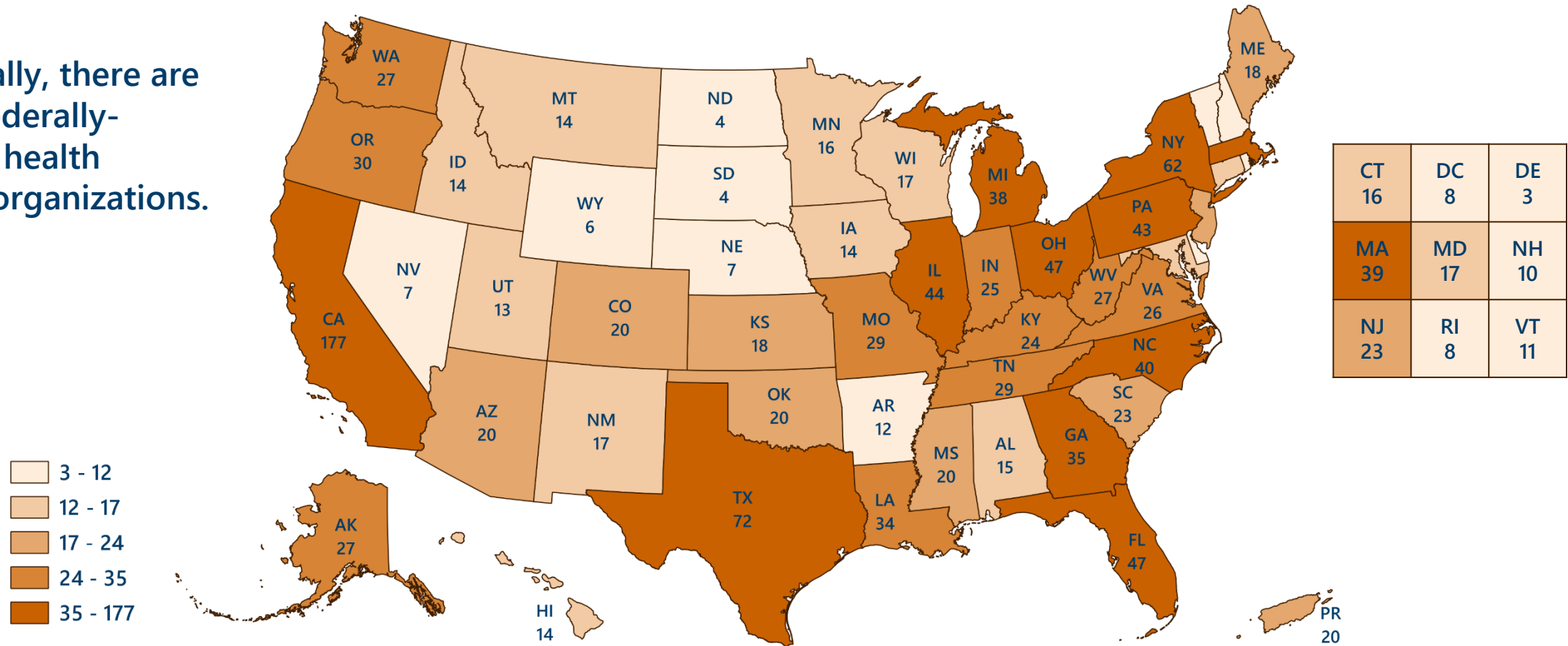


Figure 2-1

Number of Federally-Funded Health Center Organizations, 2018

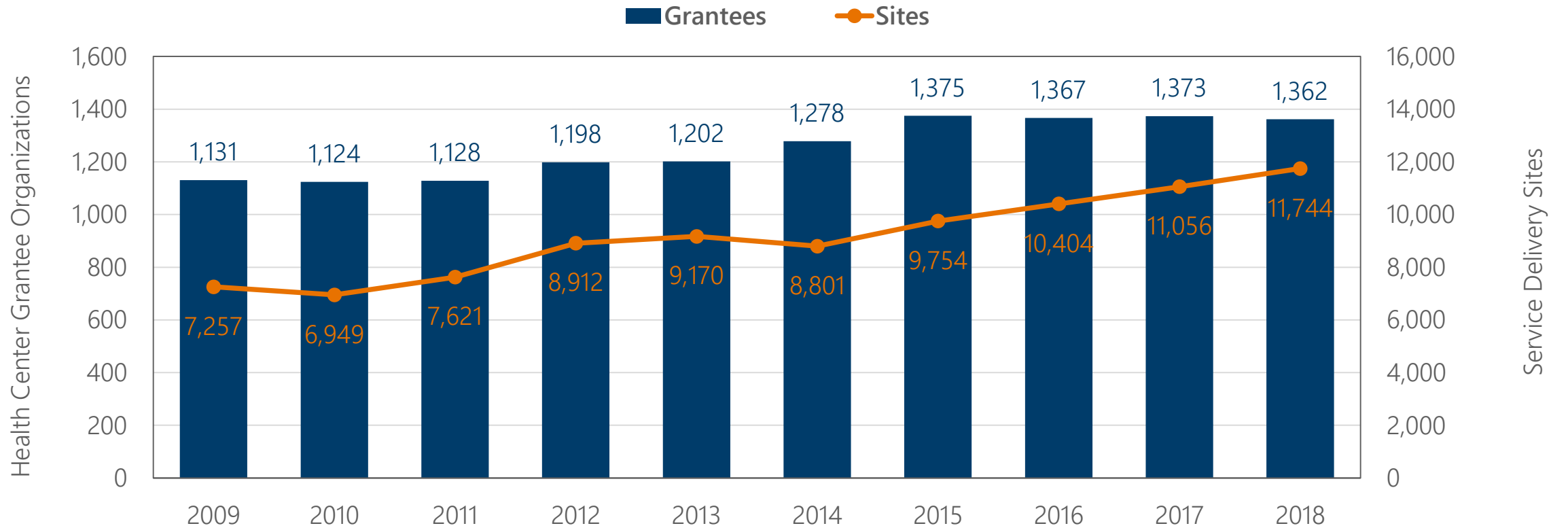
Nationally, there are 1,362 federally-funded health center organizations.



Notes: Binned by quantile for states and territories shown. National figure includes health centers in every state, territory, and D.C. Territories are not shown in the map above. The following territories have 1 grantee: Guam, American Samoa, Northern Mariana Islands, Palau, and Marshall Islands. The Virgin Islands has 2 grantees. The Federal States of Micronesia has 4 grantees.
 Source: 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-2

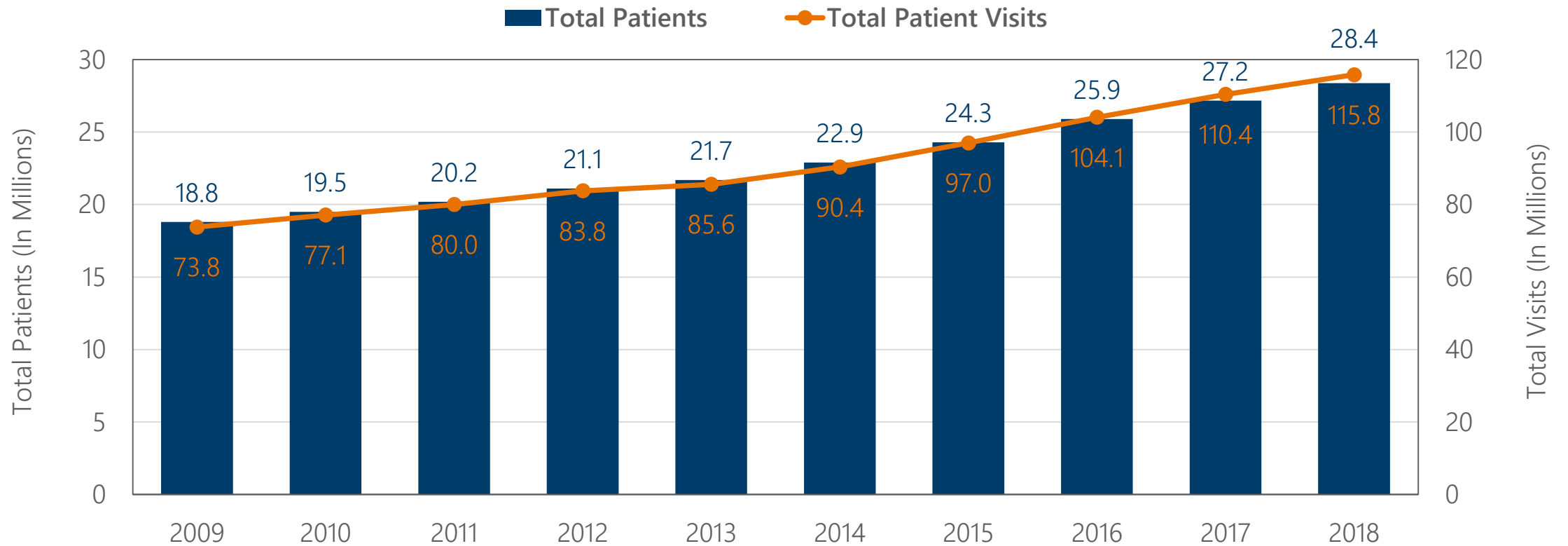
Growth in Health Center Organizations and Sites, 2009 - 2018



Source: 2009 - 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-3

Growth in Health Center Patients and Visits, 2009 - 2018

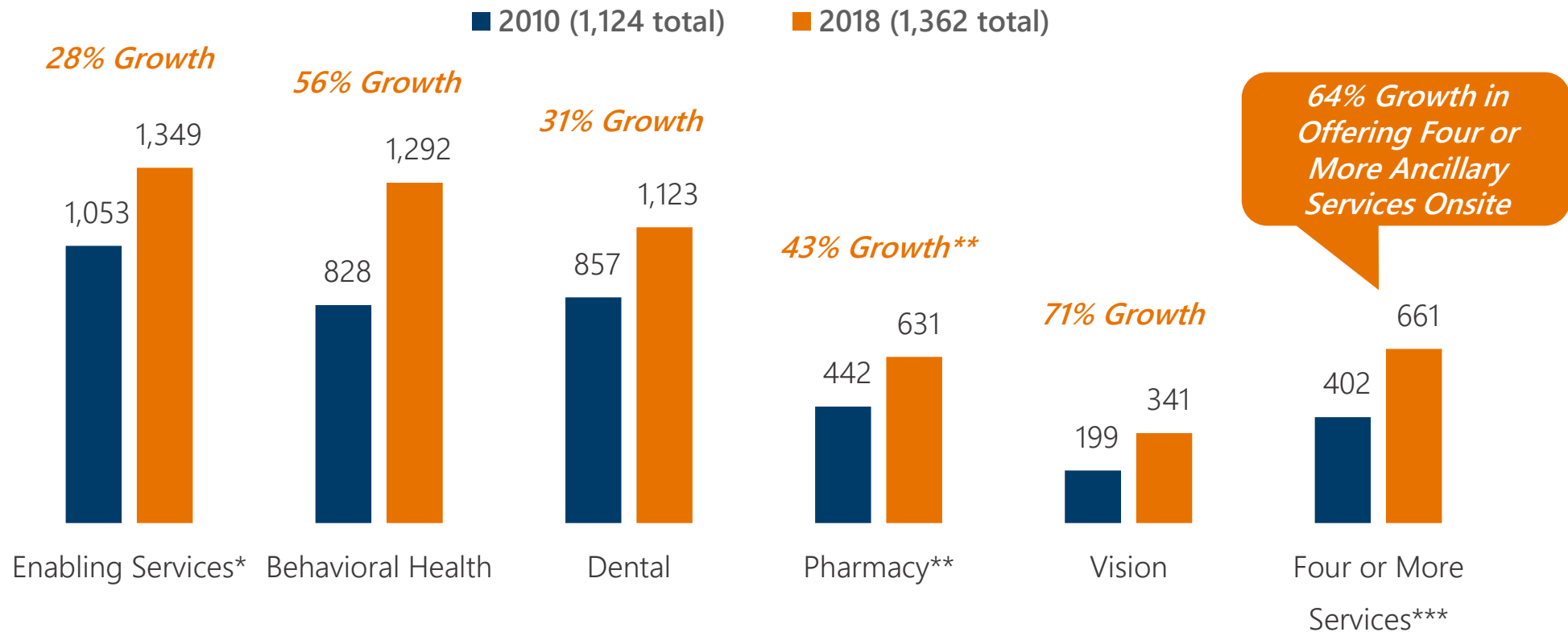


Source: 2009 - 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-4

Health Centers Have Expanded Their Capacity To Provide More Services Onsite

Number of Health Centers Employing Staff for Selected Services



* The Health Resources and Services Administration (HRSA) defines enabling services as, "non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes." Examples of enabling services include case management, translation/interpretation, transportation, and health education. (HRSA Health Center Program Terms and Definitions, n.d.).

** Pharmacy services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.

*** Four or more services are based on service types provided in the chart: enabling services, behavioral health, dental, pharmacy, and/or vision. The maximum number of services is five.

Source: 2010 & 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-5

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

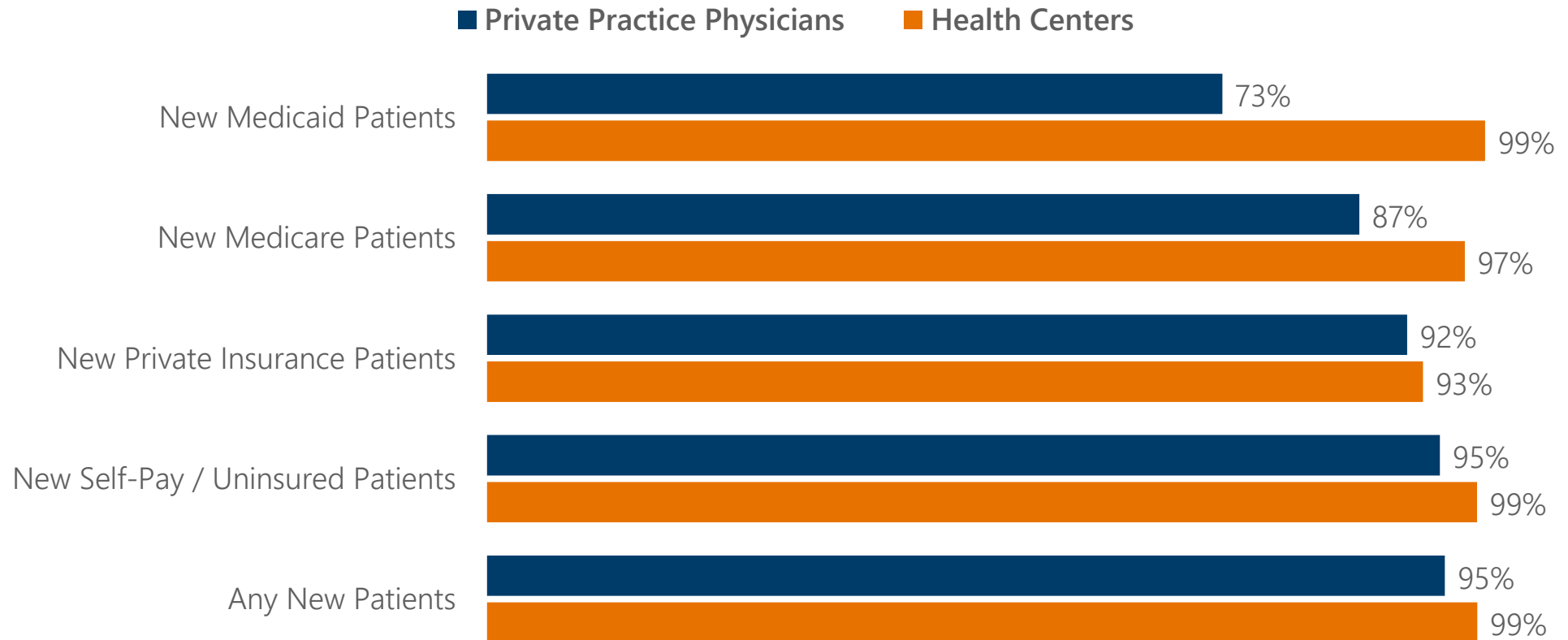
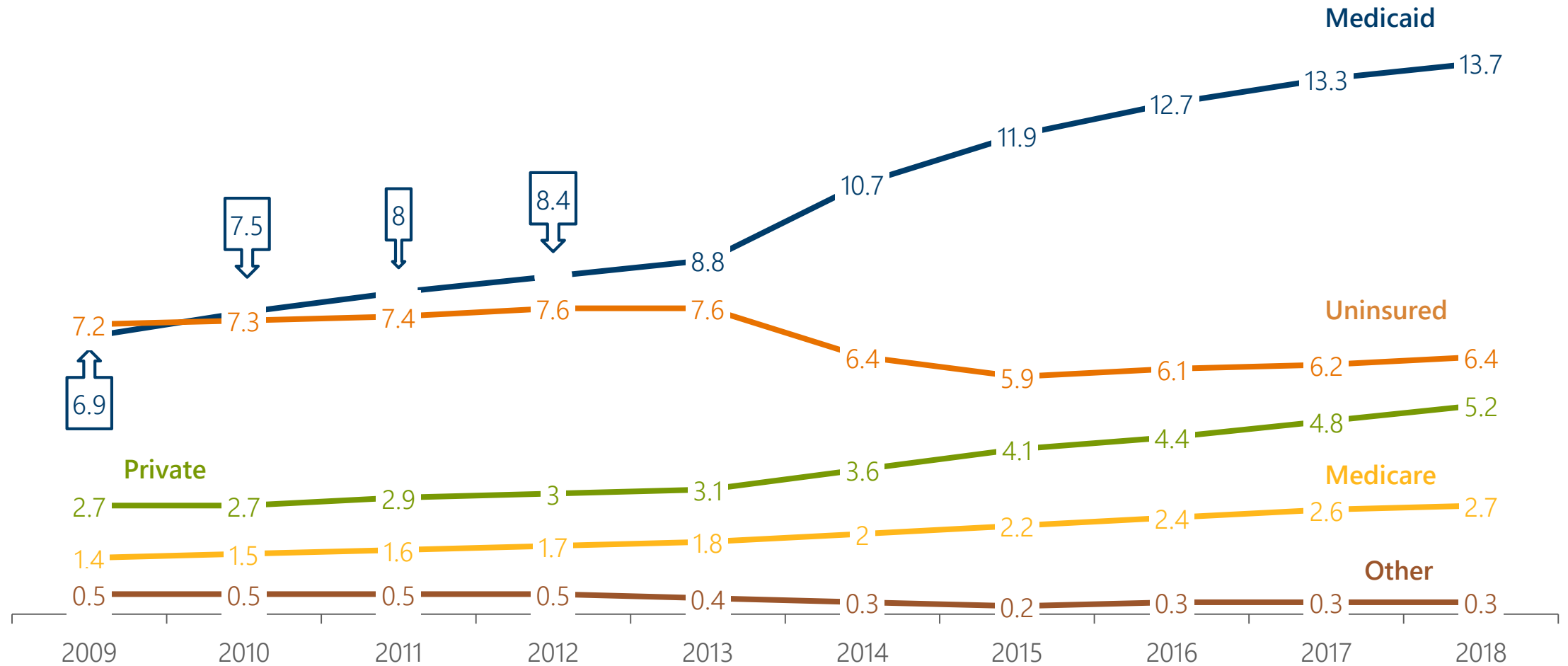


Figure 2-6

Health Center Patients by Insurance Status, 2009 – 2018

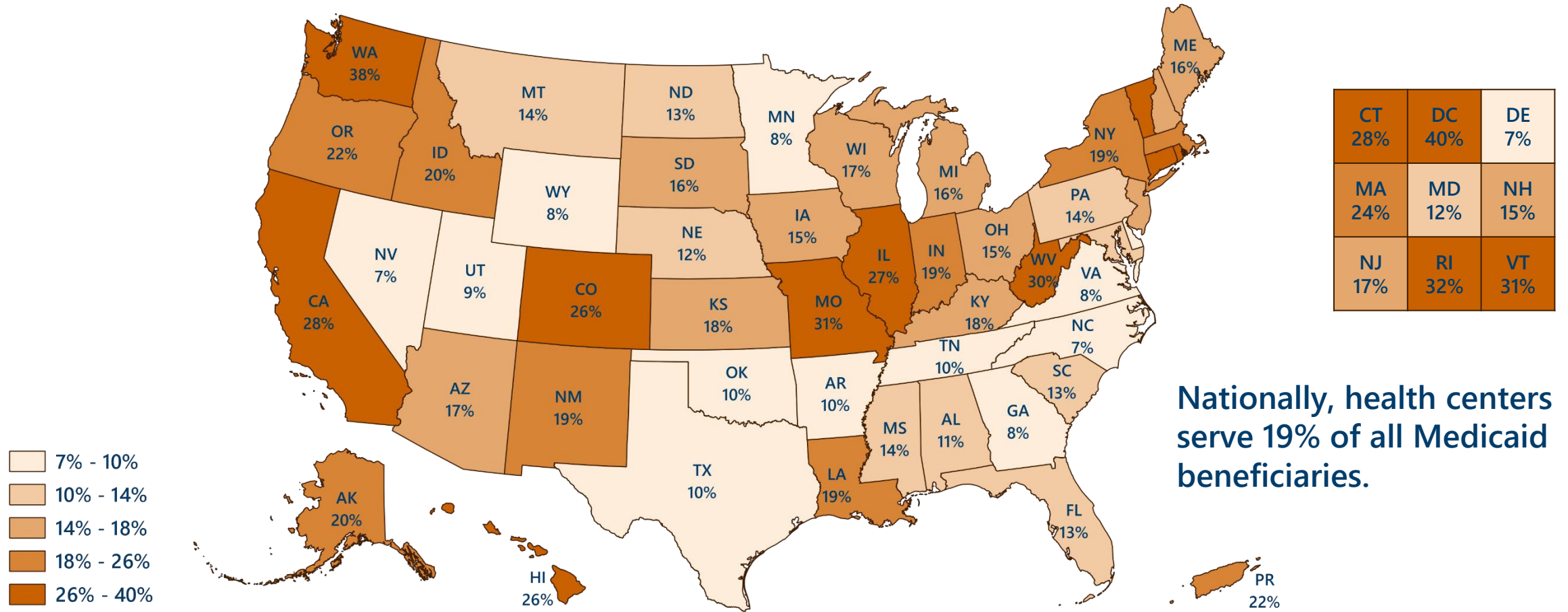
(In Millions)



Source: 2009 - 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-7

Percent of Medicaid Beneficiaries Served by Health Centers, 2018



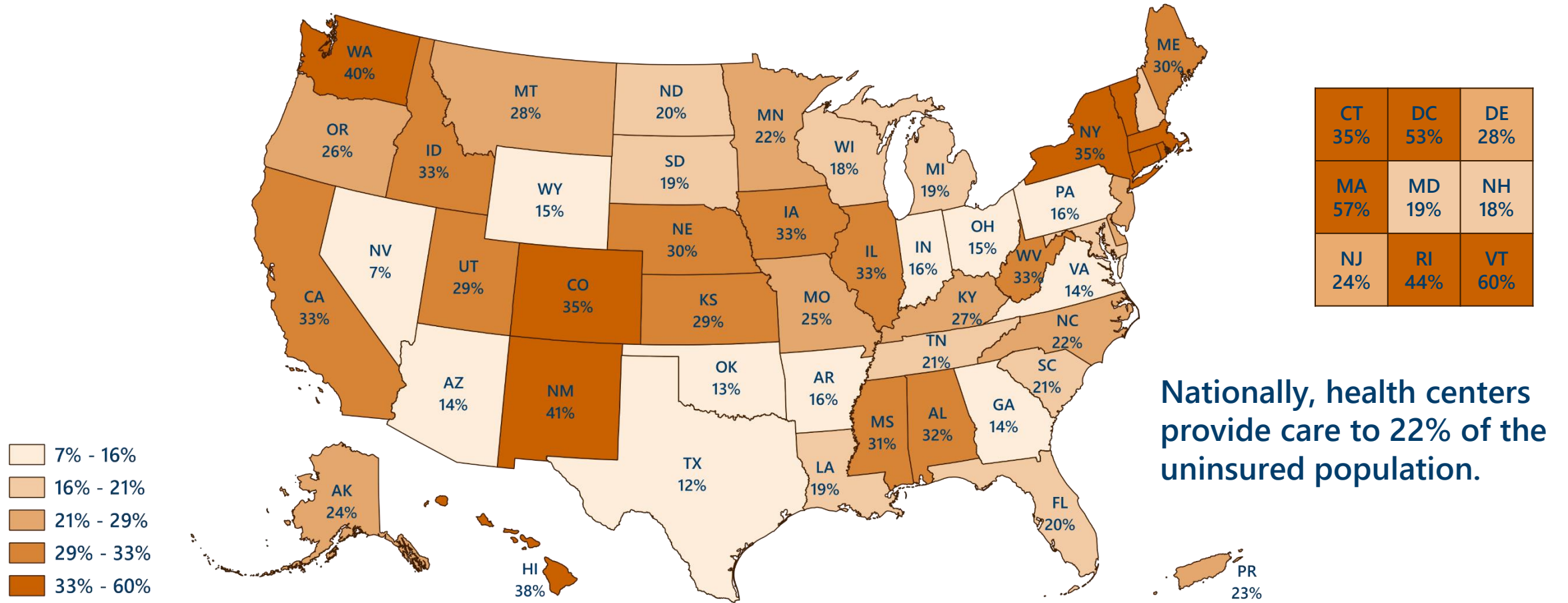
Nationally, health centers serve 19% of all Medicaid beneficiaries.

Notes: National figure excludes health center Medicaid patients in territories and does not include Puerto Rico. Binned by quantile for states and territories shown. See Figure 4-4 to see health center Medicaid revenues as a percent of total Medicaid expenditures.

Sources: NACHC Analysis of (1) 2018 Uniform Data System (UDS). Bureau of Primary Health Care, HRSA, BPHC. (2) Kaiser Family Foundation. Monthly Medicaid and CHIP Enrollment, December 2018. (3) Puerto Rico estimate based on NACHC analysis of 2018 UDS and U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Table S2704.

Figure 2-8

Percent of the Uninsured Population Served by Health Centers, 2018



Notes: National figure includes health centers in every state, DC, and Puerto Rico. Binned by quantile for states and territories shown.
 Sources: (1) NACHC Analysis of 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau. 2018 American Community Survey, 1-Year Estimates, Table S2701.

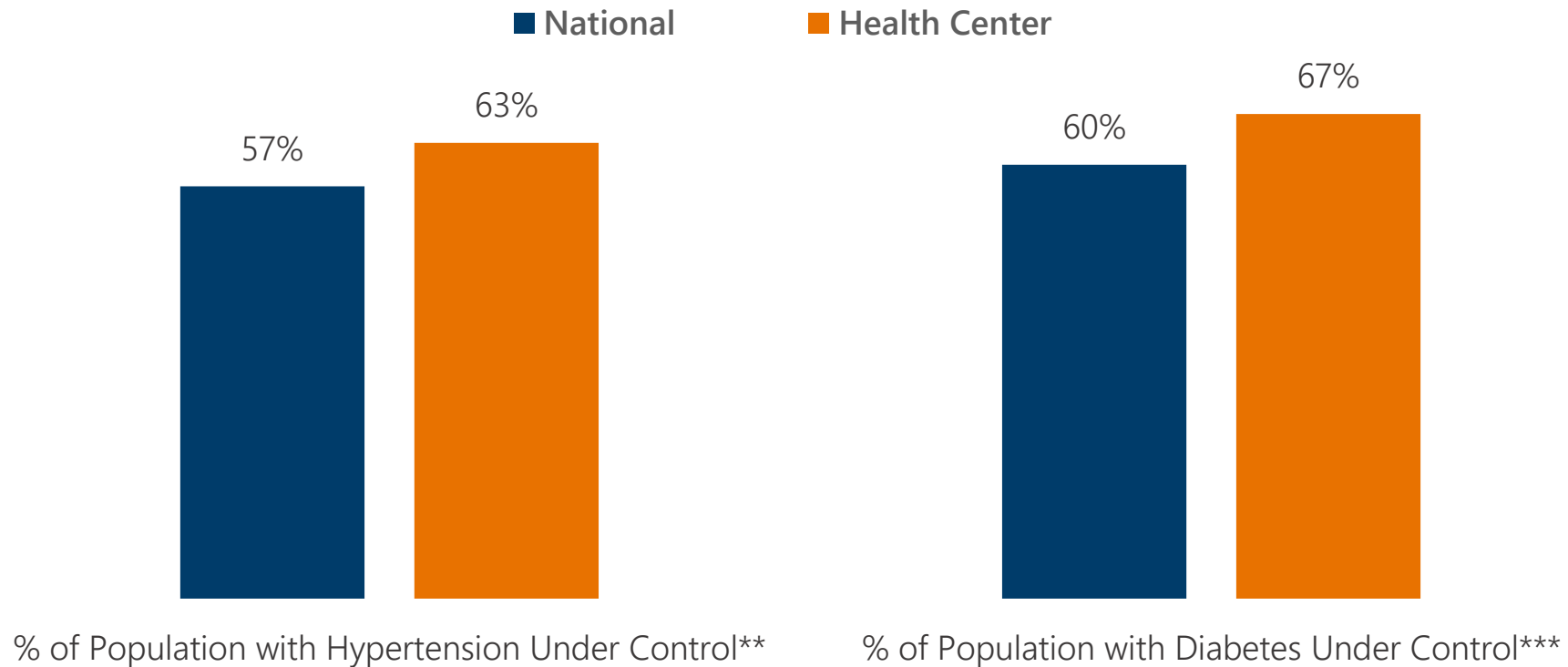
Section 3

High Quality Care and Reducing Health Disparities



Figure 3-1

Health Centers Achieve Higher Rates of Hypertension and Diabetes Control than the National Average, Despite Serving More At-Risk Patients*



* To see a comparison of the prevalence of chronic conditions for health center patients, see Figures 1-10 and 1-11.

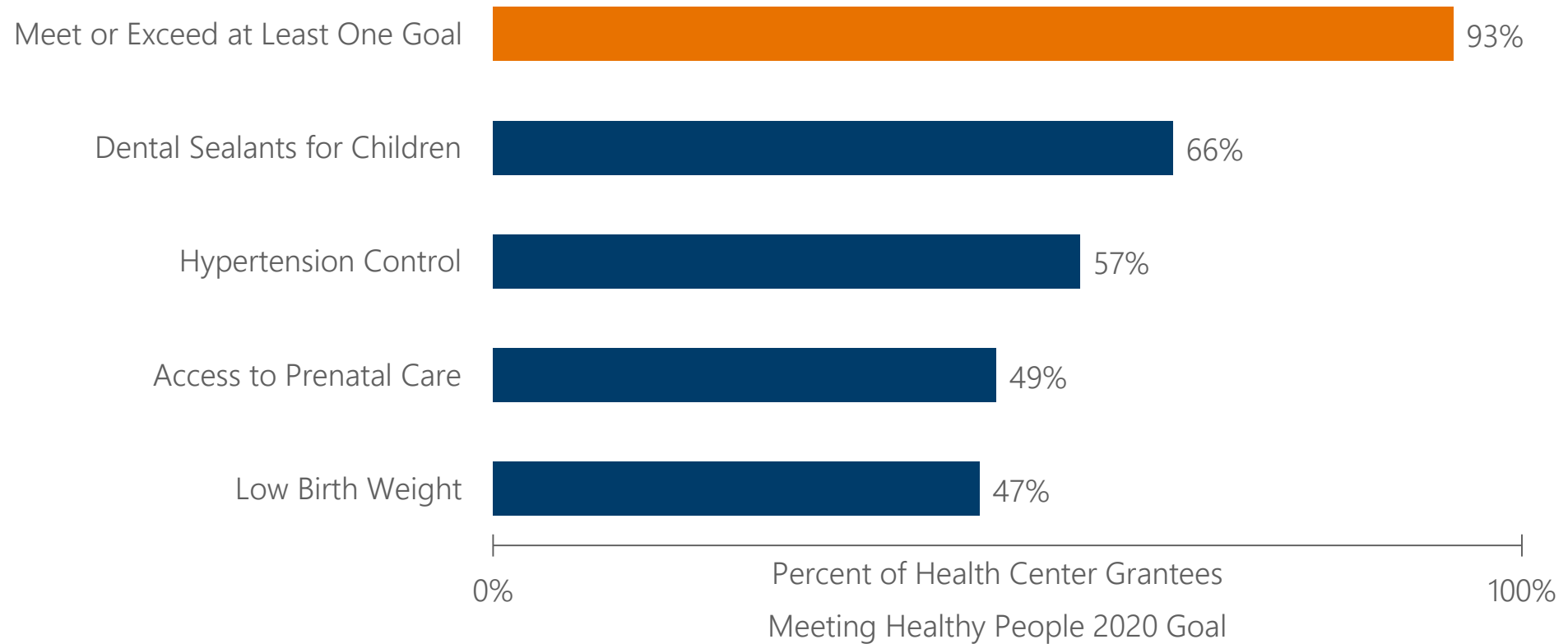
** Estimated percentage of hypertensive patients with blood pressure < 140/90.

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

Source: Bureau of Primary Health Care. 2019. Health Center Program Fact Sheet. Available from <https://bphc.hrsa.gov/sites/default/files/bphc/about/healthcenterfactsheet.pdf>

Figure 3-2

Many Health Centers Exceed Healthy People 2020 Goals



Note: Healthy People 2020 goals are based on national health objectives to identify and reduce the most significant, preventable threats to health. For more on Healthy People 2020, visit <https://www.cdc.gov/dhdsp/hp2020.htm>

Sources: (1) 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. (2) Office of Disease Prevention and Health Promotion. Healthy People 2020. 2020 Topics and Objectives.

Figure 3-3

Health Center Patients Have Lower Rates of Low Birth Weight than Their U.S. Counterparts, Despite Health Centers Serving More At-Risk Patients

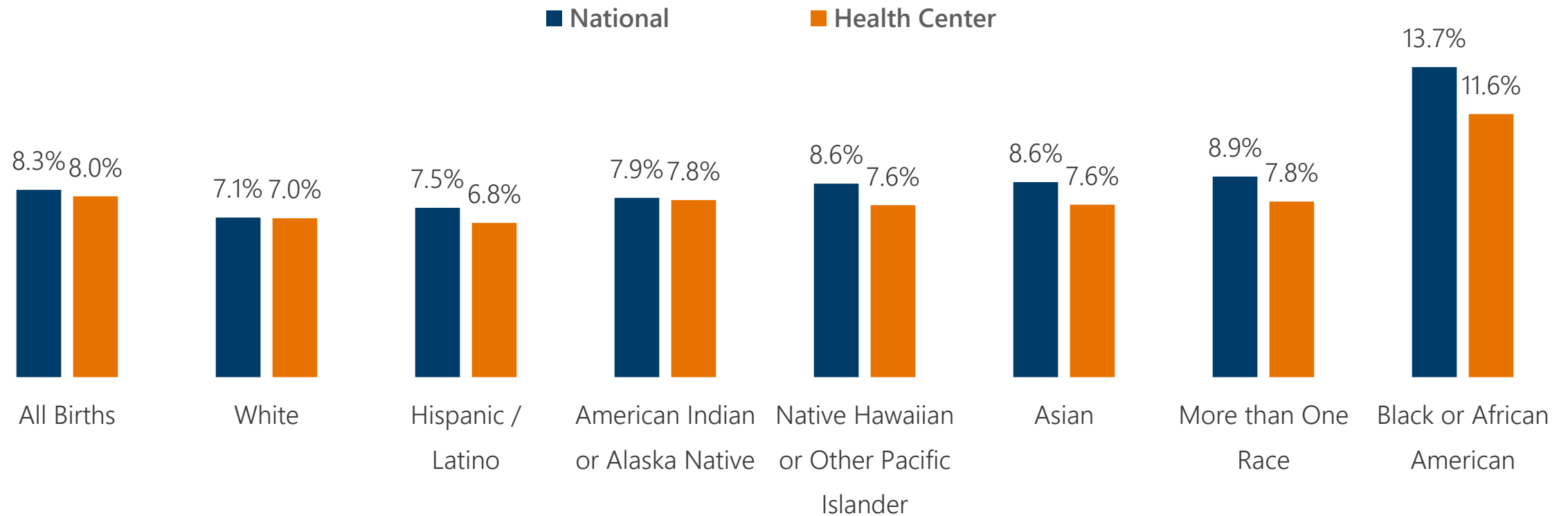


Figure 3-4

Health Center Patients are More Satisfied With Care Compared to Low-Income Patients Nationally

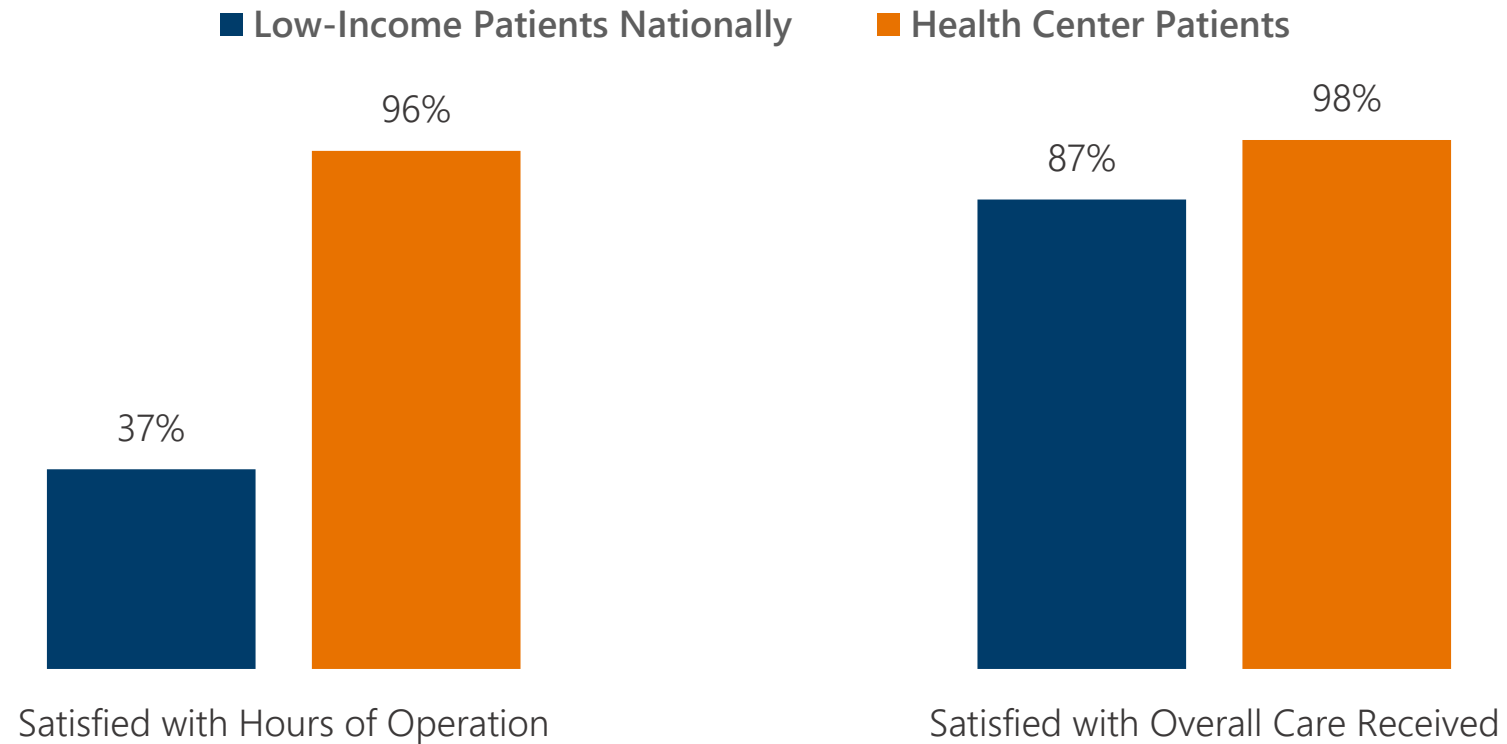


Figure 3-5

Enabling Services* are a Defining Characteristic of Health Centers And Help Improve Access to Care and Patient Satisfaction

Health Center Patients Who Used Enabling Services* Had:



1.9 **more health center visits**
in the past year (on average)



A 12 percentage-point **higher likelihood**
of getting a routine checkup



A 16 percentage-point **higher**
likelihood of getting a flu shot



An 8 percentage-point **higher**
likelihood of being satisfied with care

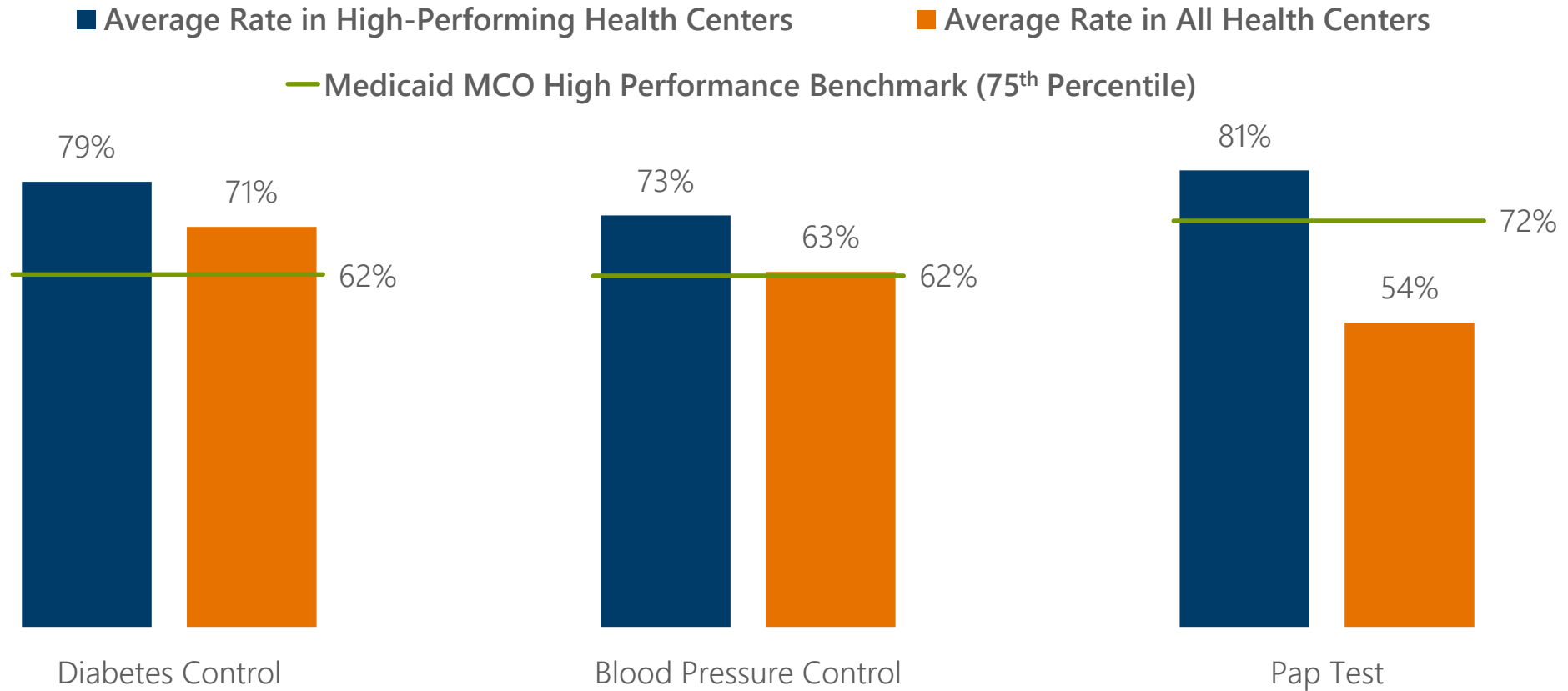
* The Health Resources and Services Administration (HRSA) defines enabling services as, “non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes.” Examples of enabling services include case management, translation/interpretation, transportation, and health education. (HRSA Health Center Program Terms and Definitions, n.d.).

Note: This figure compares health center patients who used enabling services to patients that did not use enabling services.

Source: Yue et al. Enabling Services Improve Access to Care, Preventive Services, and Satisfaction Among Health Center Patients. Health Affairs 38(9). September 2019.

Figure 3-6

Health Centers Exceed Medicaid Managed Care Organization (MCO) High Performance Benchmark Scores

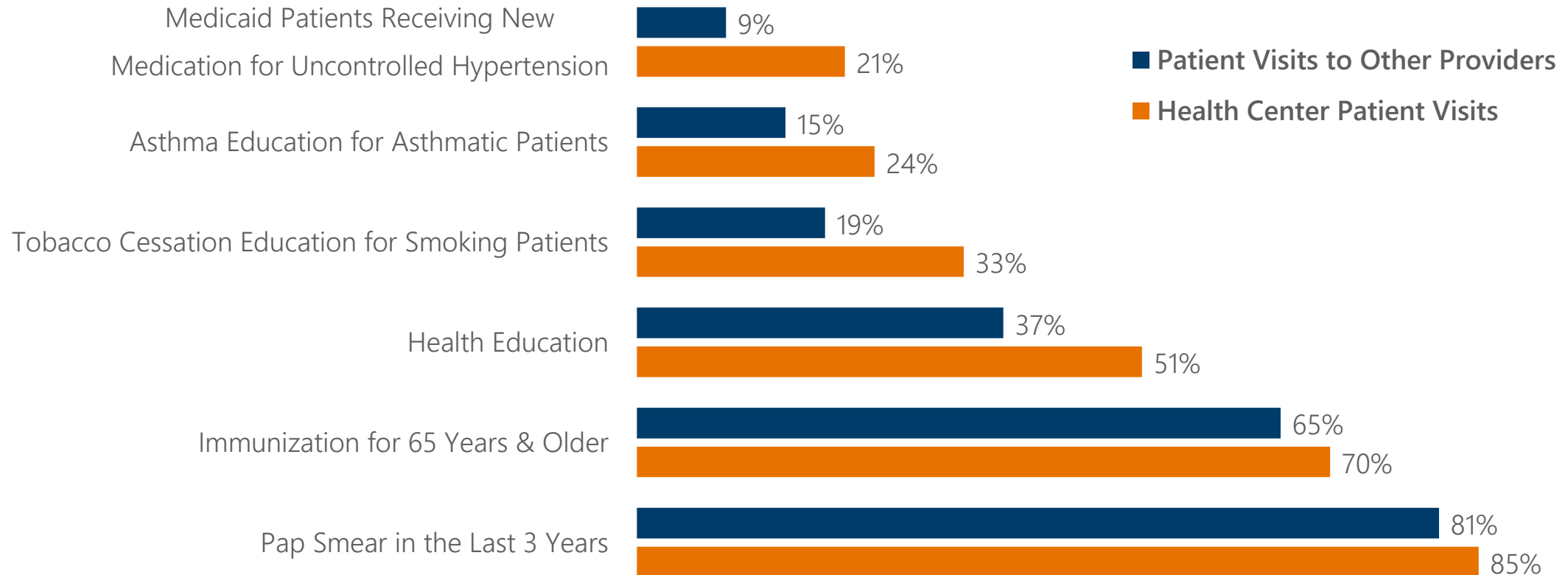


Notes: Quality measures include control of diabetes: share of patients with diabetes with HbA1c between 7% and 9%; control of hypertension: share of patients with hypertension with blood pressure < 140/90; Pap tests: share of female patients age 24 – 64 who received Pap test within past three years.

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 3-7

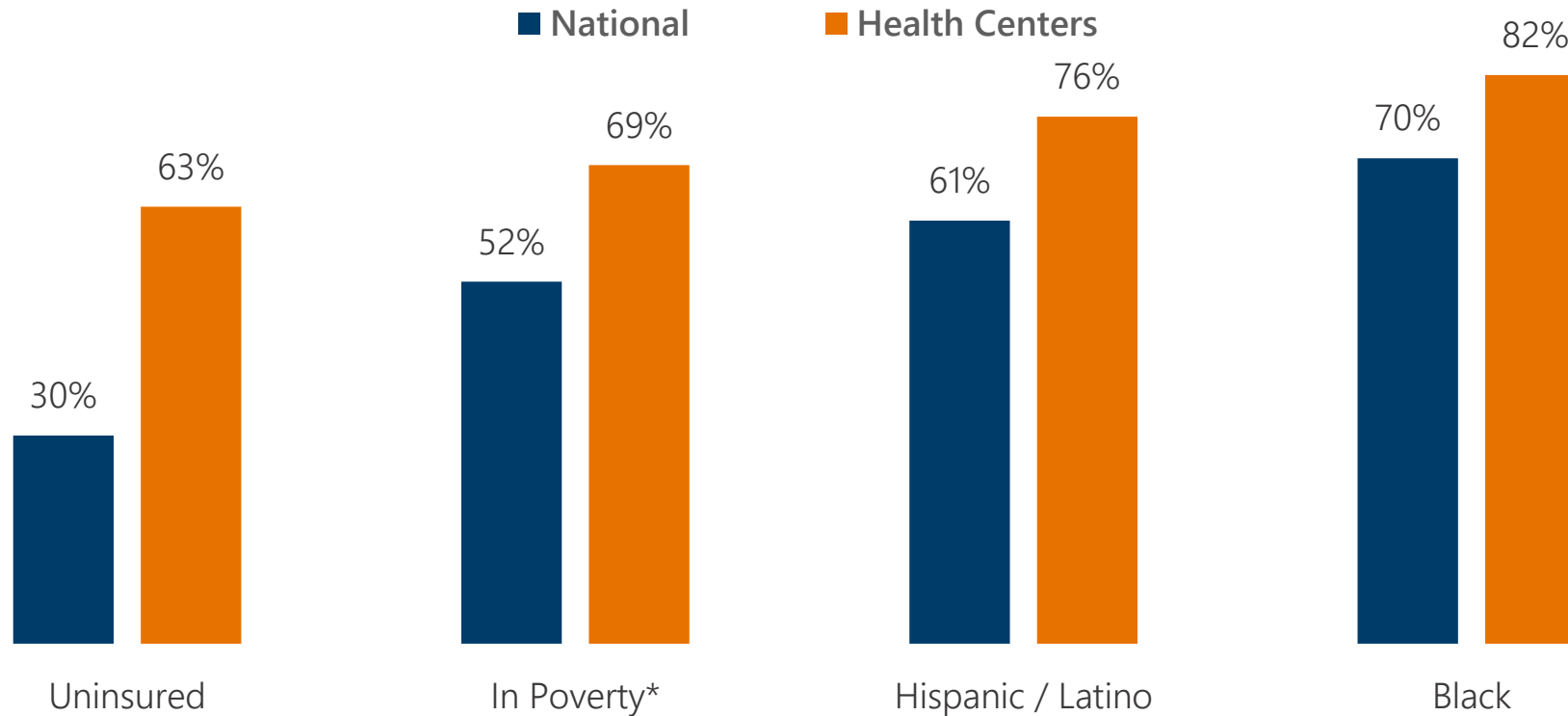
Health Centers Provide More Preventive Services Than Other Primary Care Providers



Sources: (1) 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. (2) Shi L, Lebrun 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. (3) 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. (4) Fontil et al. Management of Hypertension in Primary Care Safety-Net Clinics in the United States: A Comparison of Community Health Centers and Private Physicians' Offices. *Health Services Research*. April 2017. 52:2.

Figure 3-8

Women at Health Centers are More Likely to Receive **Mammograms** Than Their Counterparts Nationally

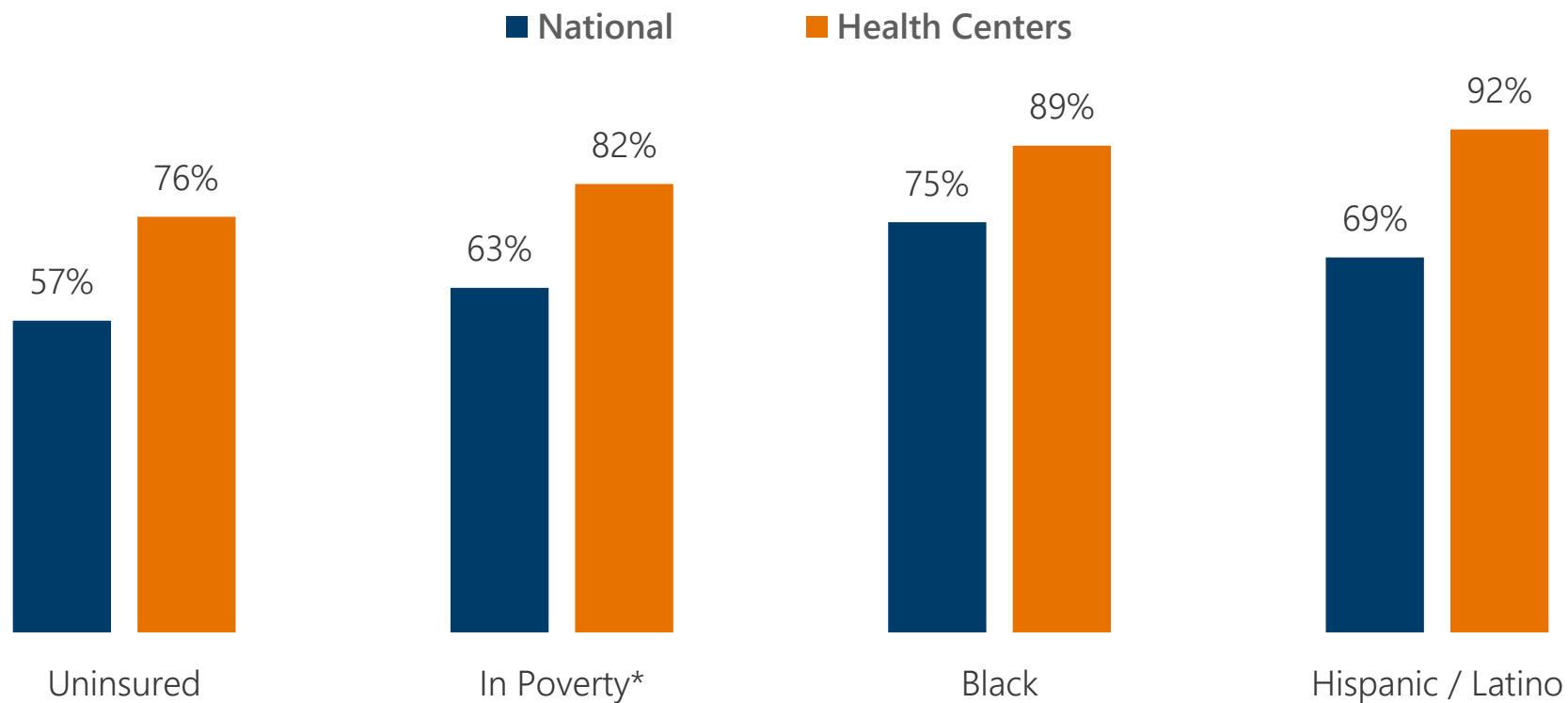


* Includes women below 100% FPL or at 100% FPL and below.

Sources: (1) 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. (2) 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 3-9

Women at Health Centers are More Likely to Receive **Pap Smears** Than Their Counterparts Nationally

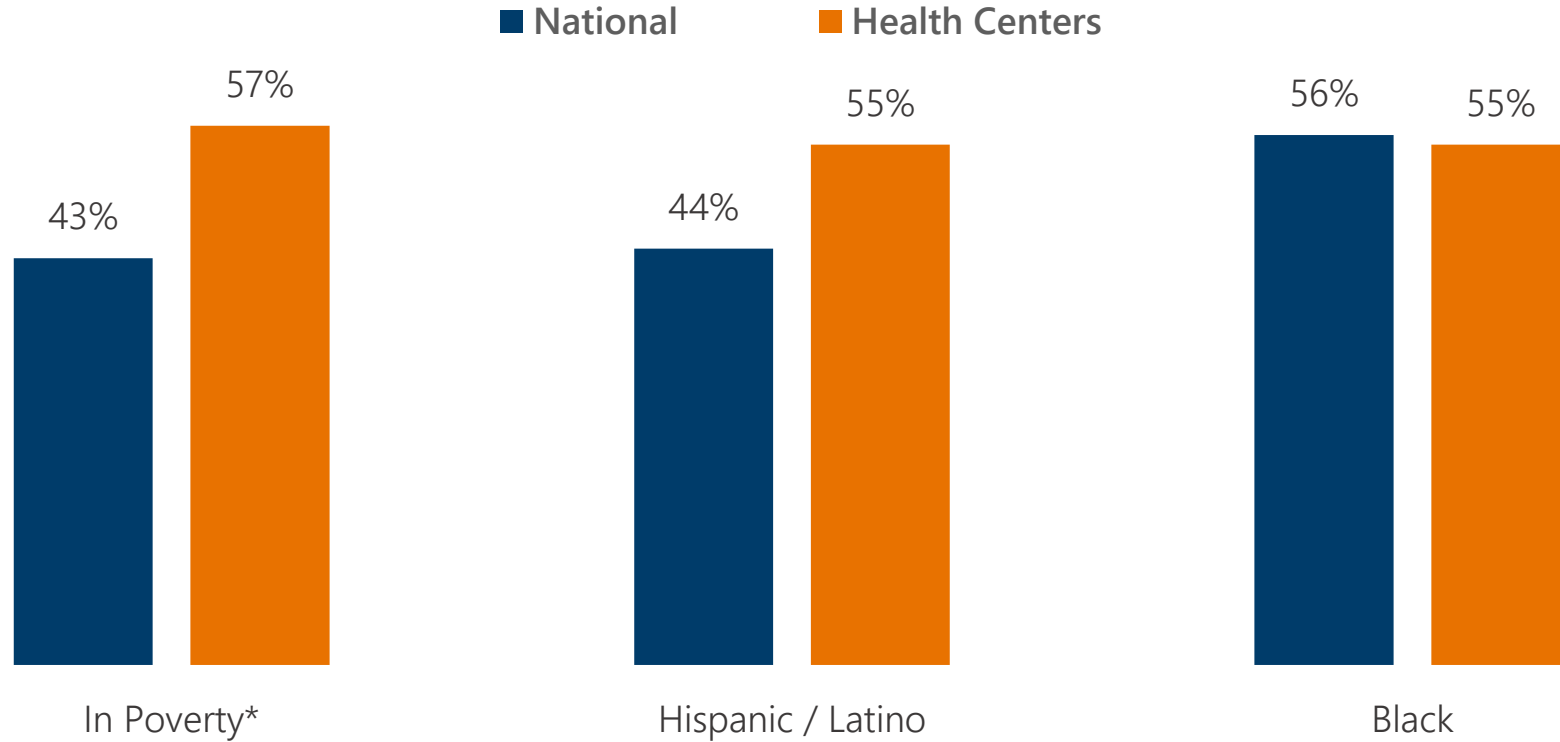


* Includes women below 100% FPL or at 100% FPL and below.

Sources: (1) 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. (2) 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 3-10

Health Center Patients are More Likely to Receive **Colorectal Cancer Screenings** than Their Counterparts Nationally

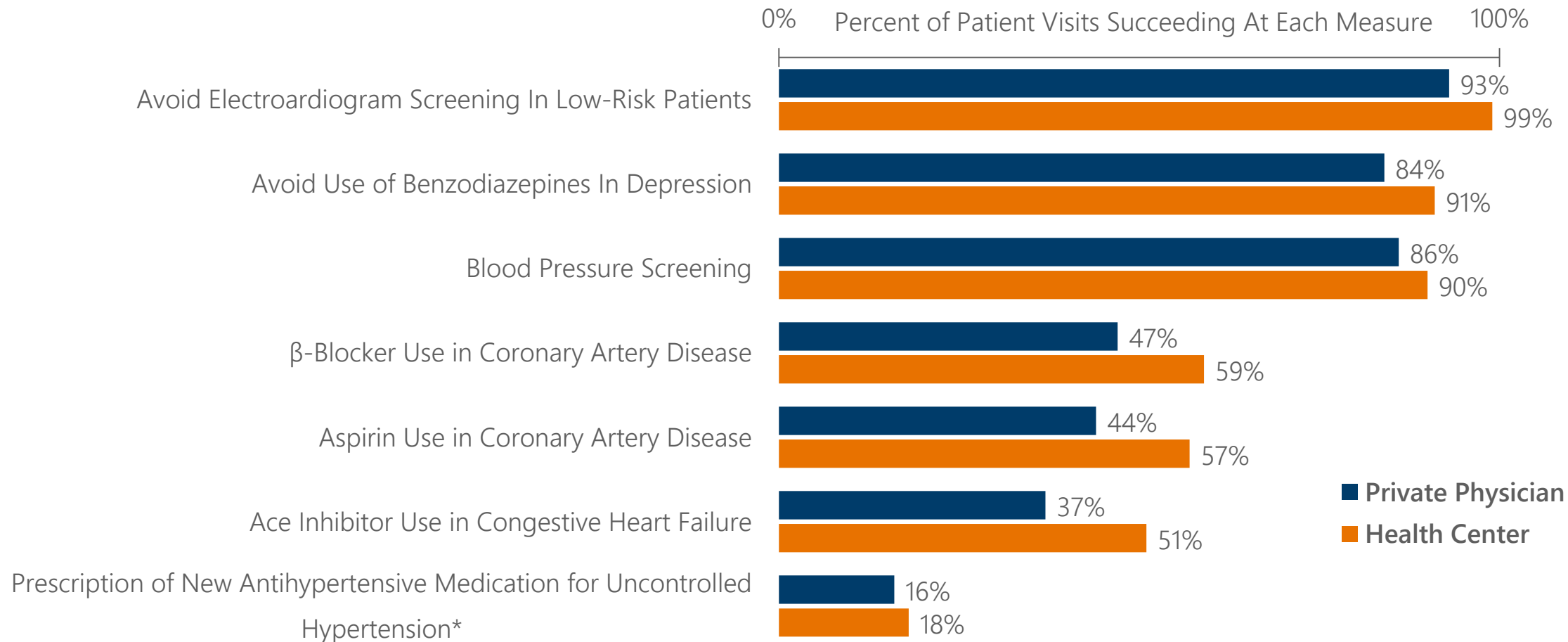


* Includes individuals below 100% FPL or at 100% FPL and below.

Sources: (1) Health Resources and Services Administration, 2014 Health Center Patient Survey. Health Center Patients Aged 50+ Who Ever Had a Colonoscopy. (2) 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 3-11

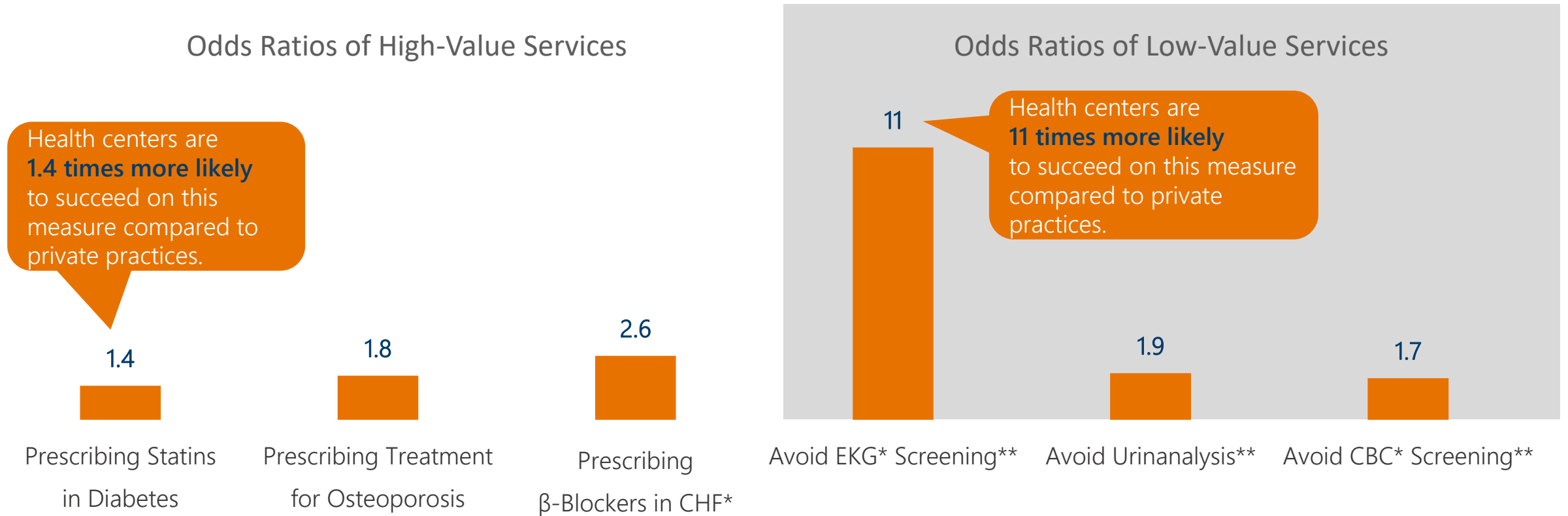
Health Centers Perform Better on Ambulatory Care Quality Measures Than Private Practice Physicians



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 3-12

Health Centers Provide More Value-Driven Care Compared to Private Practices



* Definitions: CHF = congestive heart failure; EKG = electrocardiogram; CBC = complete blood counts

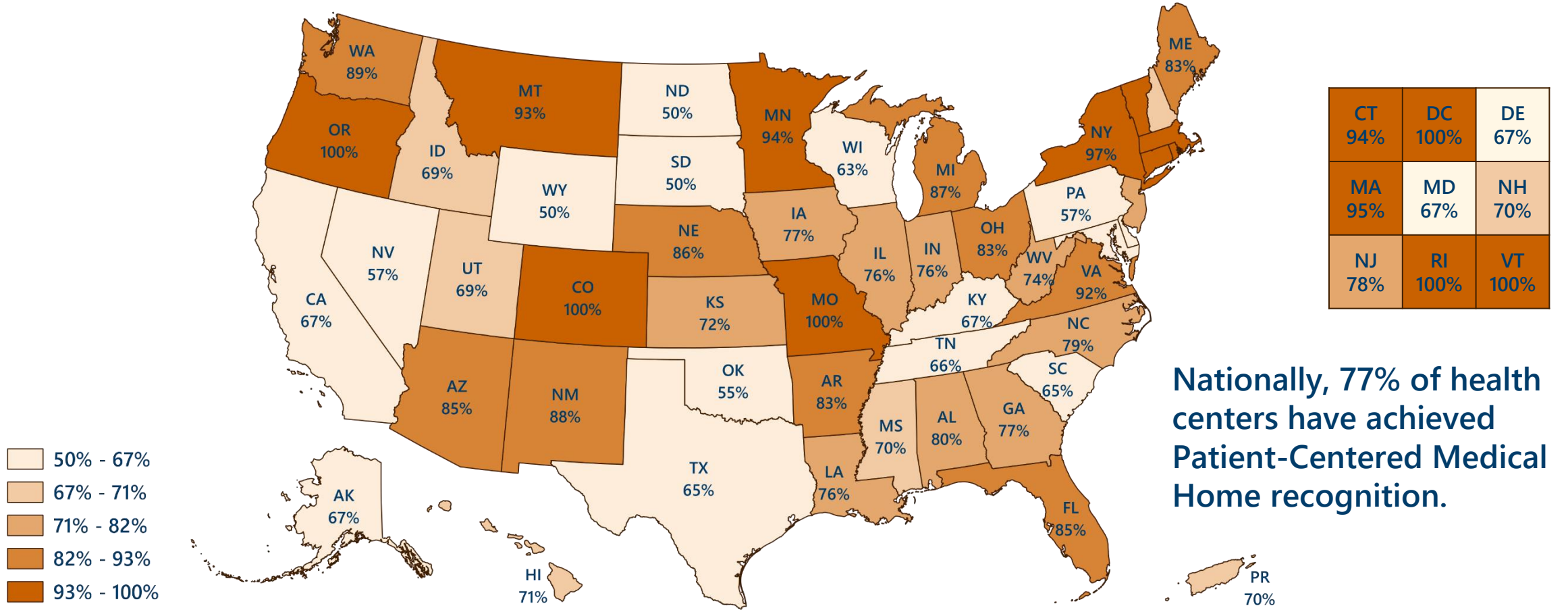
** In the absence of symptoms during a general medical exam.

Note: Health centers also had 41% lower odds of prescribing antibiotics for an upper respiratory infection, a measure of low-value care (not shown).

Source: Oronice, C.I.A. & Fortuna, C.J. Differences in Rates of High-Value and Low-Value Care Between Community Health Centers and Private Practices. Journal of General Internal Medicine. 2019. Available from <https://link.springer.com/article/10.1007/s11606-019-05544-z>.

Figure 3-13

Percent of Health Centers with Patient-Centered Medical Home Recognition, July 2019



Notes: National figure includes all 1,362 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.
 Source: Communication with the Bureau of Primary Health Care, HRSA, DHHS, October 7, 2019.

Section 4

Cost-Effective Care

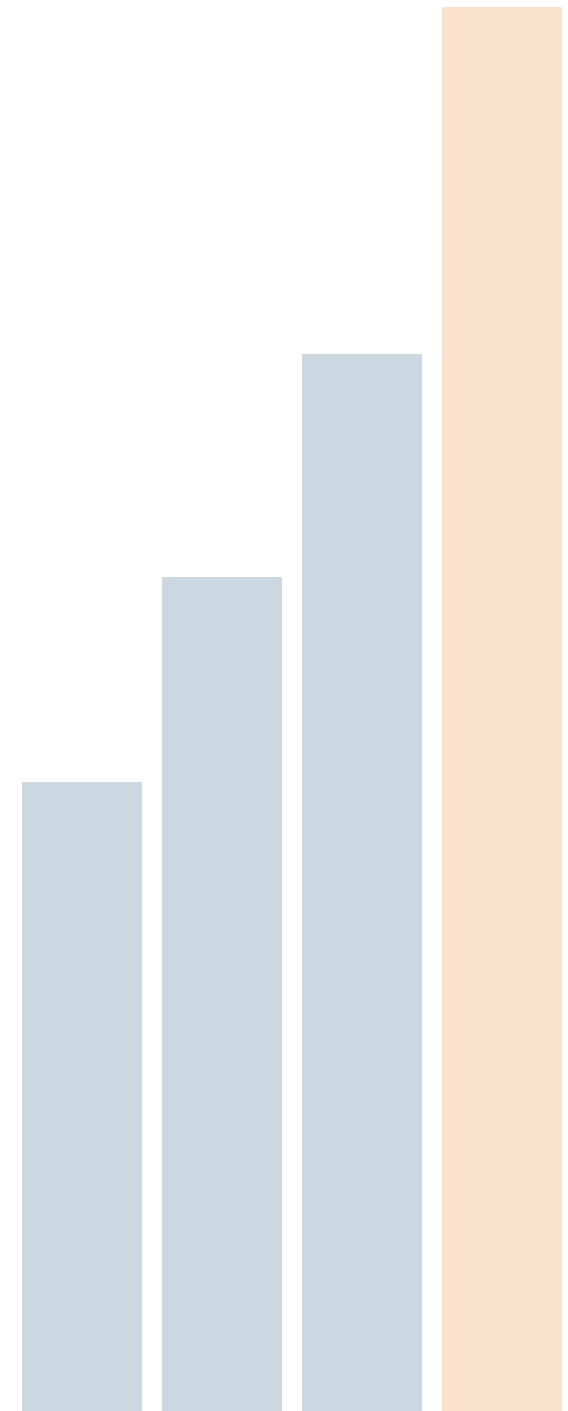


Figure 4-1

Health Centers are Increasingly Participating in New Payment and Delivery System Models

Percent of Health Centers Reporting that Their Organization:

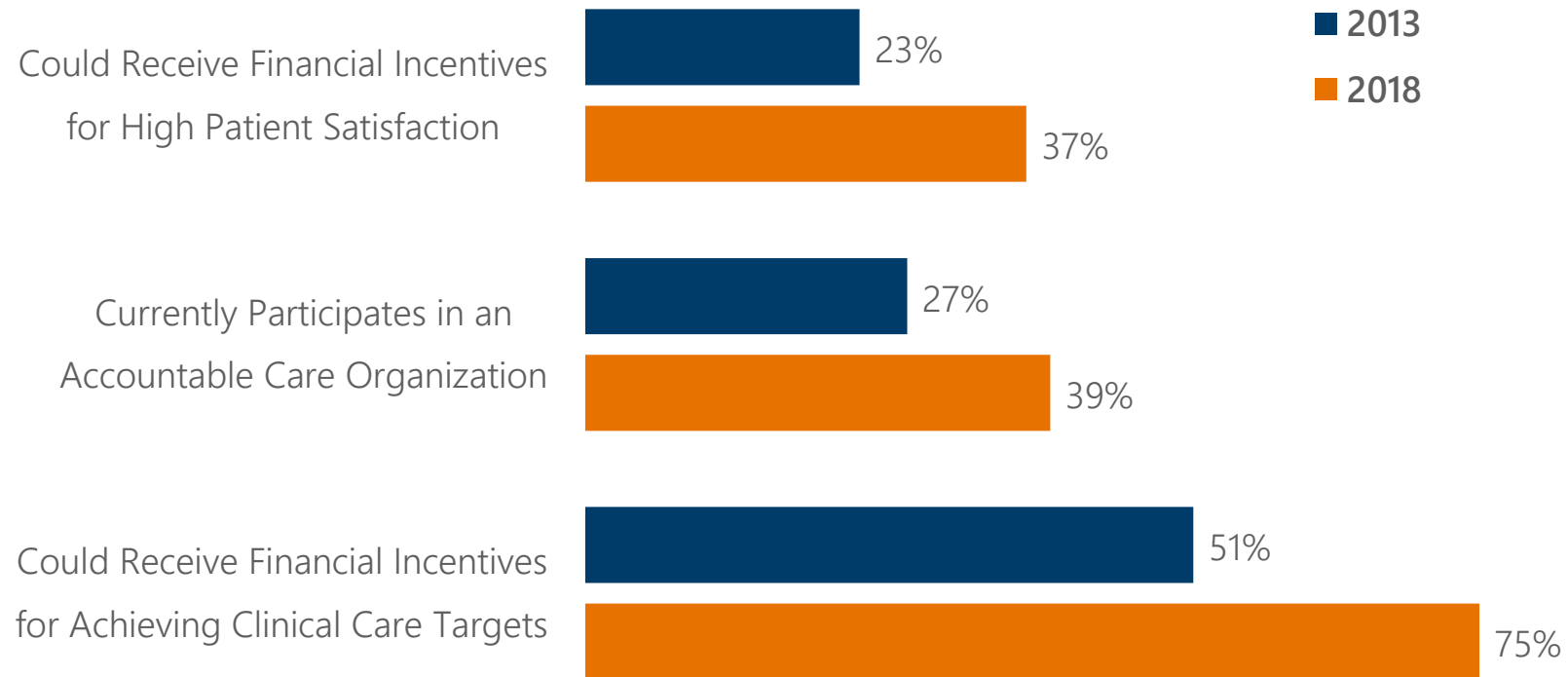
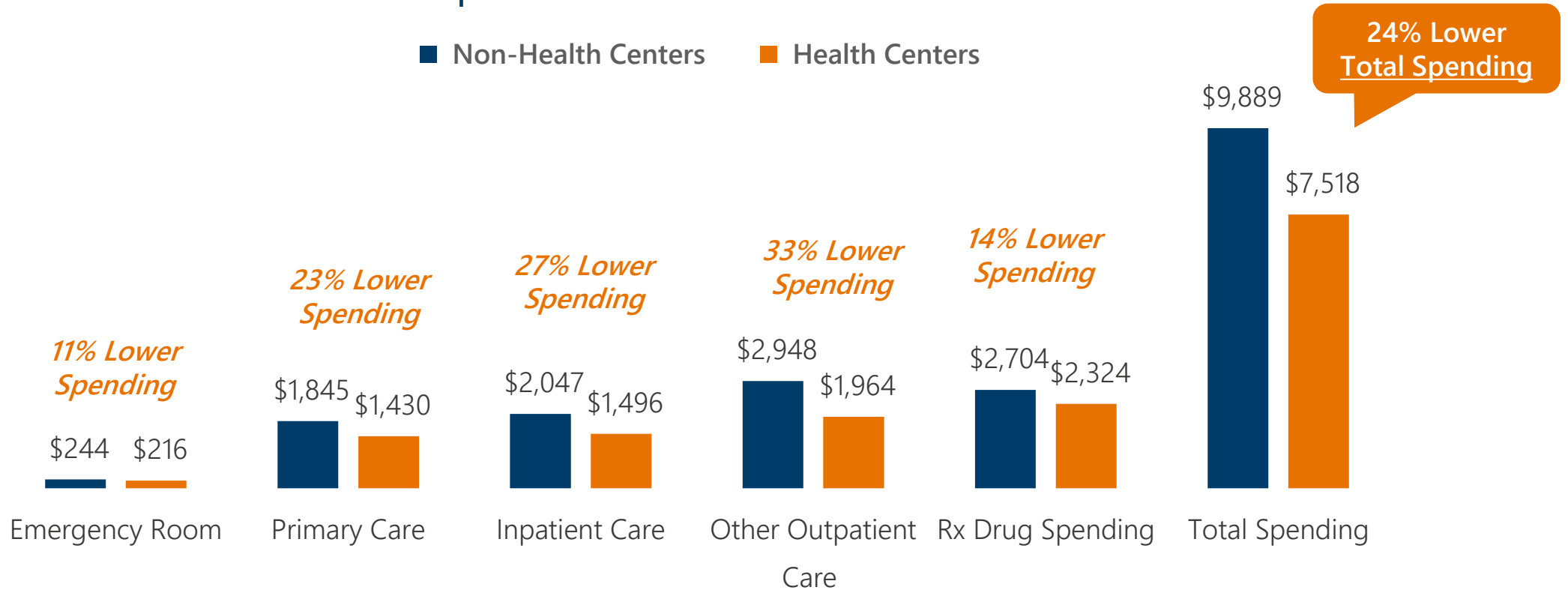


Figure 4-2

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

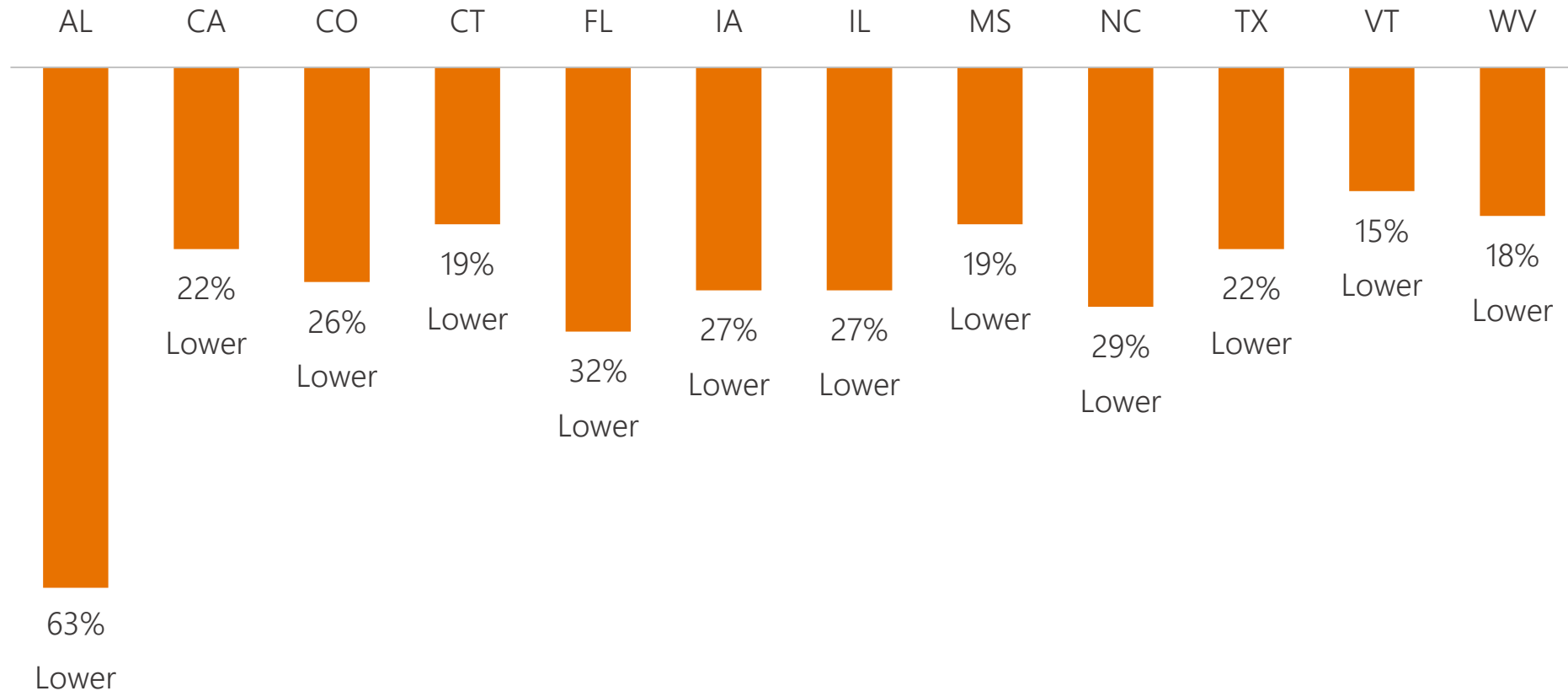


Note: Non-health centers include private physician offices and outpatient clinics.

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 4-3

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

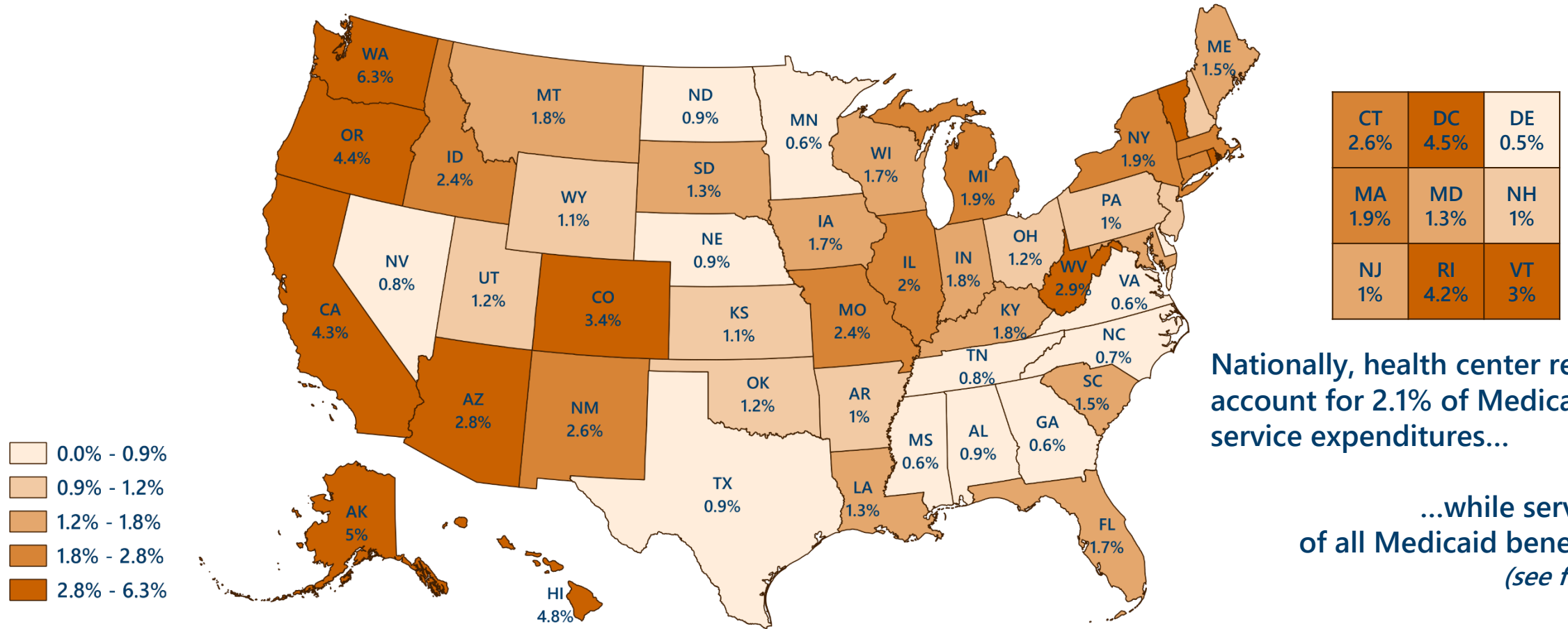


Notes: Other Providers (or “non-health centers”) include private physician offices and outpatient clinics. MT was included in the national-level analyses but did not have a large enough sample size to be included in the adjusted state-level analyses.

Source: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. AJP. November 2016. 106(11): 1981-1989.

Figure 4-4

Health Center Medicaid Revenues as a Percent Of Total Medicaid Expenditures



Nationally, health center revenues account for 2.1% of Medicaid service expenditures...

...while serving 19% of all Medicaid beneficiaries.
(see figure 2-7)

Note: Medicaid expenditures do not include administrative costs, accounting adjustments or U.S. territories. National figure only includes health centers in the 50 states and DC. Binned by quintile for the 50 states and DC.

Sources: NACHC analysis of (1) 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. (2) Kaiser Family Foundation. Total Medicaid Spending FY 2018. State Health Facts.

Figure 4-5

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

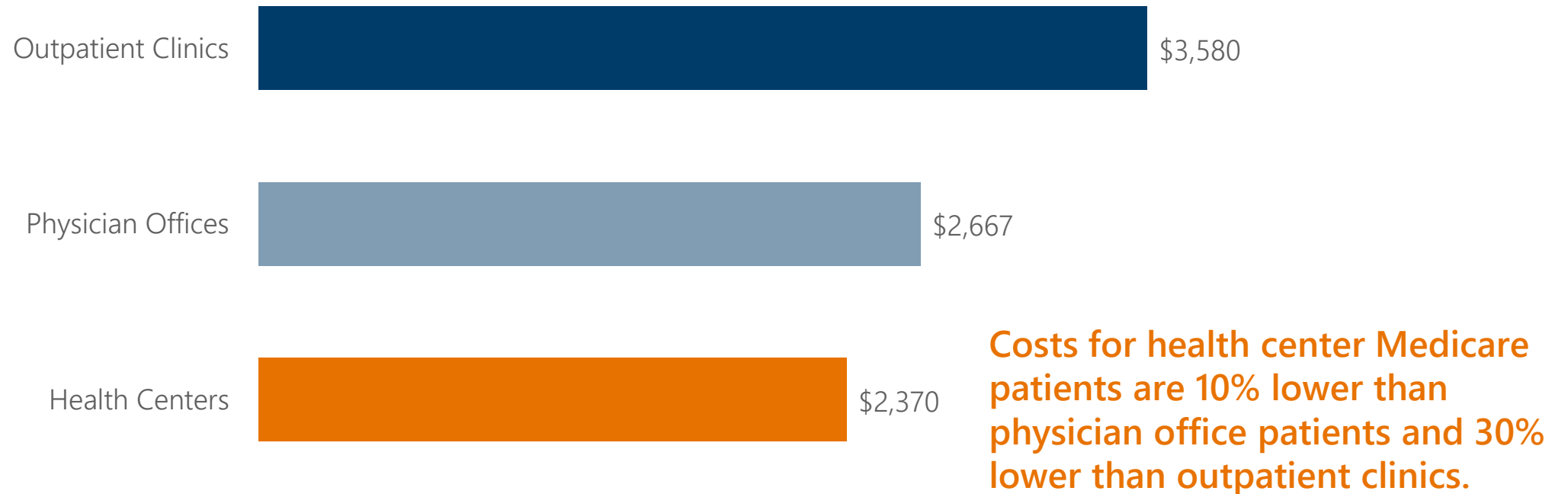
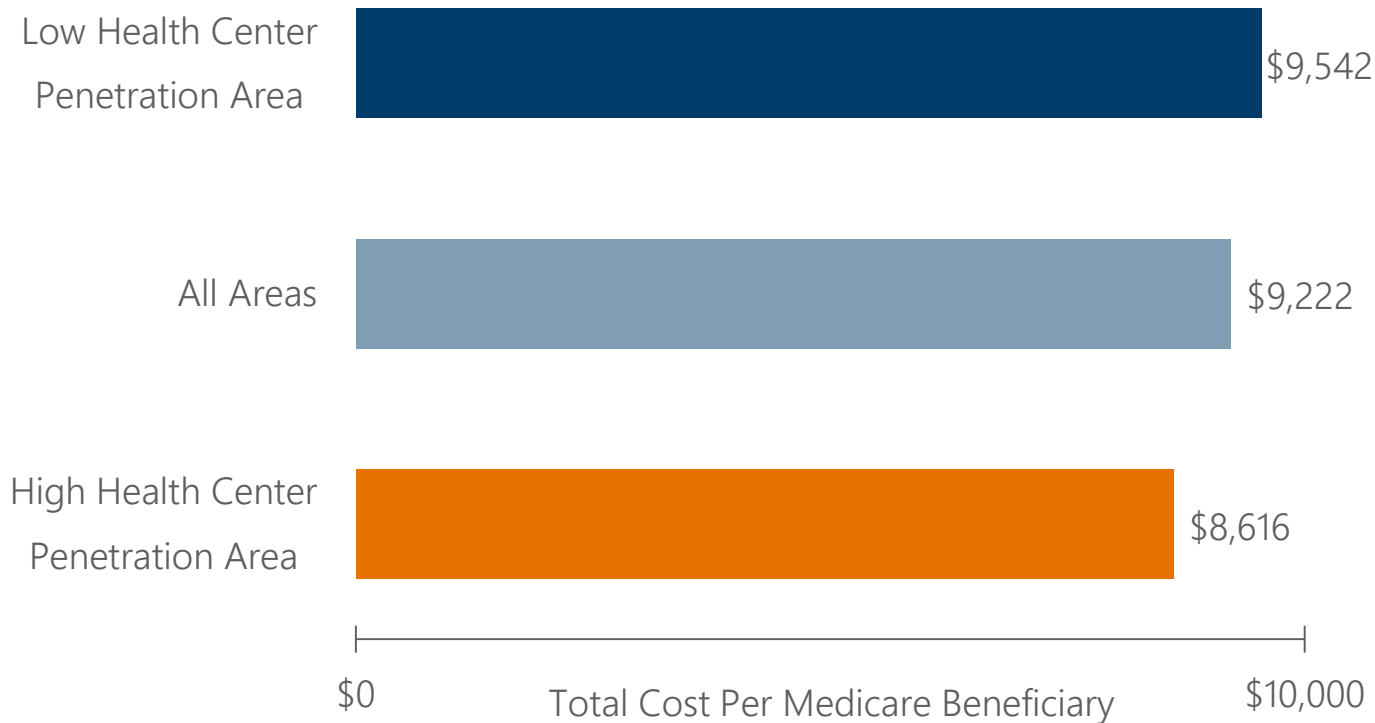


Figure 4-6

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



Areas with high health center penetration have 10% (\$926) lower Medicare spending per beneficiary.

Note: High health center penetration corresponds to a 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 and Medicaid Research Review. 2014; 4(3):E1-E17.58.

Figure 4-7

Health Centers Save 35% Per **Child** Compared to Other Providers

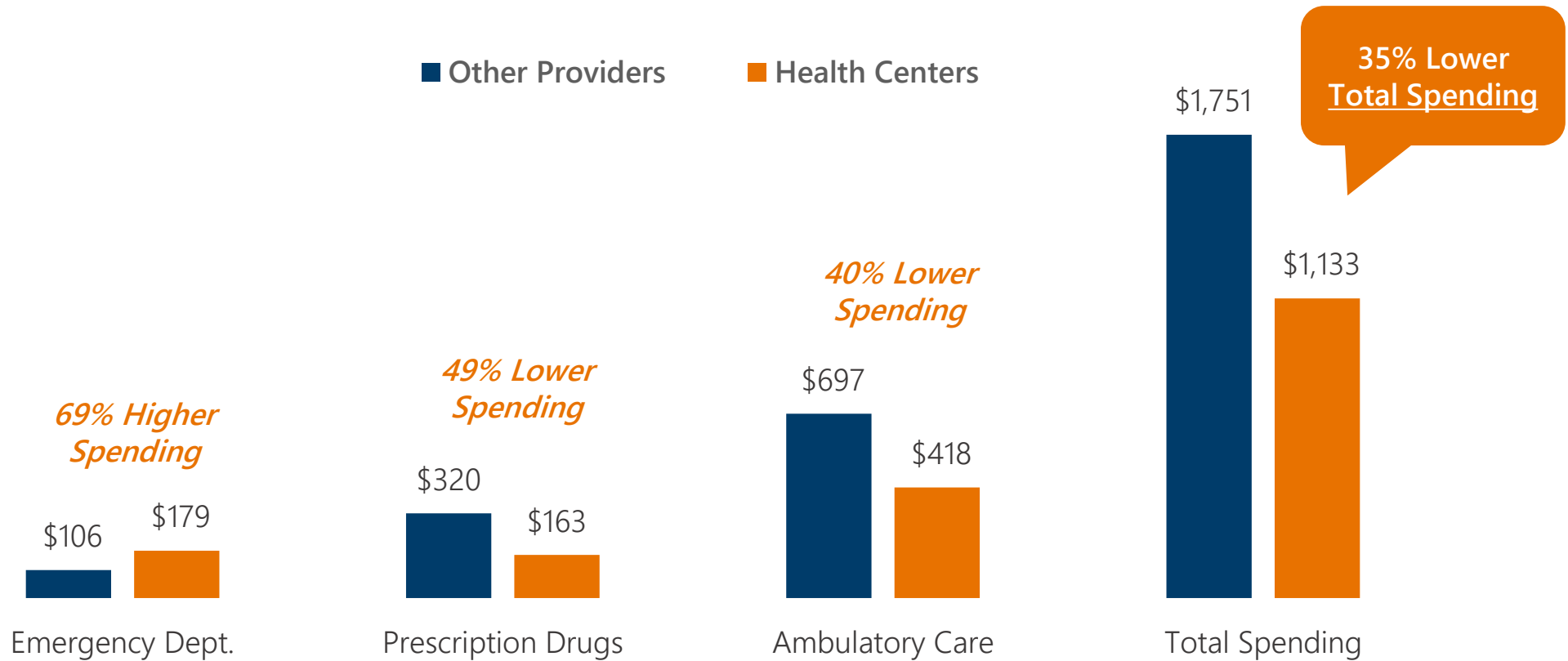


Figure 4-8

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

Total Health Expenditures Per Patient Per Year

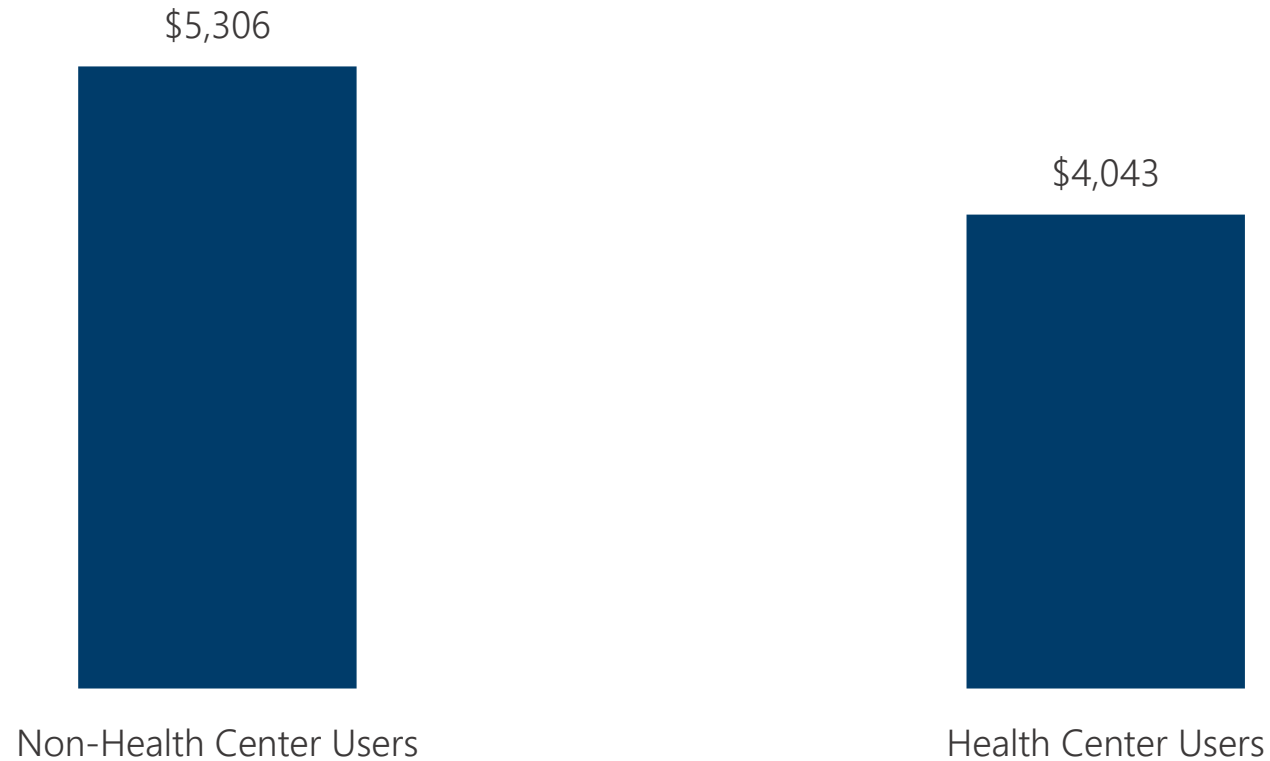
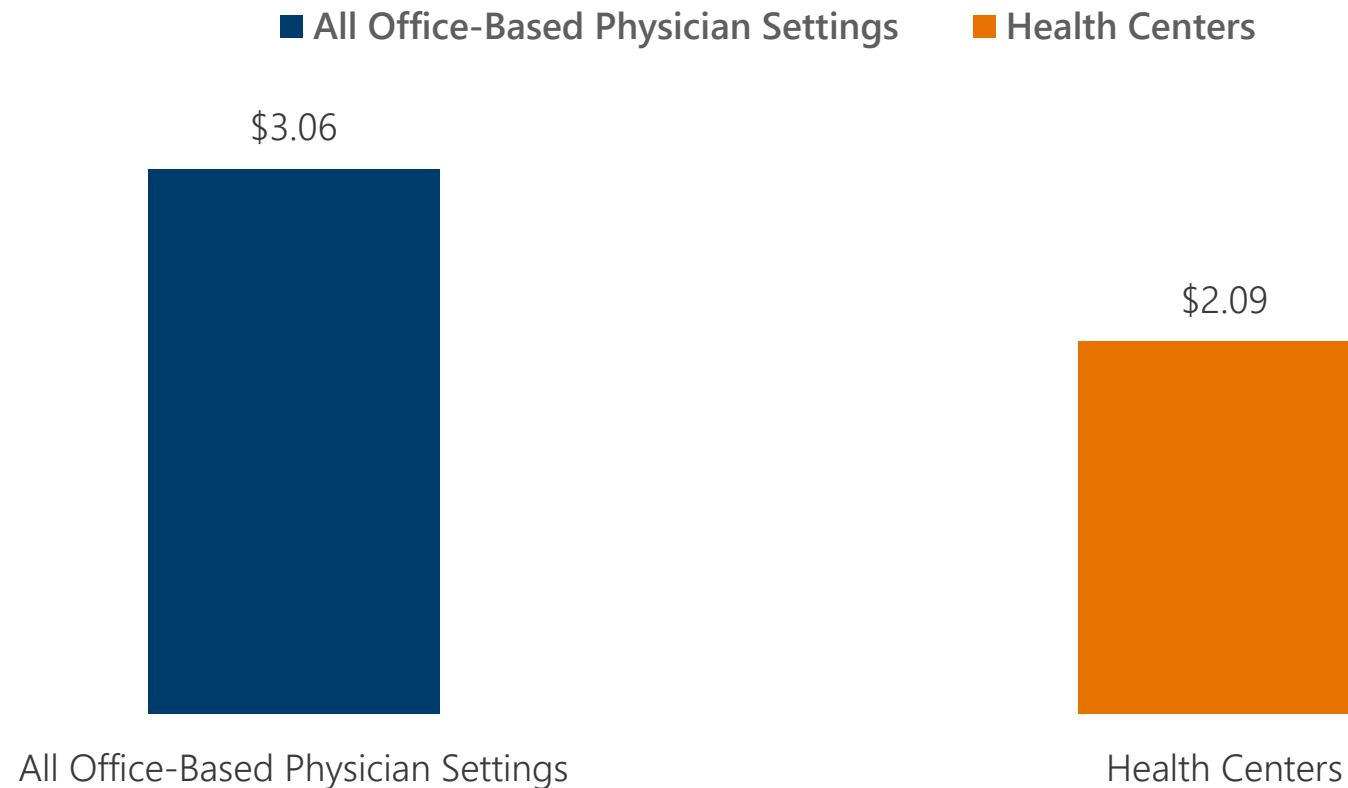


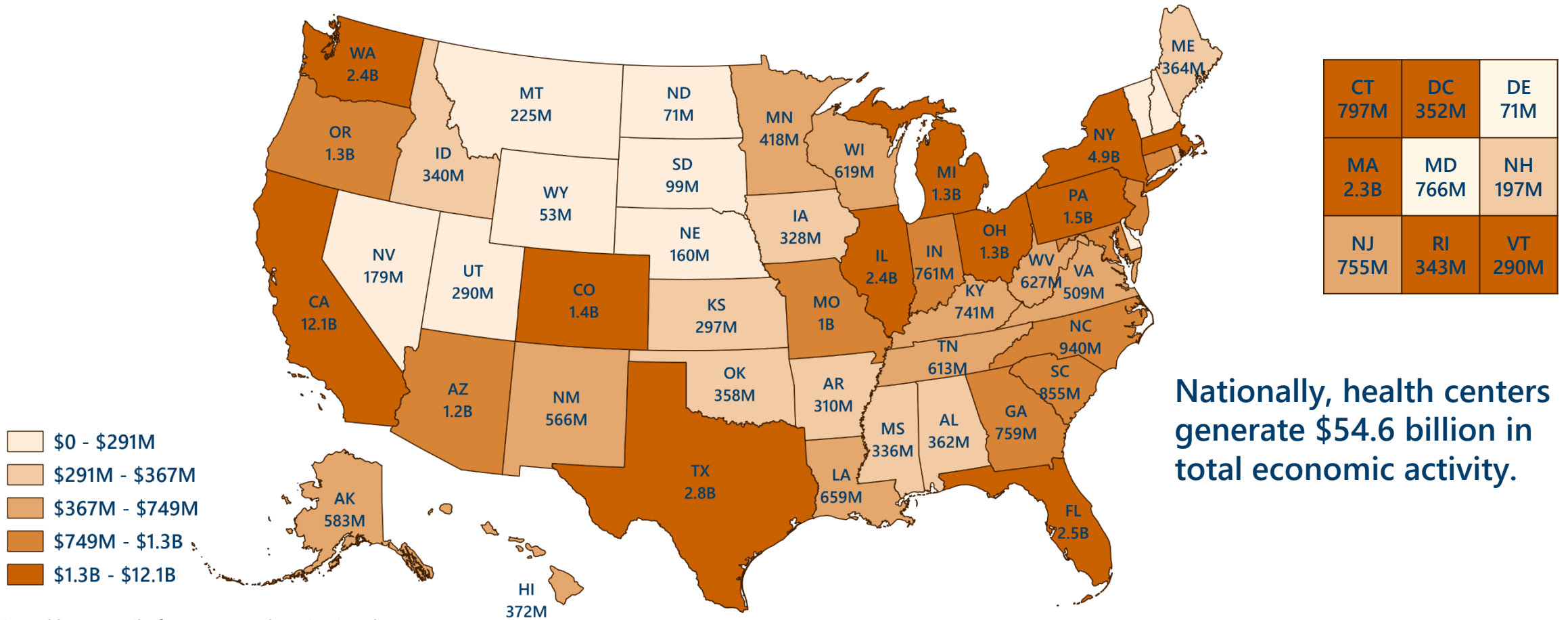
Figure 4-9

Health Centers' Average Daily Cost Per Patient is Lower than Other Physician Settings



Health Centers are Economic Drivers by Promoting Growth In Local and State Economies

Total Annual Economic Impact from Health Centers (M/B = Millions/Billions of Dollars)



Note: Binned by quantile for states and territories shown.

Source: Leavitt Partners in collaboration with NACHC. Based on Bureau of Economic Analysis RIMS II Industry-Specific Multipliers for Ambulatory Health Care Services. December 2018. Note: See also "Community Health Centers as Economic Drivers." NACHC, 2019. Available from <http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/>.

Section 5

Health Center Services and Staffing

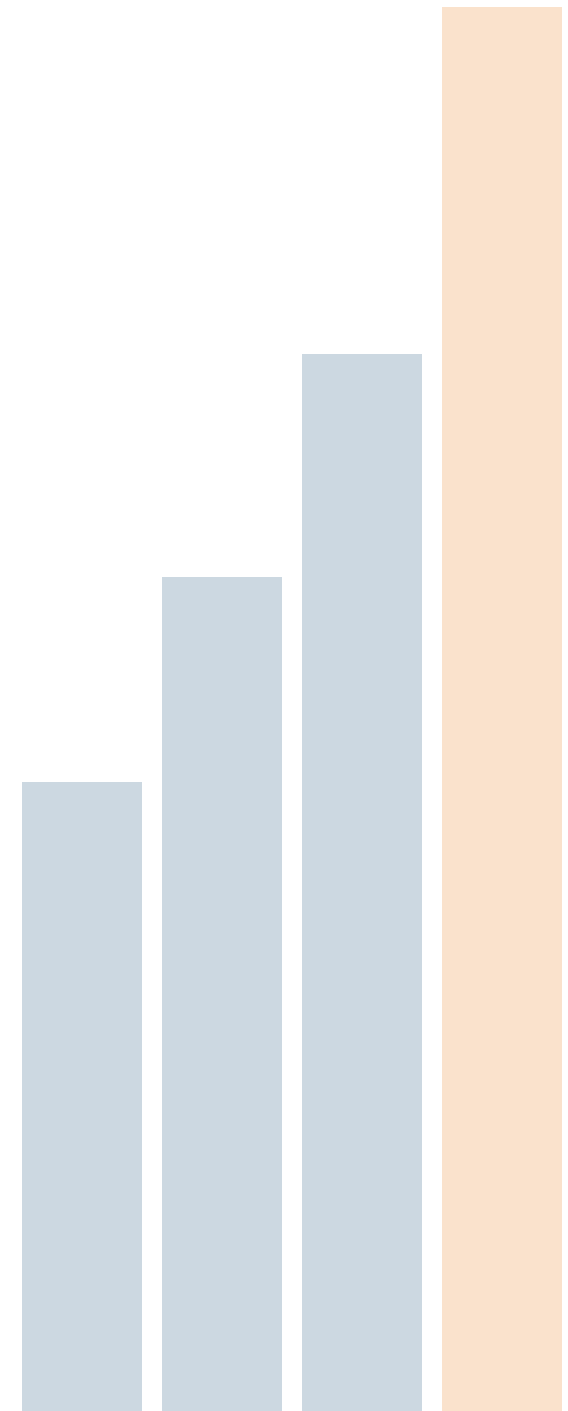
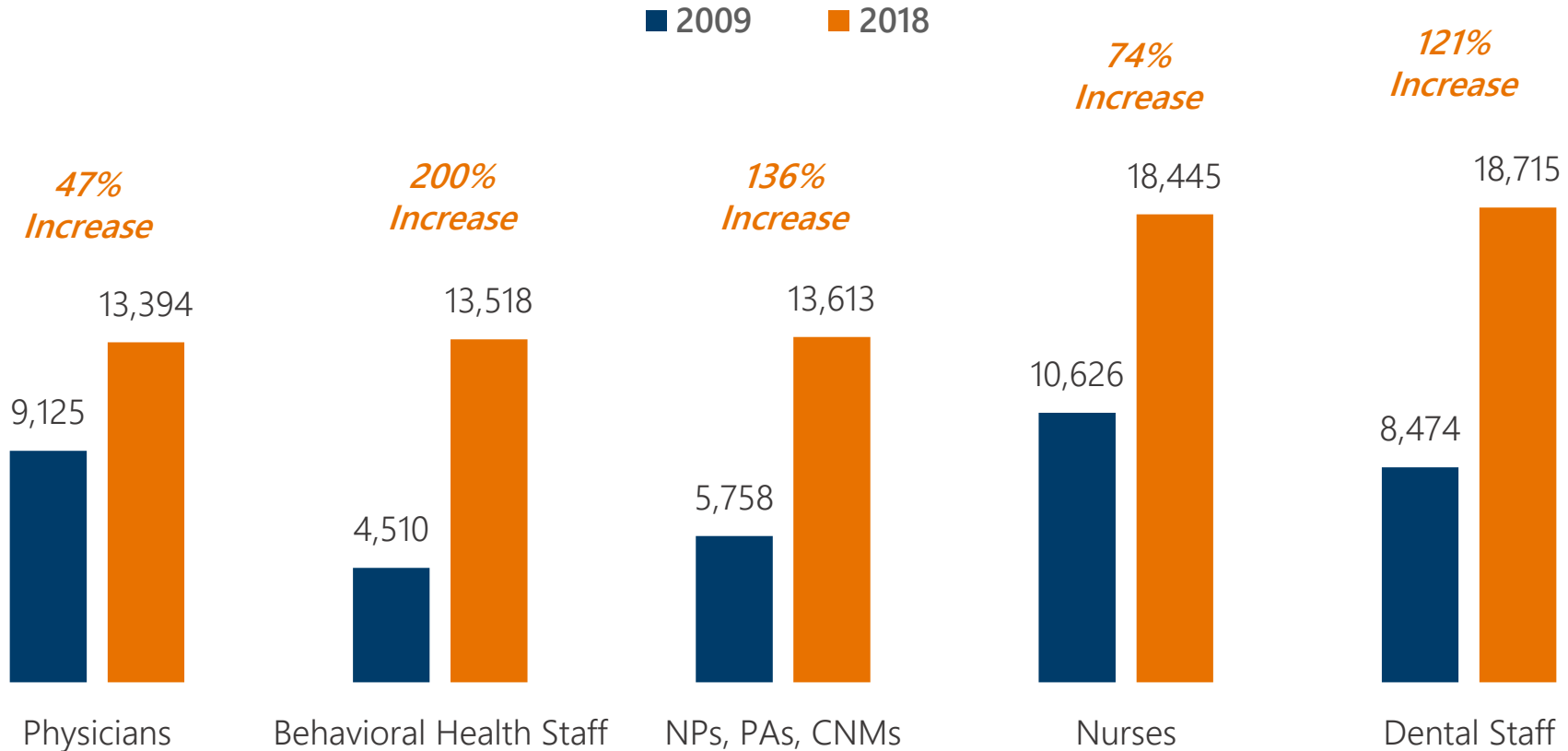


Figure 5-1

Growth in Health Center Clinical Staff, 2009 – 2018

In Full-Time Equivalent

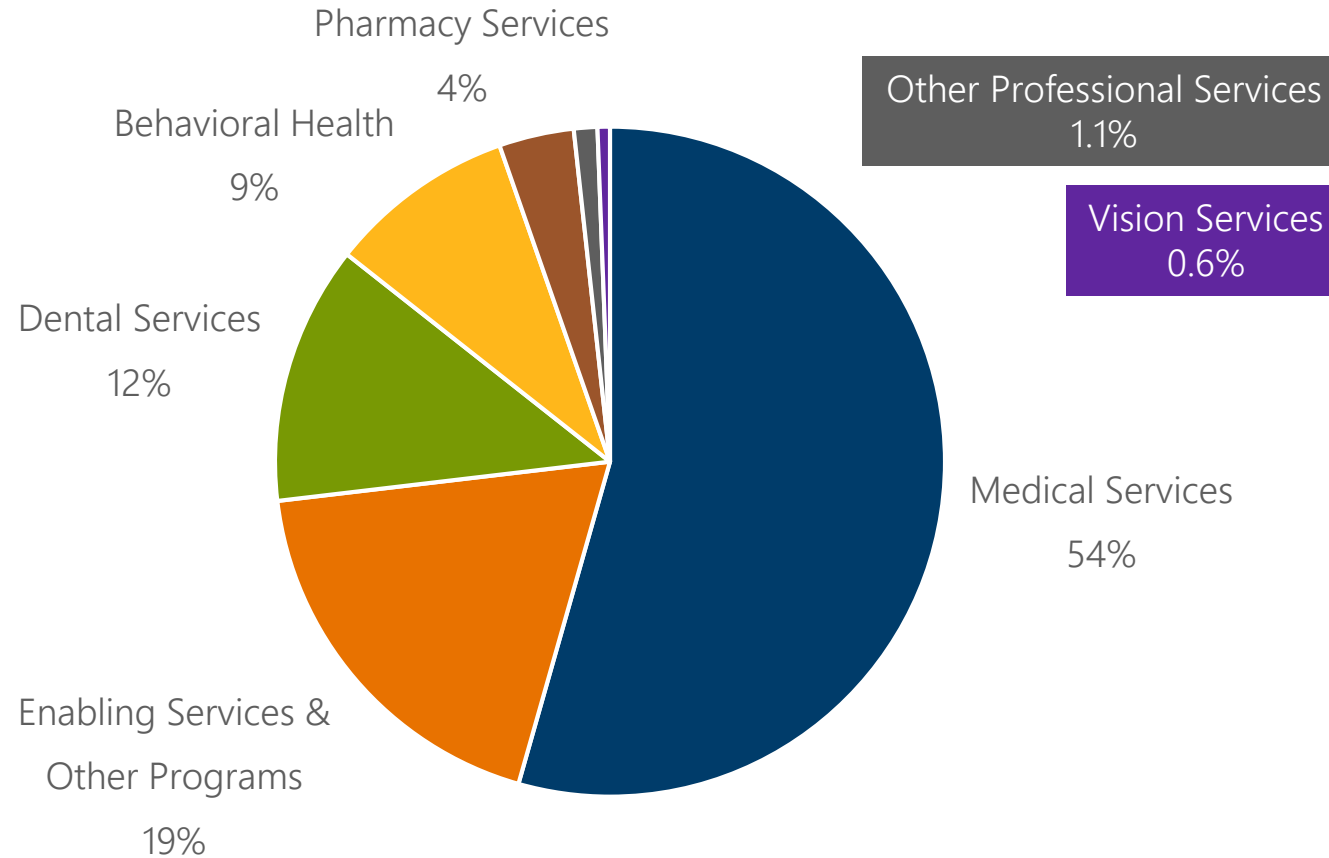


Notes: NP, PA, CNM stand for Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, respectively. Behavioral health staff includes mental health and substance abuse staff.
Source: 2009 & 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS

Figure 5-2

Health Center Care Team Staff Provide a Broad Array of Services

Total Care Team: 149,755 Full-Time Equivalent (FTE)

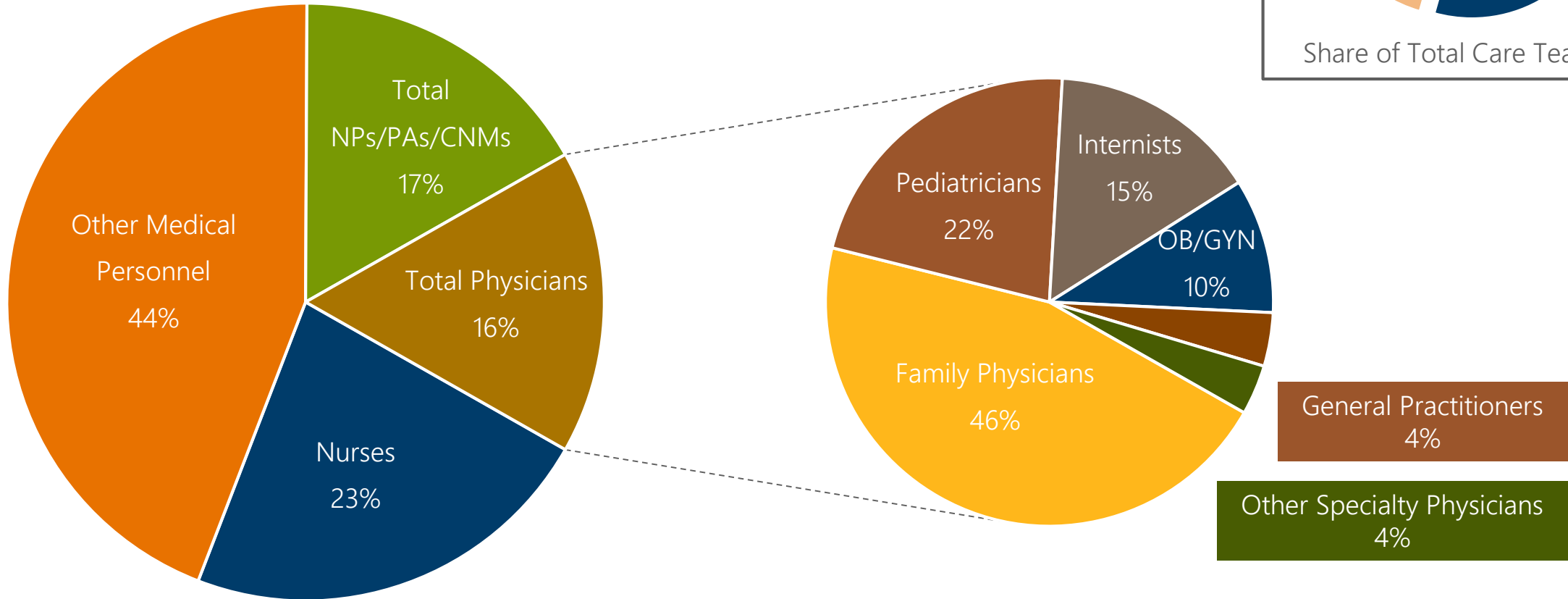
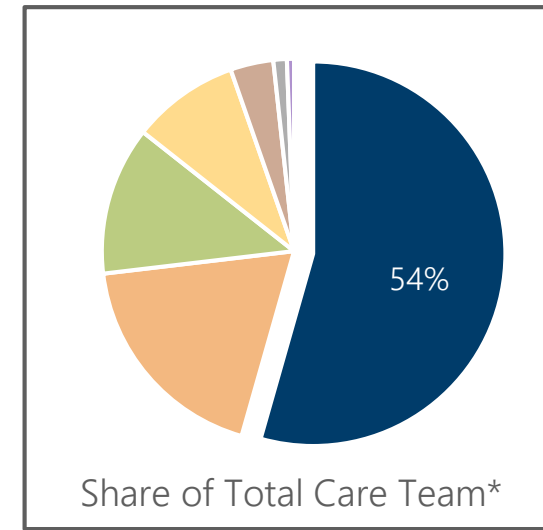


Note: Percentages may not add to 100% due to rounding.
Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-3

Health Center Medical Services Staff, 2018

Total Medical Team: 81,477 Full-Time Equivalent



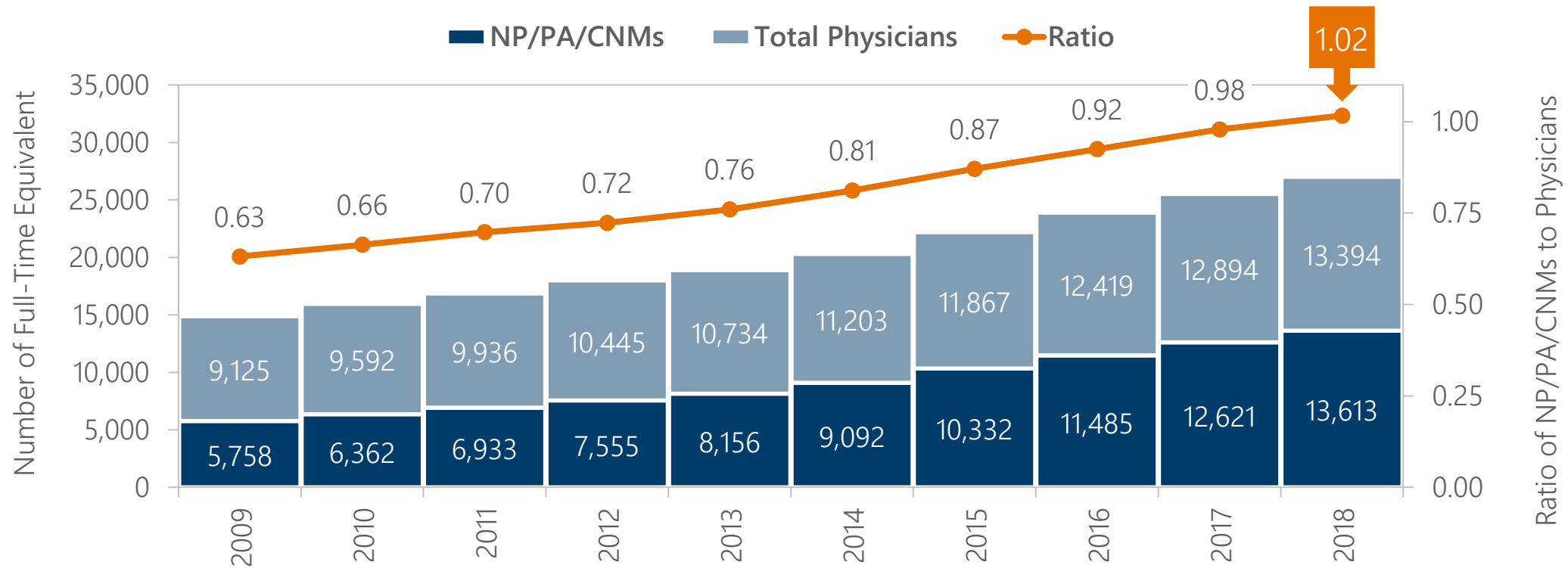
* Total Care Team is shown in Figure 5-2.

Notes: 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: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-4

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



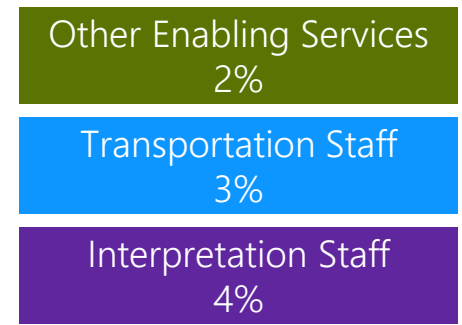
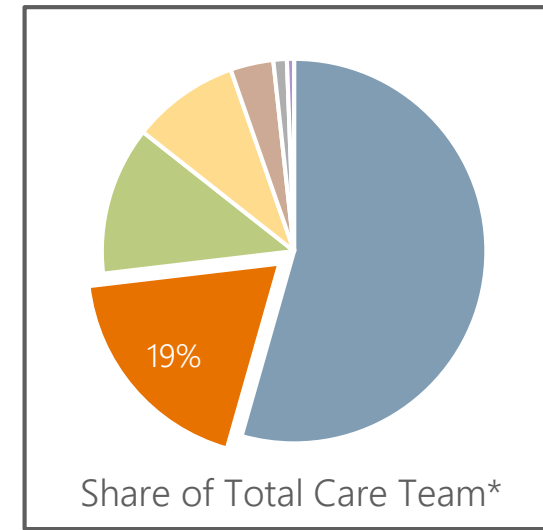
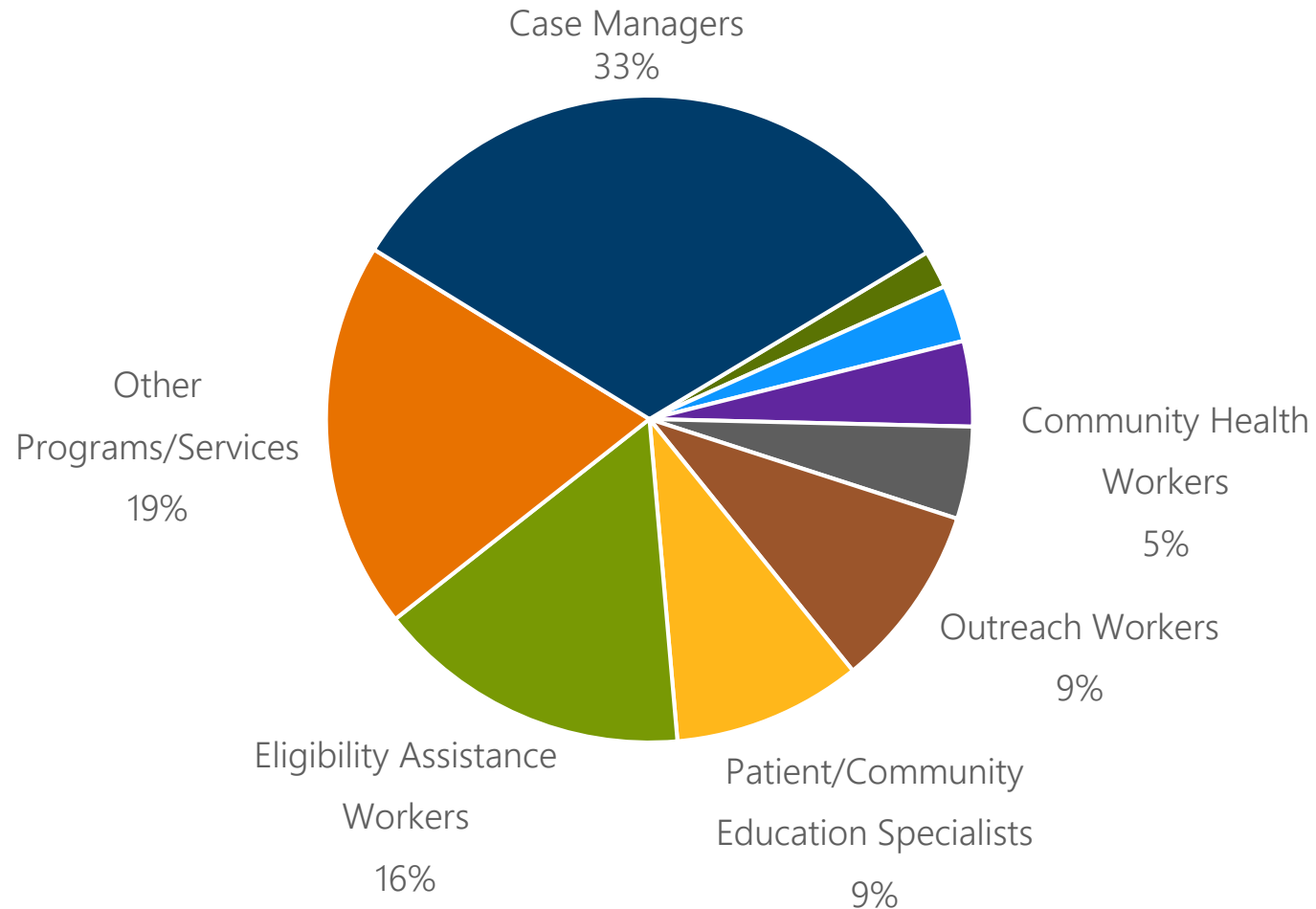
As of 2018, health centers employed more NP/PA/CNMs than physicians.

Notes: NP, PA, and CNM stand for Nurse Practitioner, Physician Assistant, and Certified Nurse Midwife, respectively.
Source: 2009 - 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-5

Health Center Enabling Services & Other Programs Staff, 2018

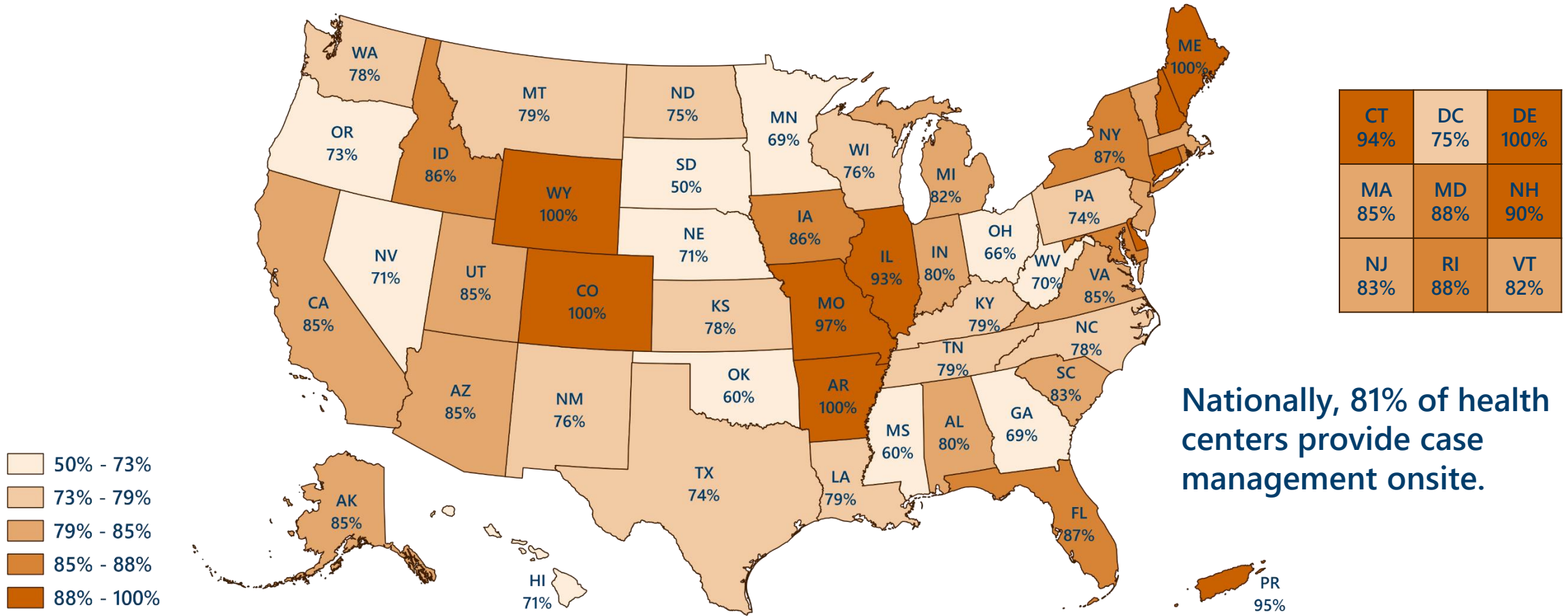
Total: 28,036 Full-Time Equivalent



* Total Care Team is shown in Figure 5-2.
Note: Percentages may not add to 100% due to rounding.
Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-6

Percent of Health Centers Offering Case Management Services Onsite, 2018



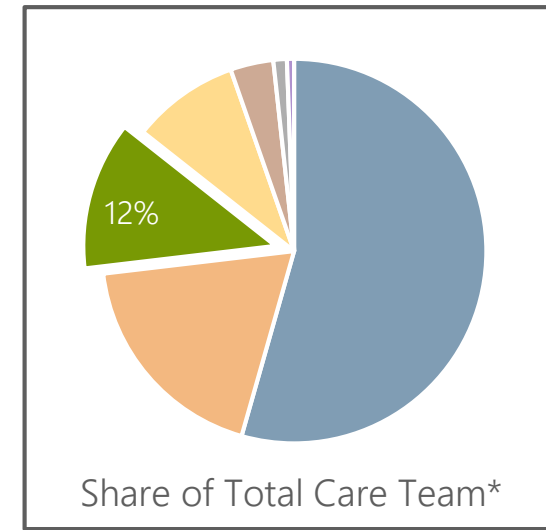
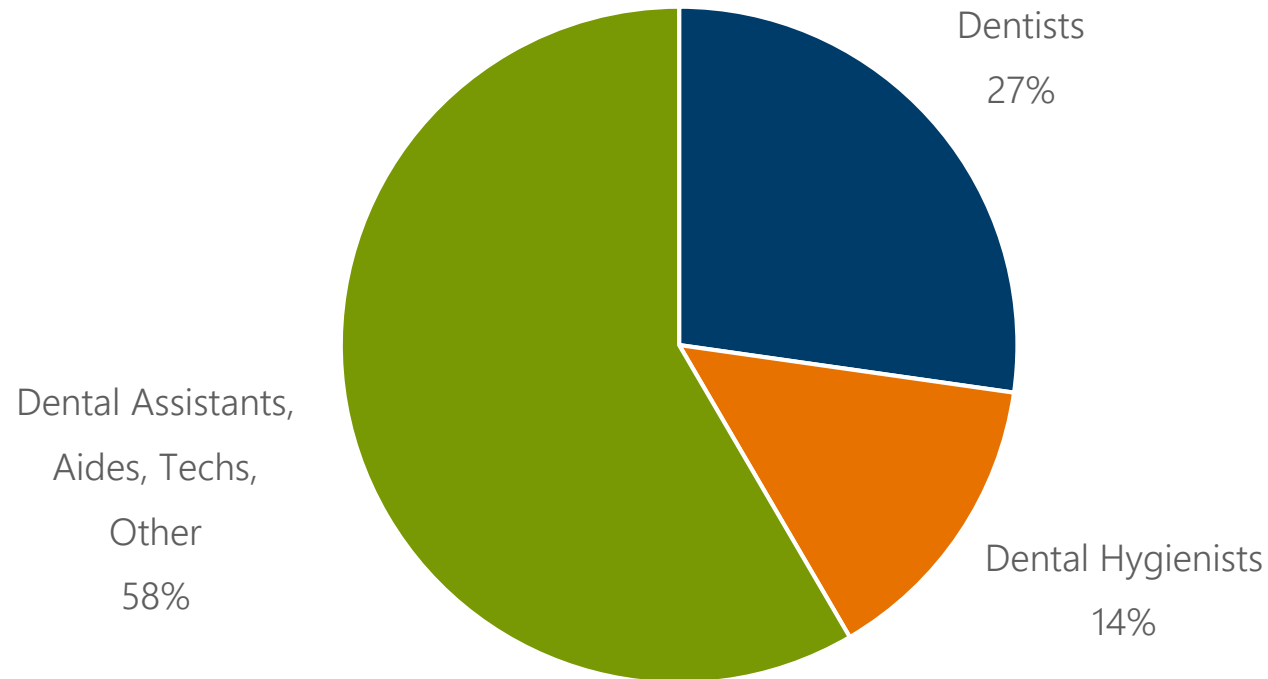
Notes: National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above. Binned by quantile for states and territories shown. Based on the number of health centers employing more than 0 full-time equivalent case management staff.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-7

Health Center Dental Staff, 2018

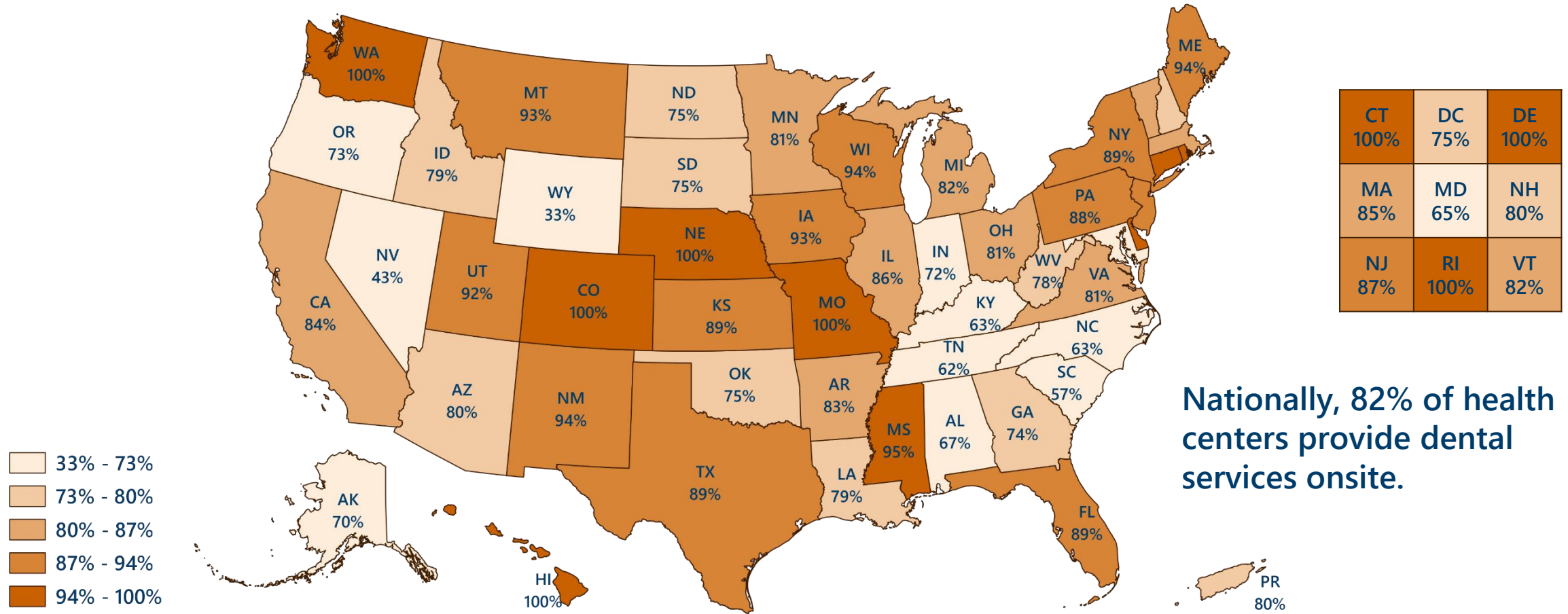
Total: 18,715 Full-Time Equivalent



* Total Care Team is shown in Figure 5-2.
Note: Percentages may not add to 100% due to rounding.
Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-8

Percent of Health Centers Offering Dental Services Onsite, 2018

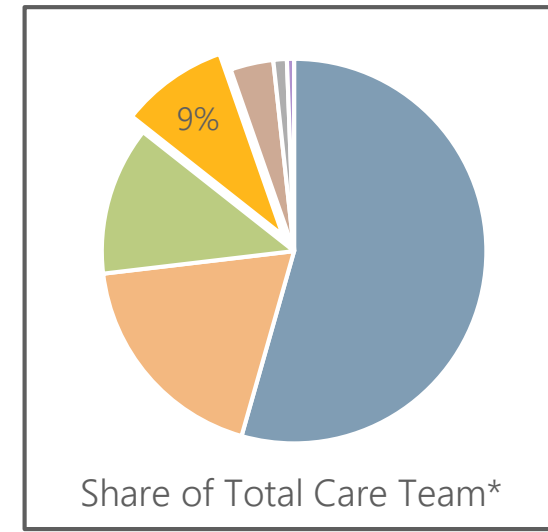
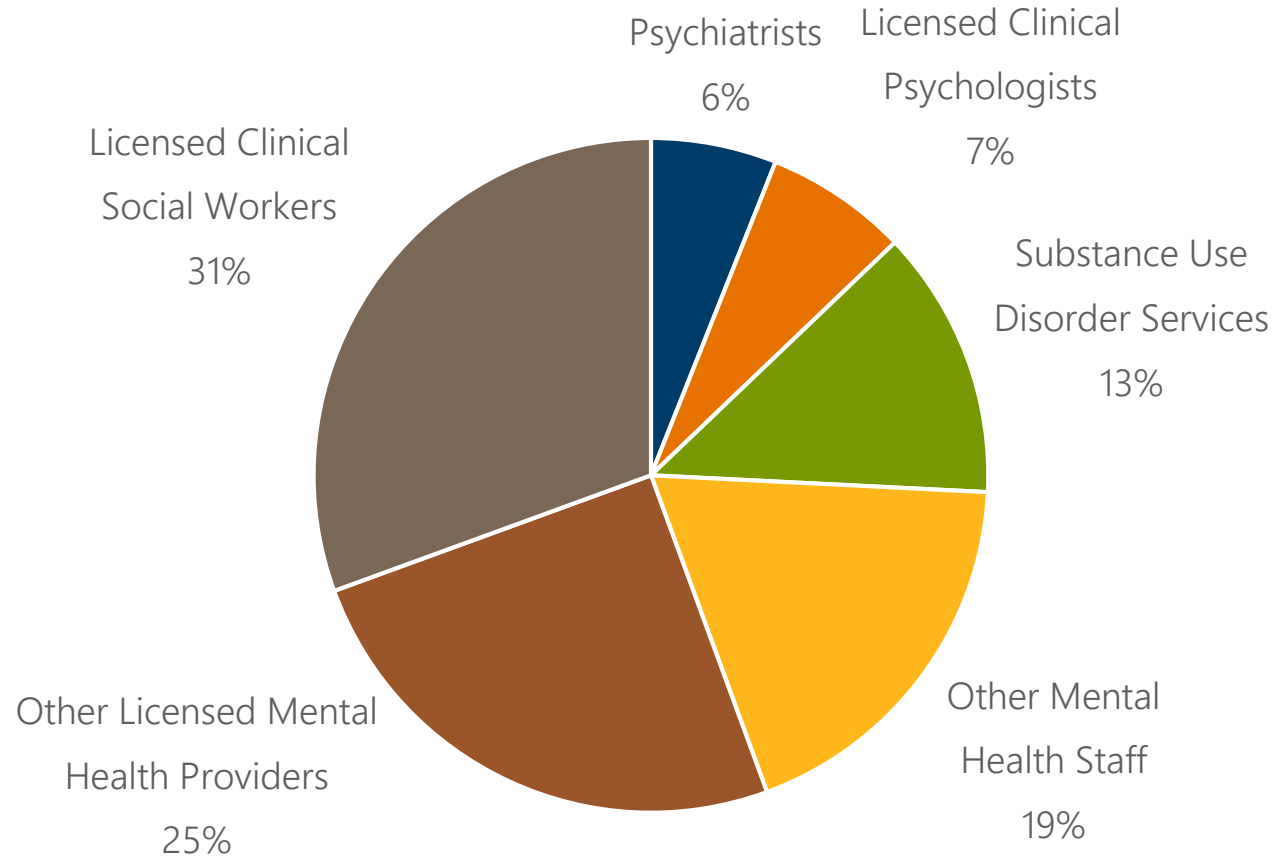


Notes: National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above. Binned by quantile for states and territories shown. Based on the number of health centers employing more than 0 full-time equivalent dental staff.
 Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-9

Health Center Behavioral Health Staff, 2018

Total: 13,518 Full-Time Equivalent



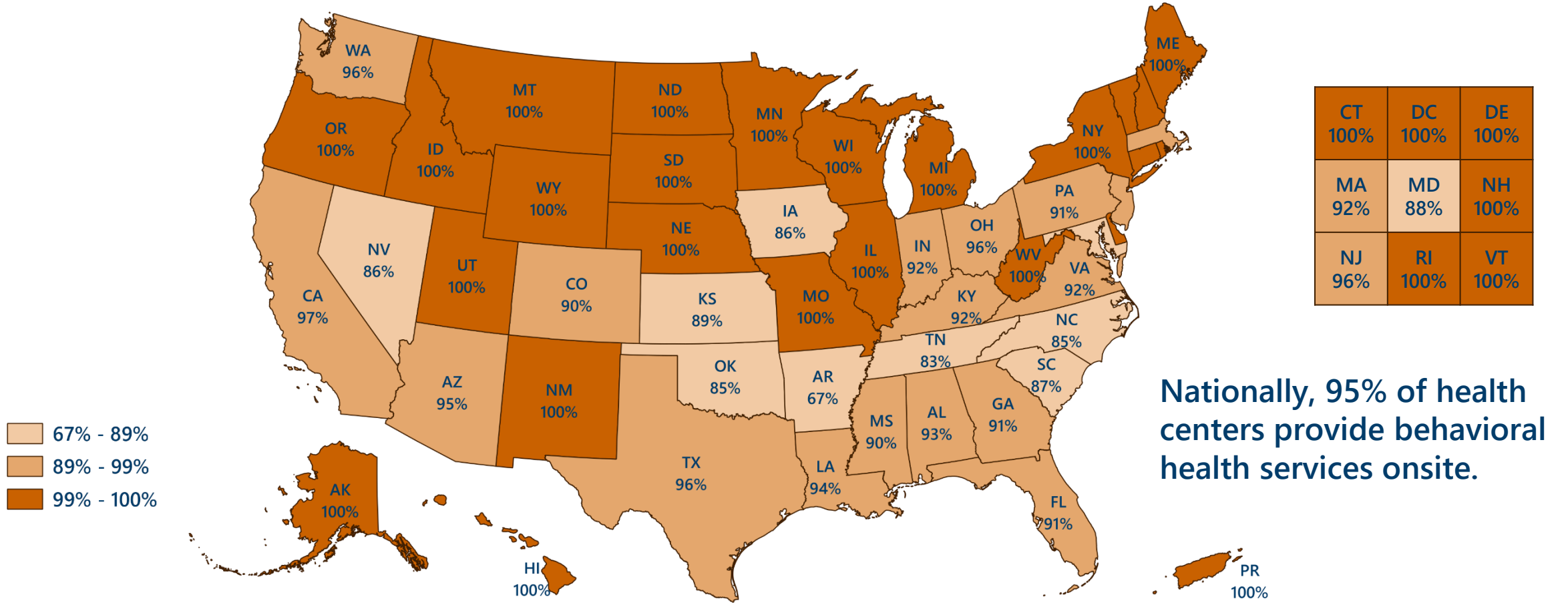
* Total Care Team is shown in Figure 5-2.

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

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-10

Percent of Health Centers Offering Behavioral Health Services Onsite, 2018



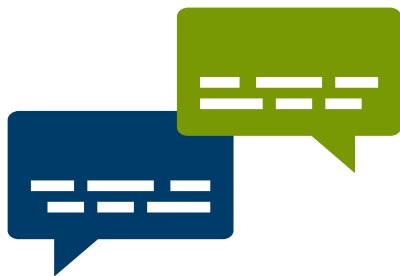
Notes: National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above. Behavioral Health includes mental health and substance abuse services. Percentages offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-11

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

Health centers have **tripled their behavioral health staff** over the past 10 years.



There are **4,899** health center physicians, certified nurse practitioners, and physician assistants with authorization to provide **medication-assisted treatment** for opioid addiction.



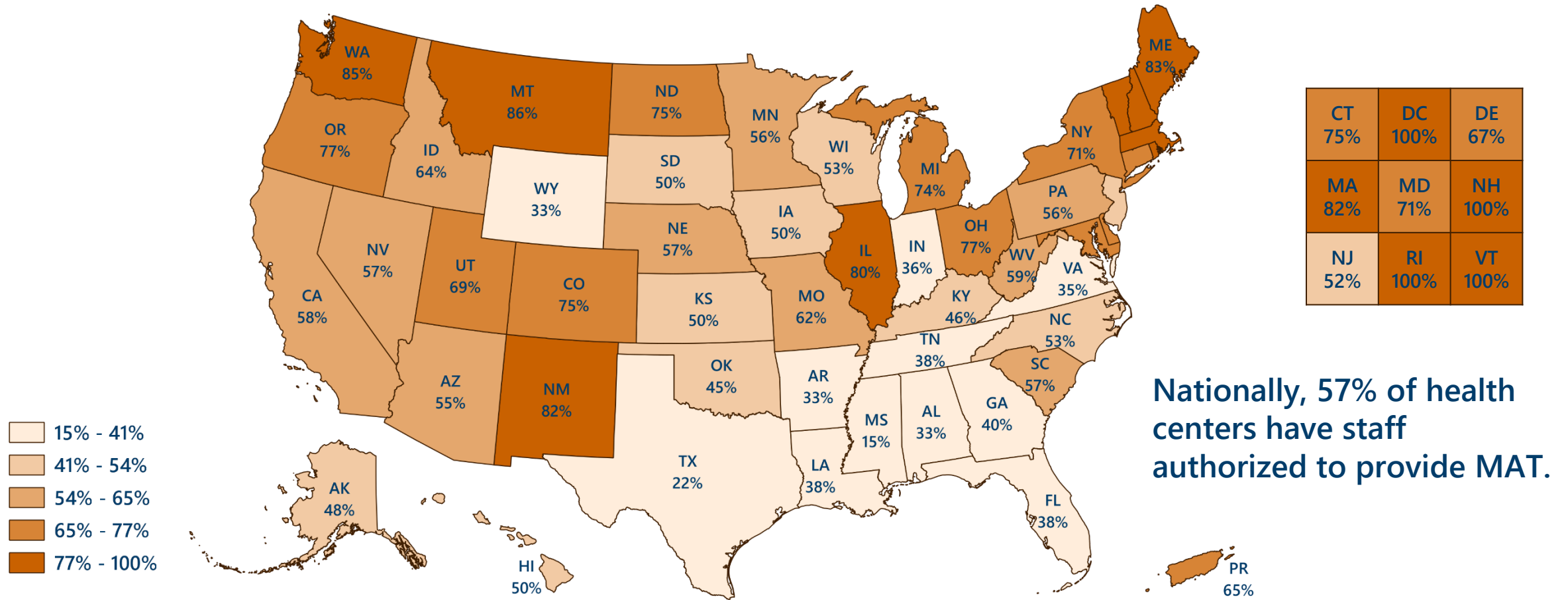
Health center providers performed evidence-based screening, intervention, and referral procedure (SBIRT) for **more than 1 million patients** in 2018.



Nearly **95,000 patients** received medication-assisted treatment for opioid use disorder in 2018.

Figure 5-12

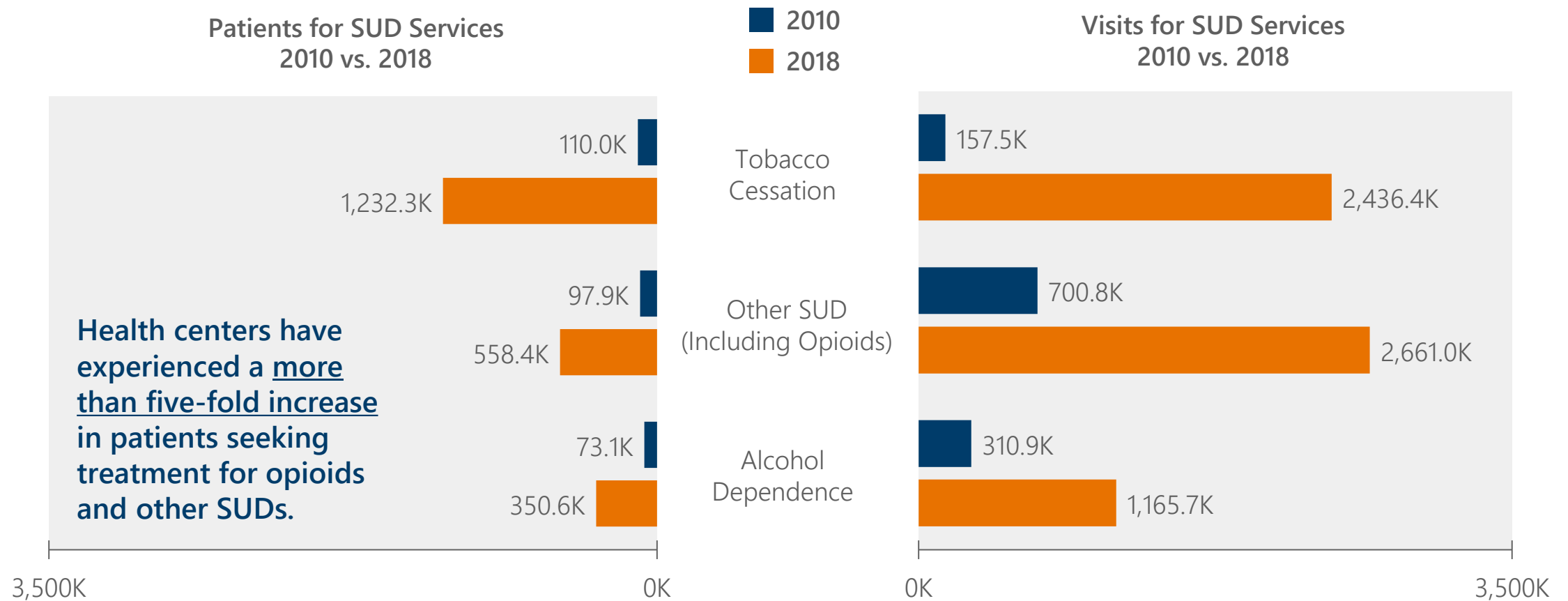
Percent of Health Centers with Staff Authorized to Provide Medication-Assisted Treatment (MAT) for Opioid Use Disorder, 2018



Notes: National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above.
 Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-13

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

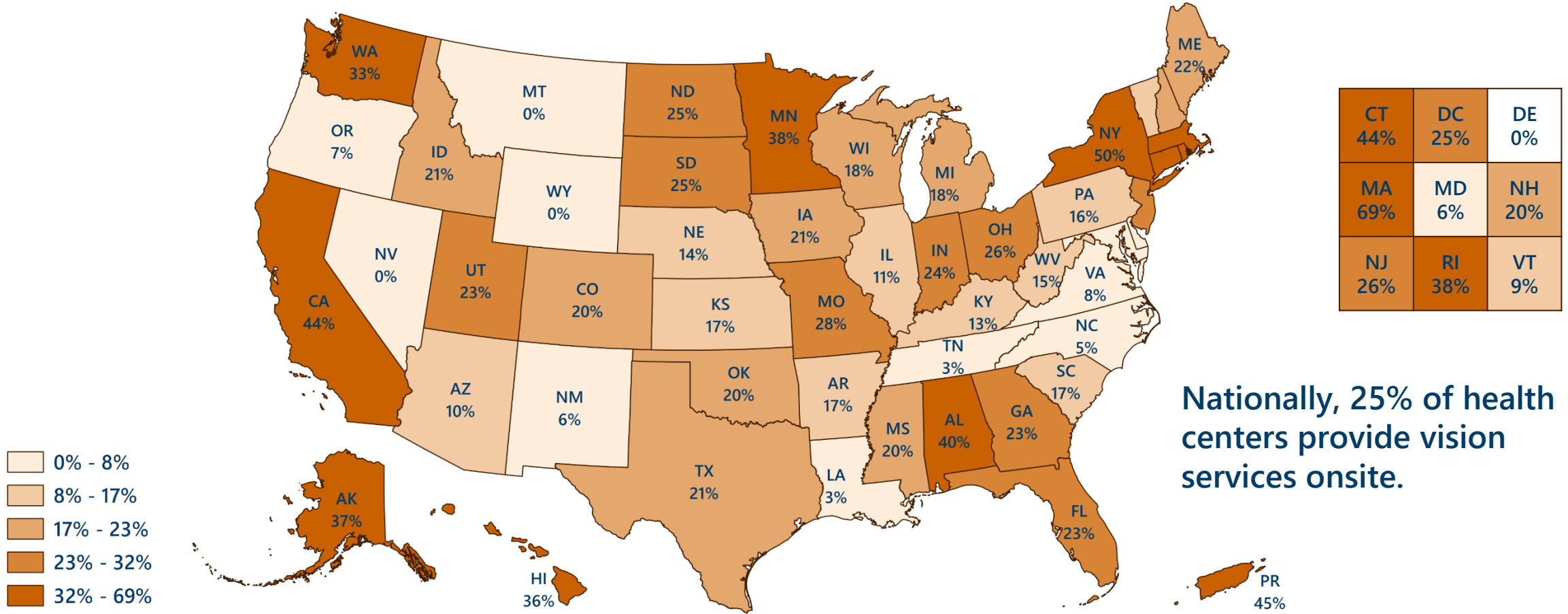


K = Thousands

Source: 2010 & 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-14

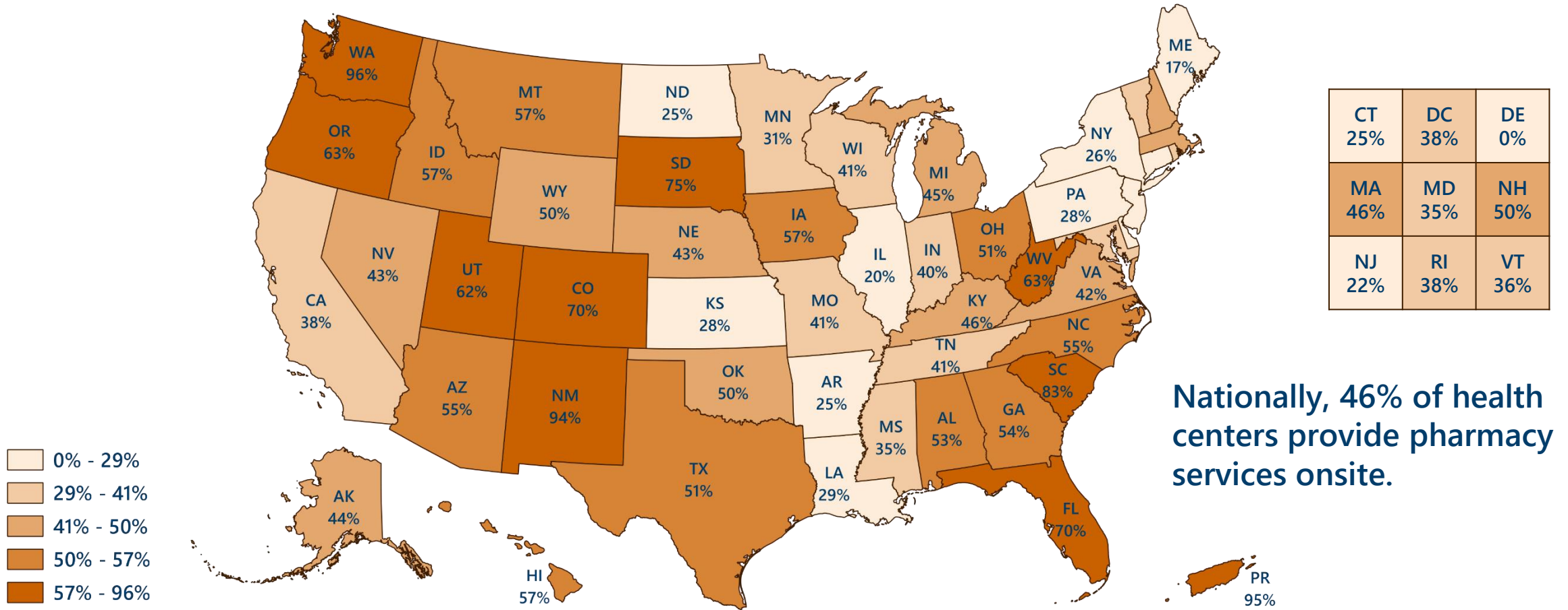
Percent of Health Centers Offering Vision Services Onsite, 2018



Notes: National figure includes all 1,362 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. Based on the number of health centers employing more than 0 full-time equivalent vision staff.
 Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-15

Percent of Health Centers Offering Pharmacy* Services Onsite, 2018



* Pharmacy services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.

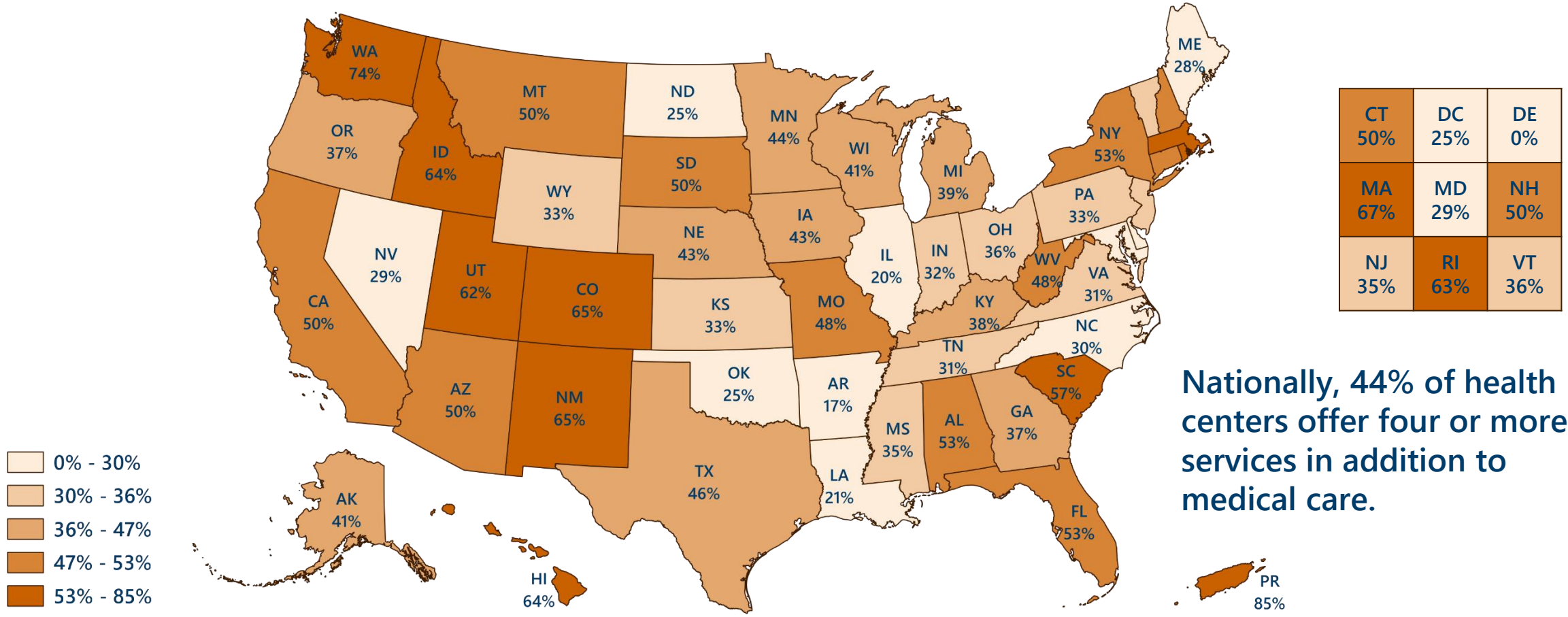
Notes: Figures do not include contract pharmacies operating in health centers. Based on the number of health centers employing more than 0 full-time equivalent pharmacy staff. National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above. Binned by quantile for states and territories shown.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-16

Percent of Health Centers Offering **Four or More Services Onsite,** In Addition to Medical Care

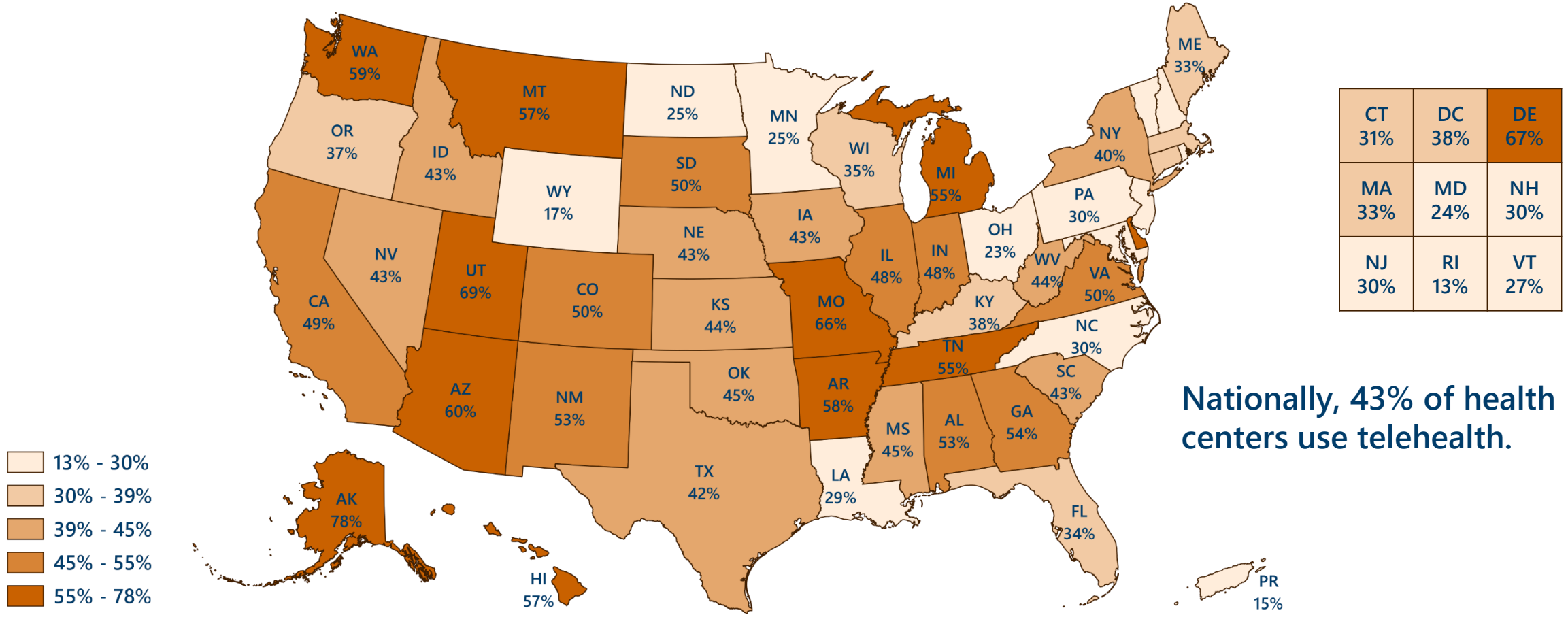
(Services include Case Management, Dental, Behavioral Health, Vision, and Pharmacy*)



* Pharmacy services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.
 Notes: National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above. Based on the number of health centers employing more than 0 full-time equivalent staff in each service type.
 Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-17

Percent of Health Centers Using Telehealth, 2018

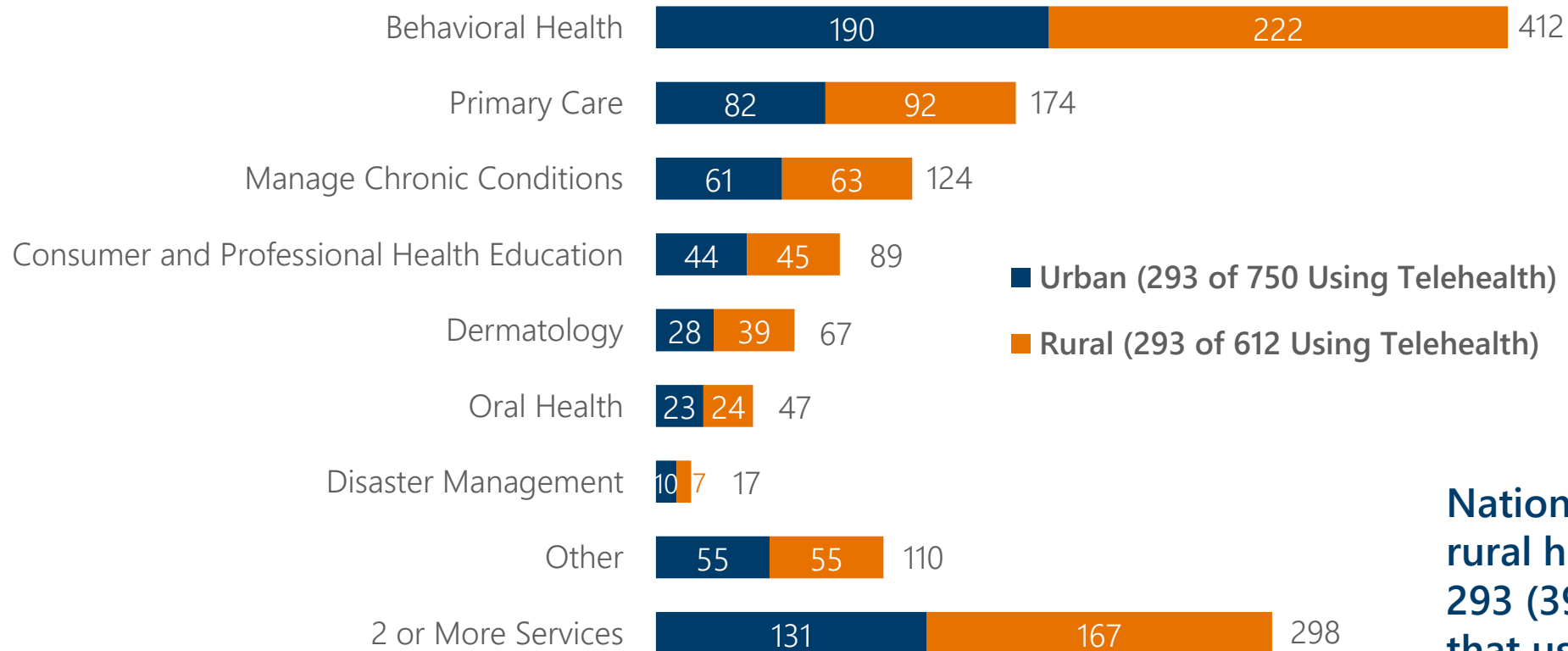


Notes: National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above.
 Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-18

Health Centers are Using Telehealth to Expand Access to Needed Services

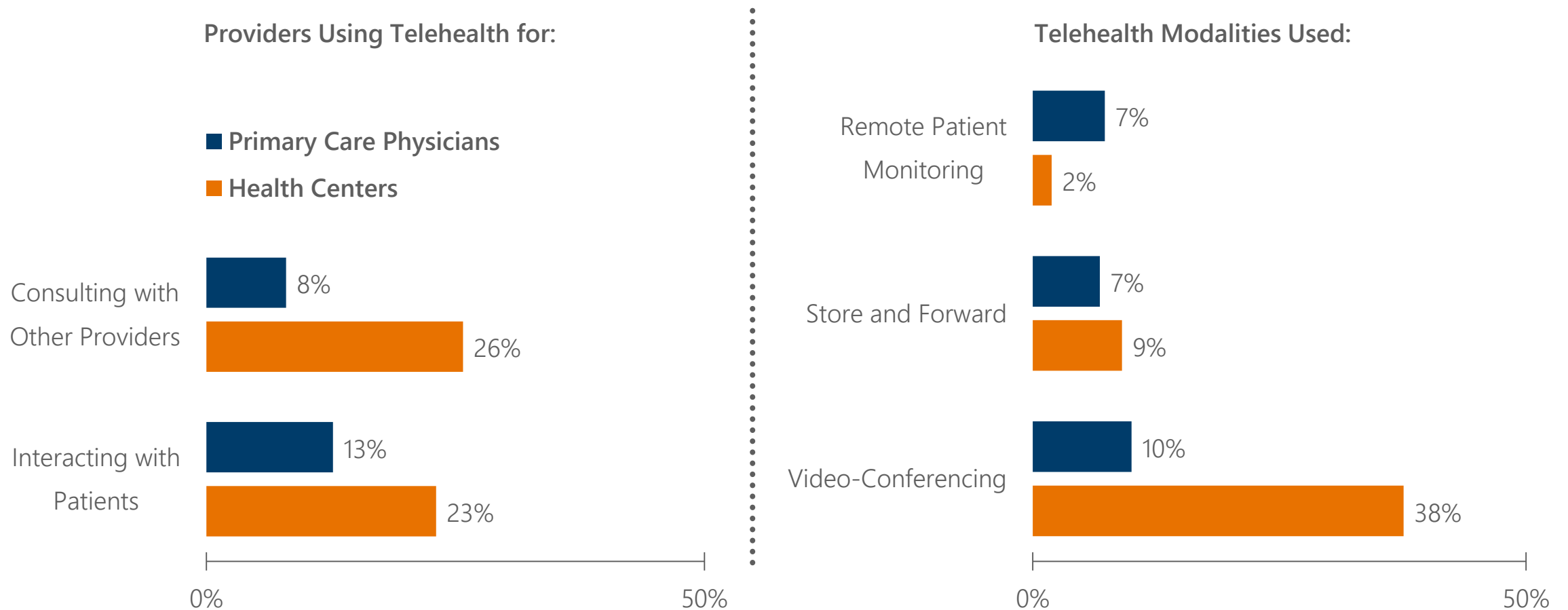
Number of Health Centers Offering Selected Telehealth Services by Urban/Rural Status, 2018



Nationally, there are 293 (48%) rural health centers and 293 (39%) urban health centers that use telehealth for a variety of services.

Figure 5-19

Health Centers are Adopting Innovative Telehealth Services At Higher Rates than Other Primary Care Providers



Note: Percentages for health centers base on all health centers, including those that do or do not use telehealth in 2018.

Sources: (1) 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. (2) Kane, C. K. and Gillis, K. The Use of Telemedicine by Physicians: Still the Exception Rather than the Rule. Health Affairs 37(12). December 2018.

Figure 5-20

Percent of Health Centers Using Telehealth for Interacting with Patients, 2018

(Note: Percentages include only health centers utilizing telehealth)

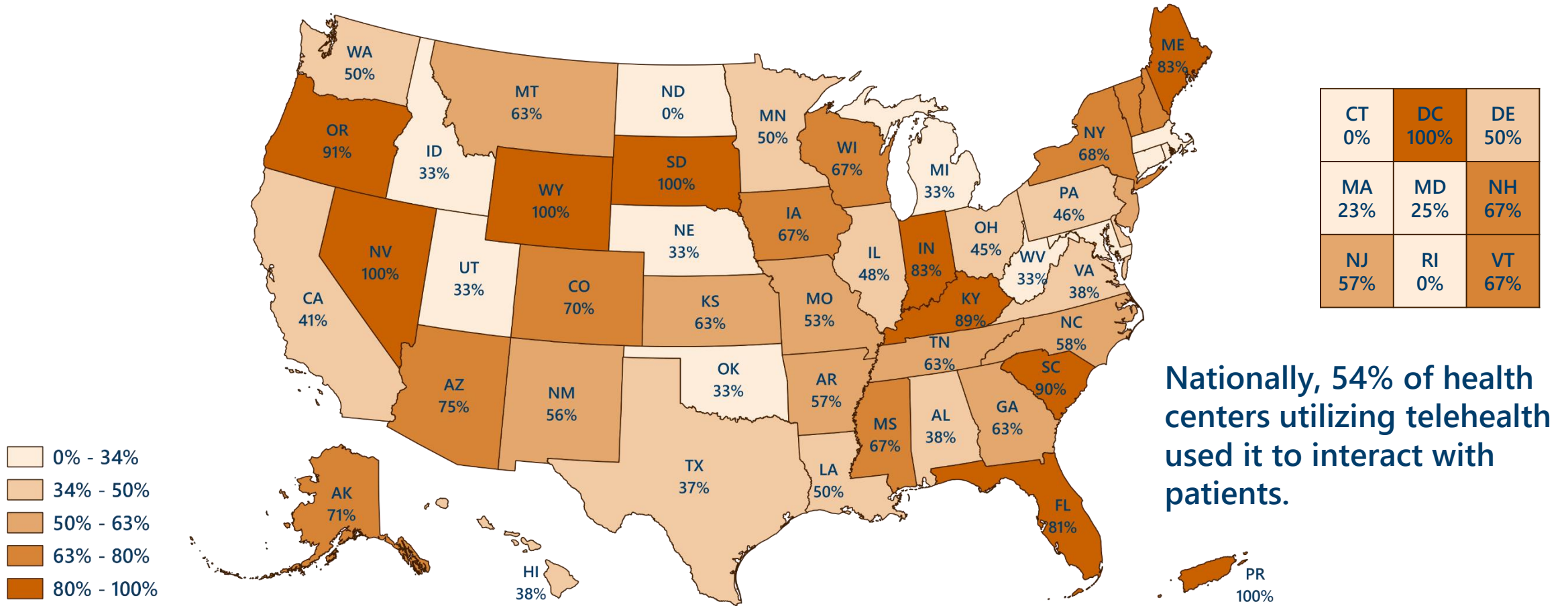
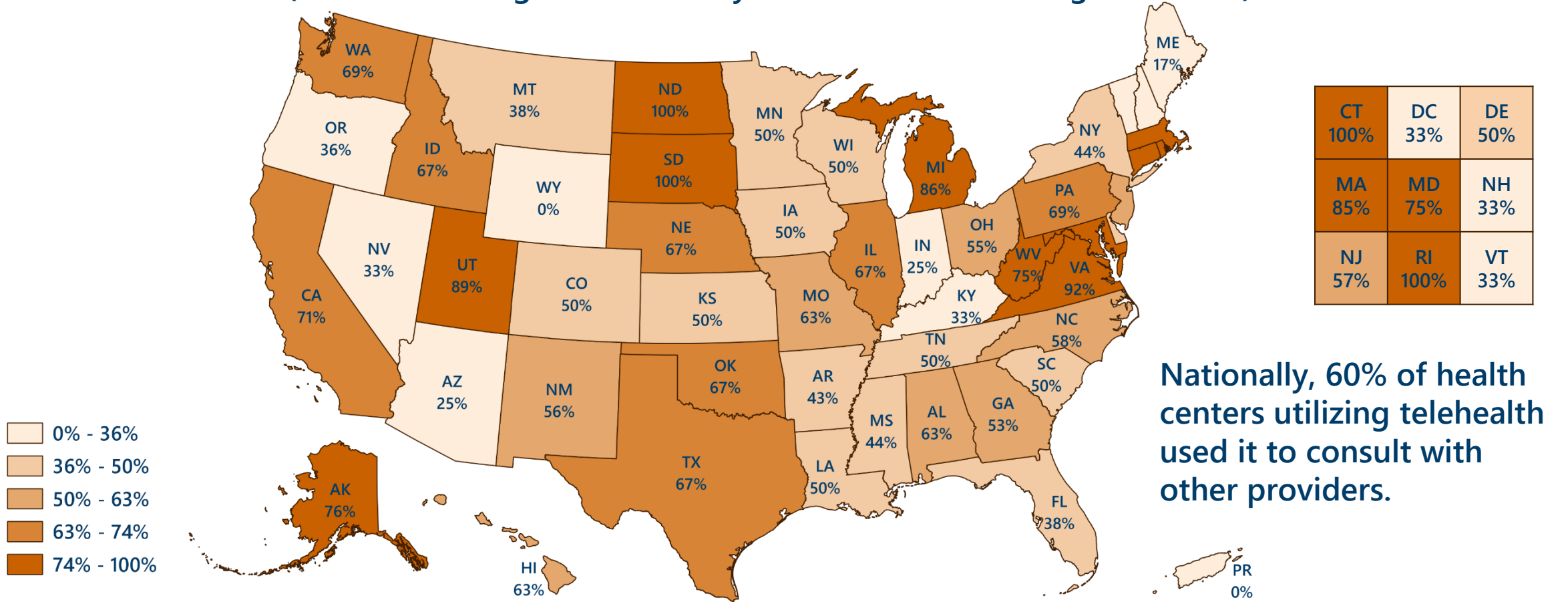


Figure 5-21

Percent of Health Centers Using Telehealth for eConsults With Other Providers, 2018

(Note: Percentages include only health centers utilizing telehealth)



Section 6

Challenges in Meeting Demand for Care

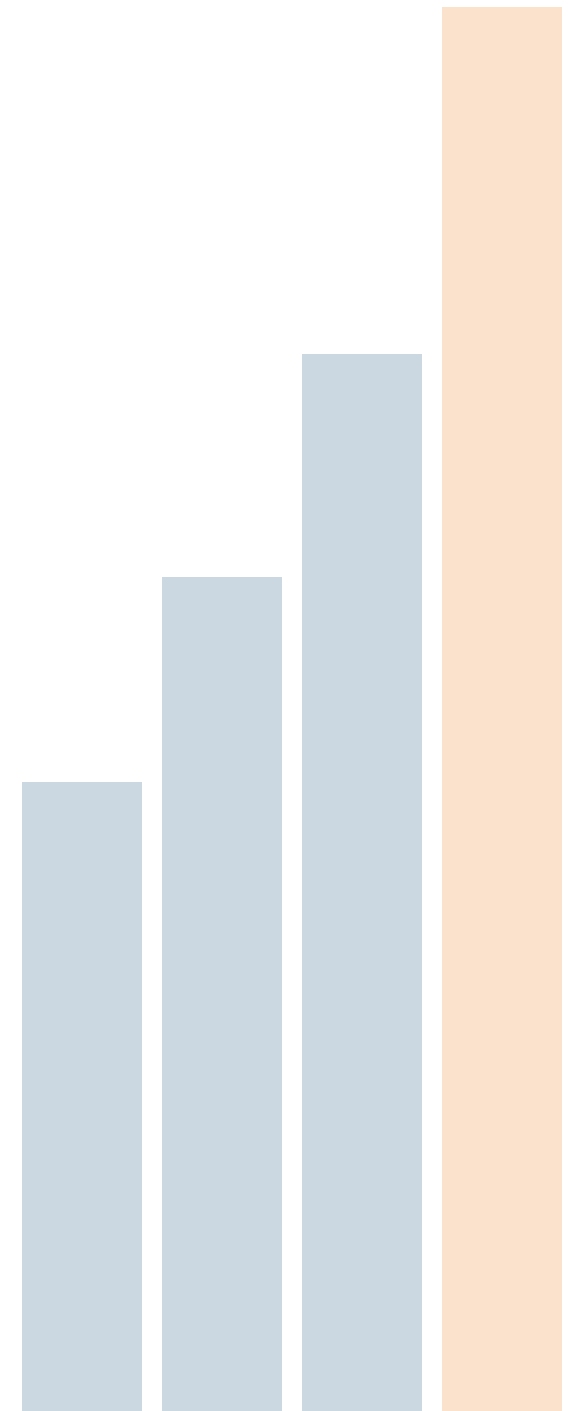
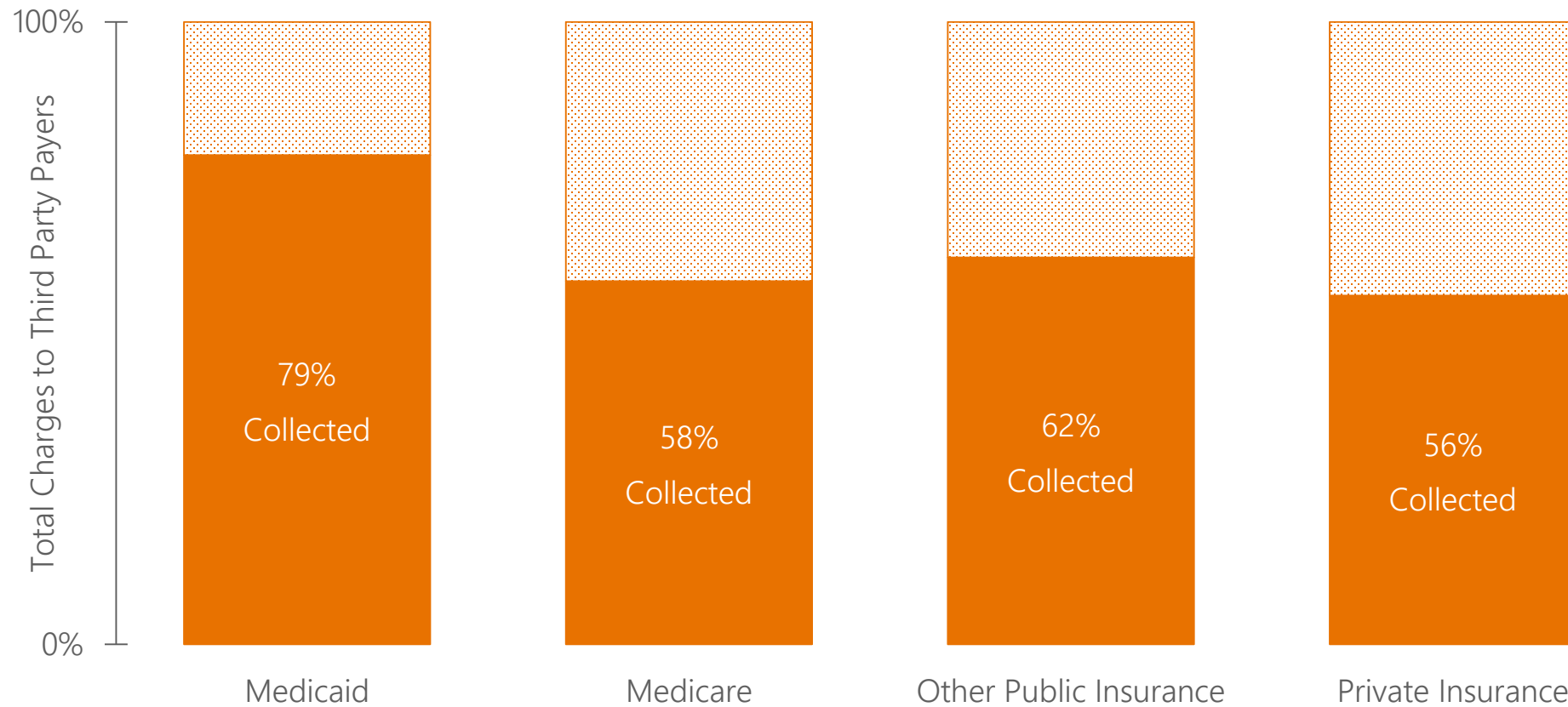


Figure 6-1

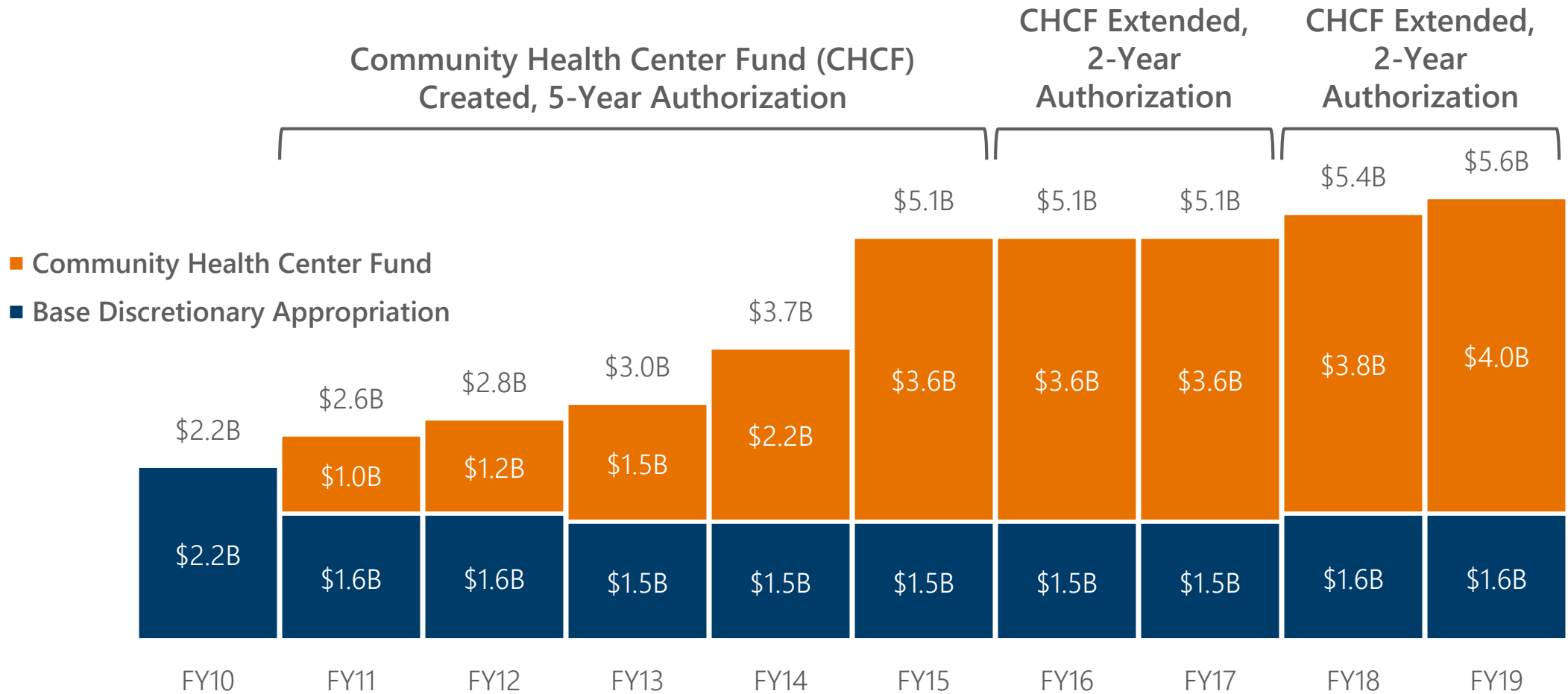
Payments from Third Party Payers are Less than Cost



Note: Health centers are non-profits, and thus charges are a proxy for costs.
Source: 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 6-2

Federal Health Center Appropriation History, FY10-FY19

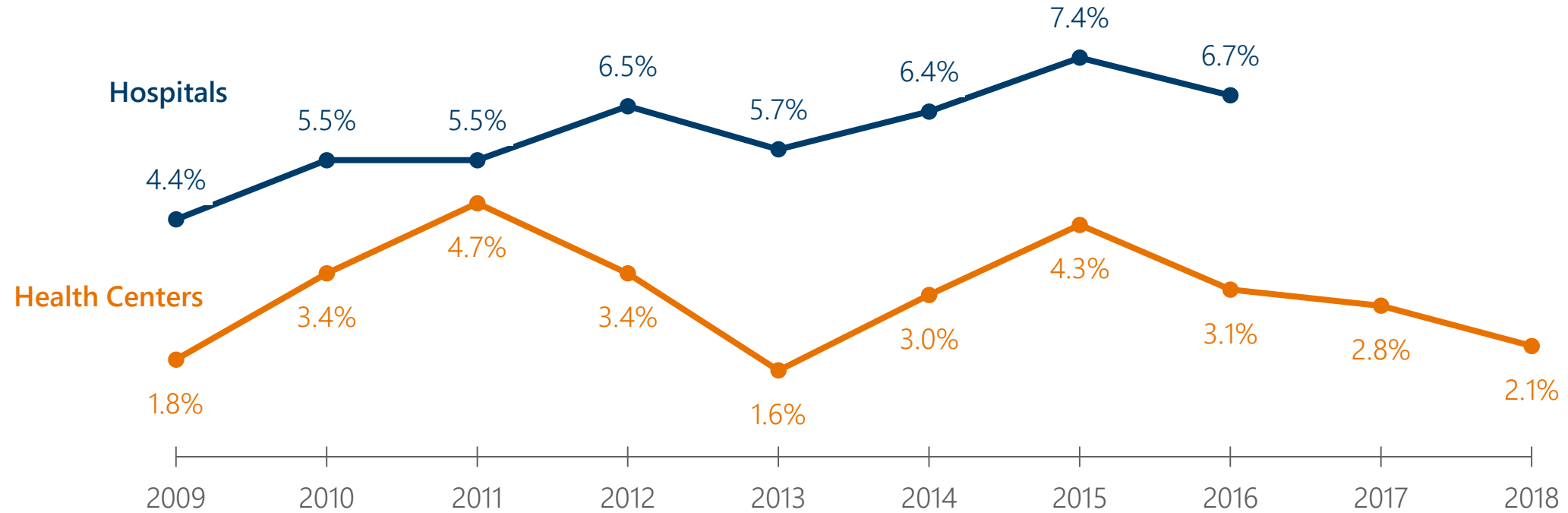


B = Billions.

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

Figure 6-3

Health Center Operating Margins Are Less than Hospital Operating Margins

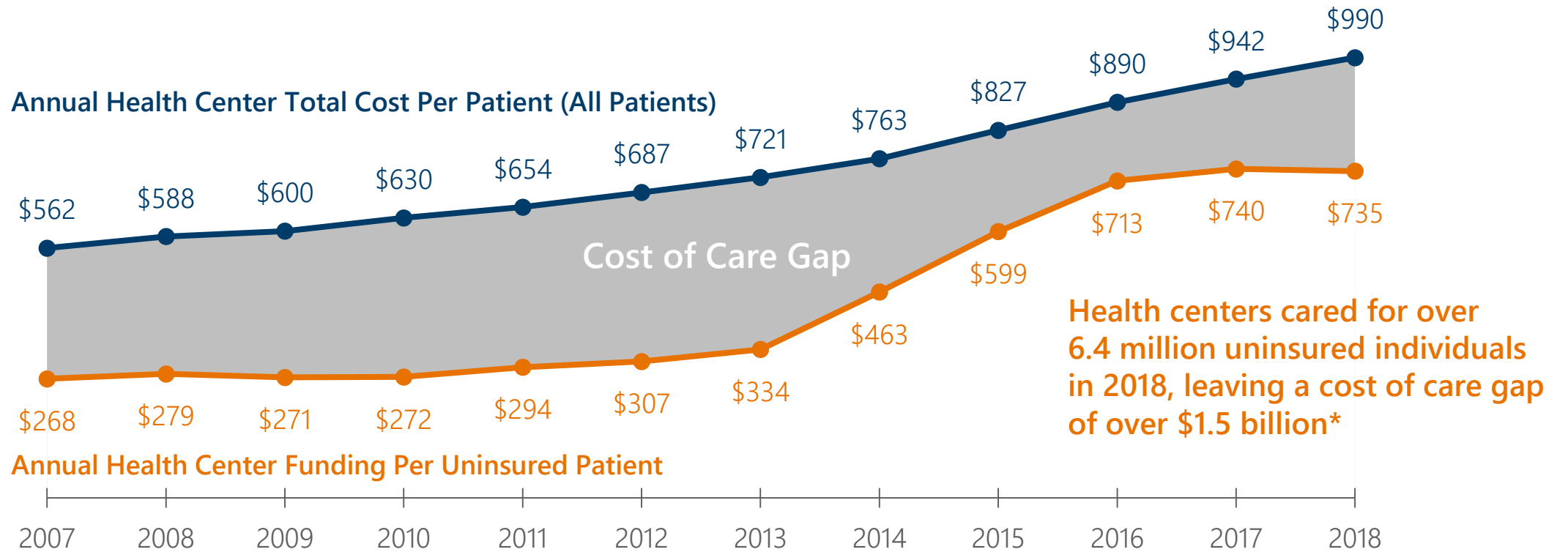


Note: Operating margin data for hospitals after 2016 are unavailable.

Sources: (1) 2009 - 2018 Uniform Data System. Bureau of Primary Health Care, HRSA. DHHS. (2) 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 Nonoperating Gains as a Percentage of Total Net Revenue, 1994 - 2016.

Figure 6-4

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



* Calculated by taking the difference between 2018 health center total cost per patient (all patients) and 2018 health center funding per uninsured patient, then multiplying by the number of health center uninsured patients in 2018.

Source: 2008 - 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 6-5

Health Centers Experience Difficulty Recruiting Many Clinical Staff

Percent of Health Centers Reporting a Vacancy for Specific Clinical Positions

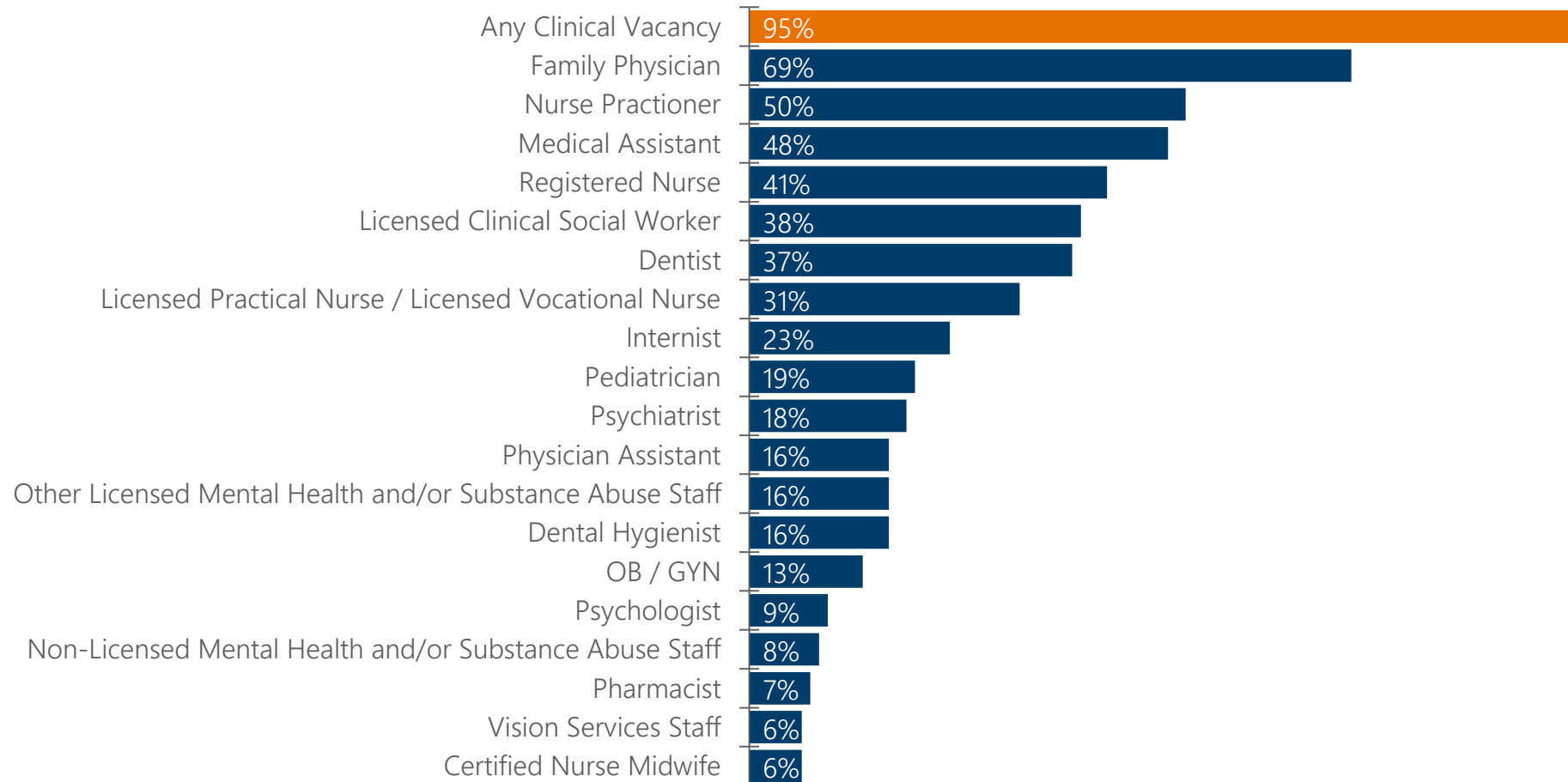


Figure 6-6

Health Centers Have Unique Challenges Recruiting and Retaining Staff

Percent of Health Centers Reporting Specific Challenges for Recruitment and Retention

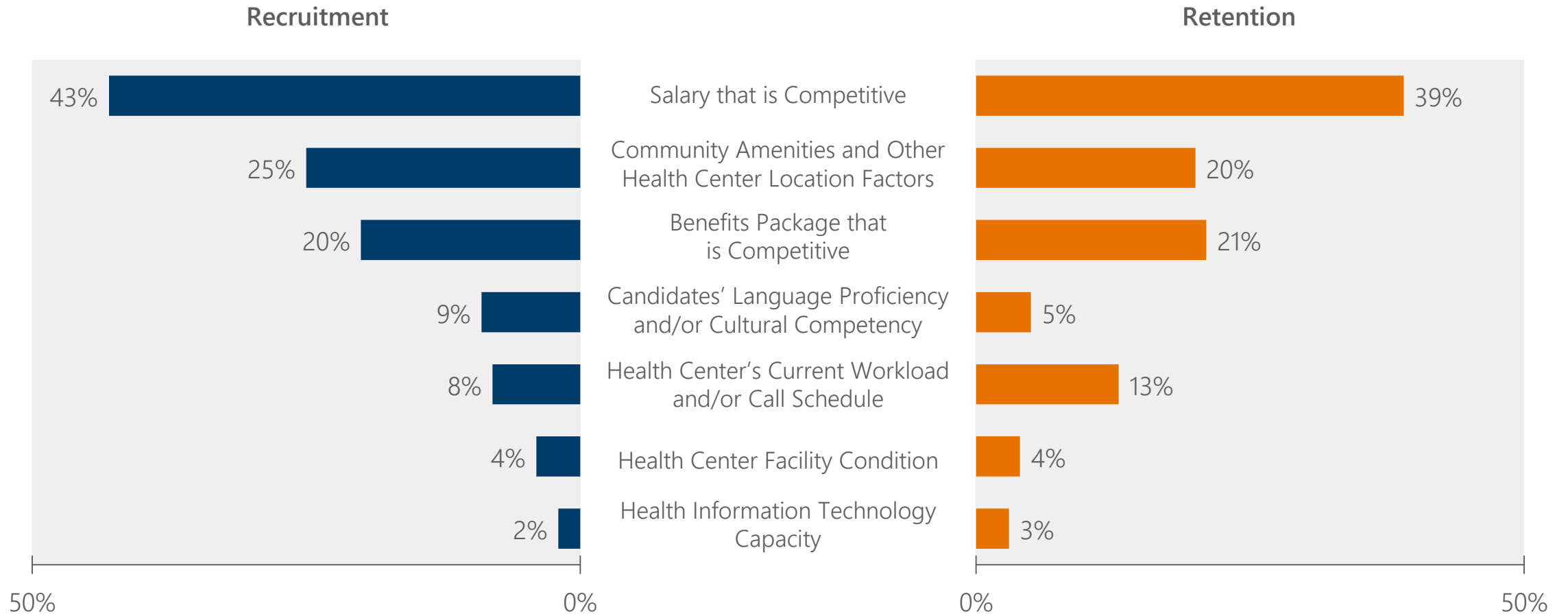


Figure 6-7

Health Centers Face Barriers to Offering Telehealth Services

Percent of Health Centers that Do Not Use Telehealth Reporting Specific Barriers, 2018

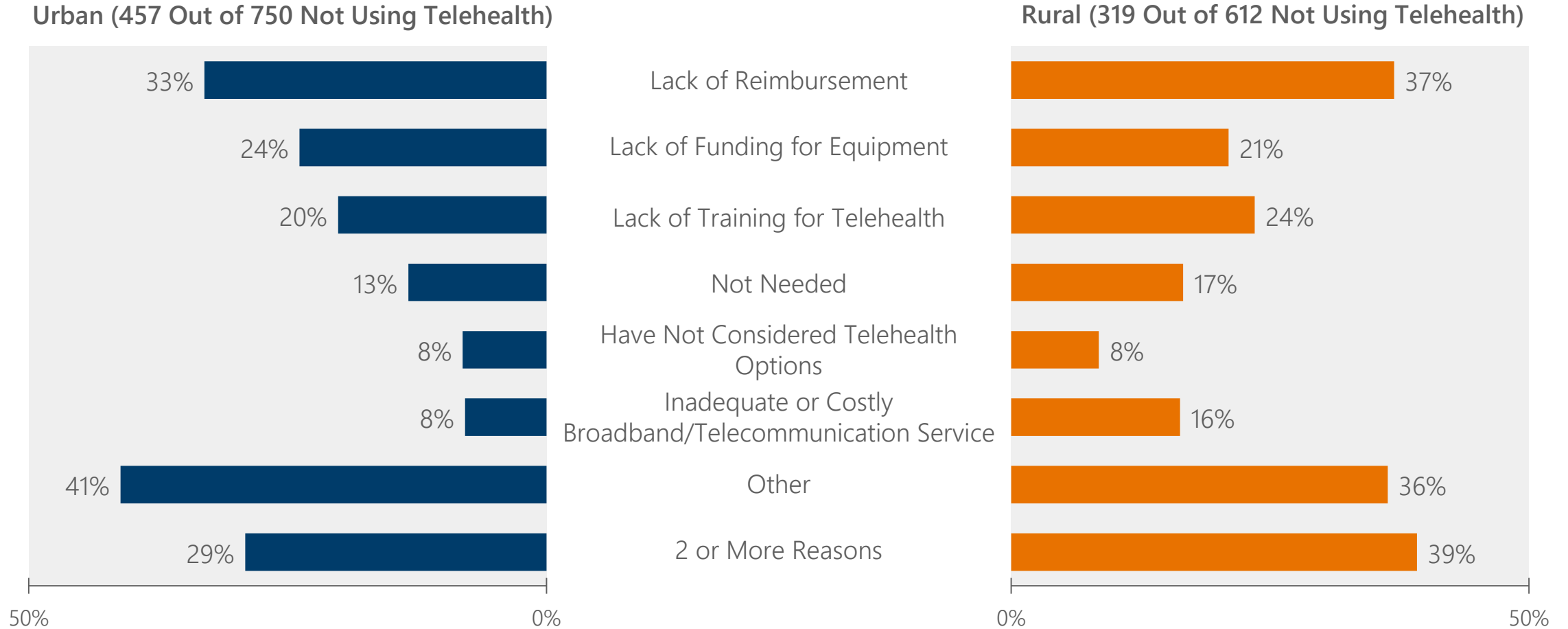
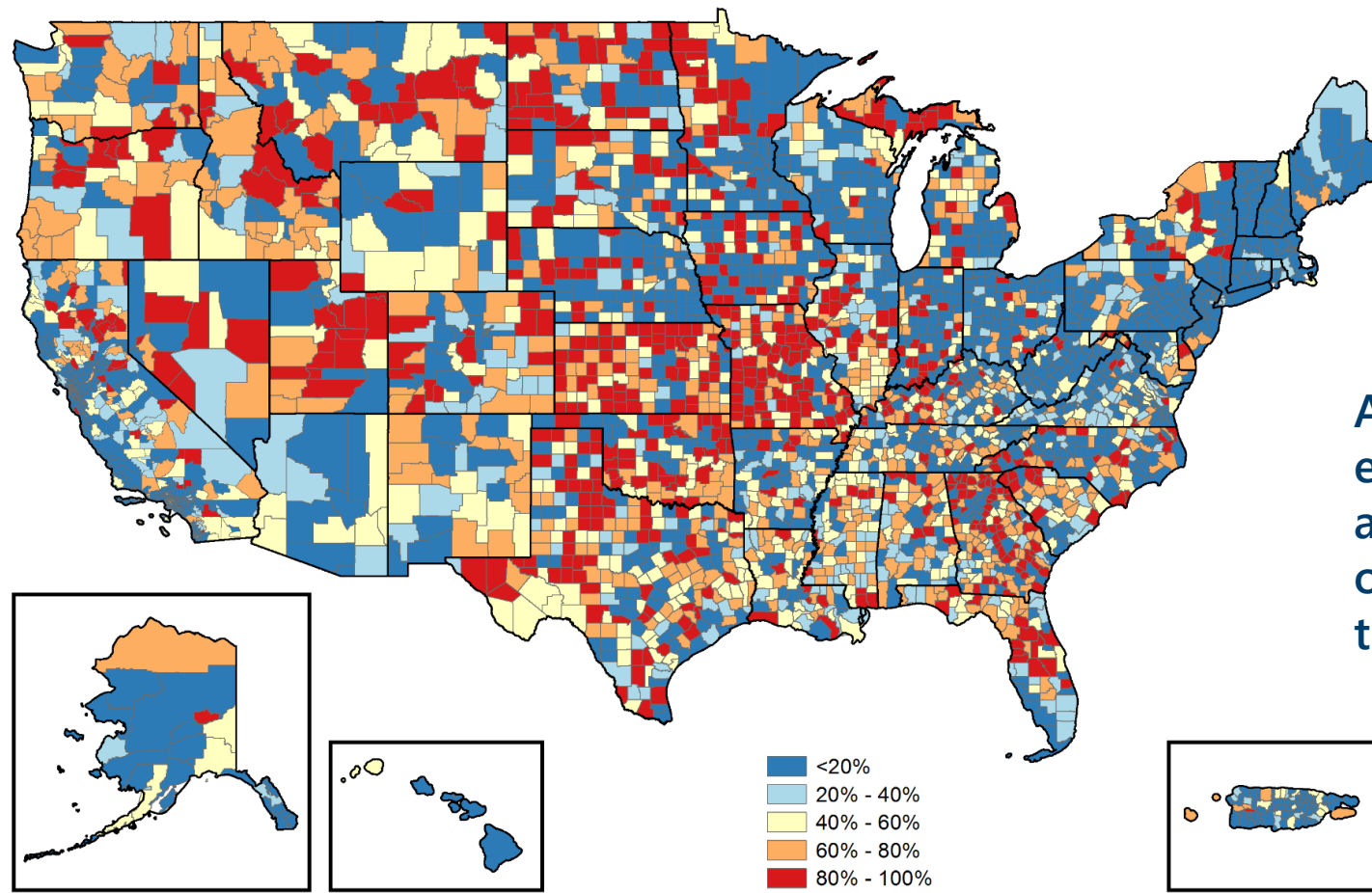


Figure 6-8

Estimated Percent of County Residents Experiencing Shortages of Primary Care Physicians



As of 2013, 62 million people experience inadequate or no access to primary care because of shortages of physicians in their communities.

Figure 6-9

Health Center Capital Project Plans and Funding Needs



As of 2015, 79% of health centers had 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, resulting in:

- **12 million square feet** of new space
- Accommodations for **6,100 new providers**
- Services for **5.4 million new patients annually**

However, 75% of health centers report funding gaps for these planned projects.



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