

## Recent Publications on Community Health Centers

Anthony T. Lo Sasso and Gayle R. Byck

### **Funding Growth Drives Community Health Center Services**

*Health Affairs*, February 2010; 29(2): 289-296.

Federally qualified health centers play a major role in providing health care to the underserved, and will remain an important part of the health care safety net even under reforms that will increase the number of Americans with health insurance. We show that the investments made in federally qualified health centers during 1996–2006 clearly translated into an increase in services available to patients, including mental health and substance abuse treatment and counseling and staffing. One particularly notable finding is that an additional \$500,000 in federal grants translates into 540 more uninsured patients treated.

John K. Iglehart

### **Health Centers Fill Critical Gap, Enjoy Support**

*Health Affairs*, March 2010; 29(3): 343-345.

Health Affairs founding editor John K. Iglehart writes about federally qualified community health centers and their increasingly important role as safety-net providers.

Eli Y. Adashi, M.D., H. Jack Geiger, M.D., and Michael D. Fine, M.D.

### **Health Care Reform and Primary Care — The Growing Importance of the Community Health Center**

*New England Journal of Medicine*, April 28th, 2010: 2047-2050

During the debate over U.S. health care reform, relatively little attention was paid to the long-established network of community health centers (CHCs) in the United States. And yet this unique national asset constitutes a critical element of any reform intent on expanding access to health care through a primary care portal. With an eye toward meeting the primary care needs of an estimated 32 million newly insured Americans, the recently passed Patient Protection and Affordable Care Act underwrites the CHCs and enables them to serve nearly 20 million new patients while adding an estimated 15,000 providers to their staffs by 2015. The “new” CHCs have arrived.

Jonathan Gruber, Ph.D.

### **Health Care Reform and Primary Care — The Growing Importance of the Community Health Center**

*New England Journal of Medicine*, April 28th, 2010: 2050-2051

On March 23, 2010, President Barack Obama signed into law the most significant piece of U.S. social policy legislation in almost 50 years. There is little disagreement over the premise that the Patient Protection and Affordable Care Act (ACA) will dramatically expand health insurance coverage. But there is concern about its implications for health care costs. These concerns have been heightened by a recent report from the actuary at the Centers for Medicare and Medicaid Services (CMS), which shows that health care reform will cause an expansion of national health care expenditures.

New England Rural Health Roundtable

### **Vermont’s Springfield Medical Care Systems Sets National Precedent** [White paper]

Retrieved from [www.newenglandruralhealth.org/cahrh/items/vt\\_smcs\\_03-09.pdf](http://www.newenglandruralhealth.org/cahrh/items/vt_smcs_03-09.pdf), March 2009

With the award of \$1.3 million in grant funding through the American Recovery and Reinvestment Act (the “stimulus package”), Springfield Medical Care Systems (SMCS), Springfield, VT, parent system of Springfield Hospital, will convert the Hospital’s network of primary medical care practices to a network of federally qualified health centers (FQHCs). Years of hard work and community involvement led to the decision to seek Community Health Center (CHC) funding that would enable the primary care network operated by Springfield Hospital to be transferred to SMCS. The hospital retains its status as a Critical Access Hospital and has its own board of directors.

United States Government Accountability Office

**Medicare Payments to Federally Qualified Health Centers** [Letter]

Retrieved from [www.gao.gov/new.items/d10576r.pdf](http://www.gao.gov/new.items/d10576r.pdf), July 30, 2010

To increase access to primary and preventive care services for individuals living in medically underserved communities, Congress authorized federally qualified health centers (FQHC) as a health care facility type and established requirements for Medicare coverage and payment as FQHCs under the Omnibus Budget Reconciliation Act (OBRA) of 1990. Prompted by letters from Congress, HHS directed the Health Resources and Services Administration (HRSA) and CMS to work together to review the adequacy of these rates. This correspondence examines the relationship between Medicare payments and the costs submitted by FQHCs for services provided to Medicare beneficiaries and provides information on how CMS established the Medicare FQHC payment structure.

The Commonwealth Fund

**National Survey of Community Health Centers Finds Those Closely Affiliated with Hospitals Report Fewer Problems Obtaining Specialty Care for Patients** [Press release]

Retrieved from [www.commonwealthfund.org/.../National-Survey-of-Community-Health-Centers-Finds-Those-Closely-Affiliated-with-Hospitals.aspx](http://www.commonwealthfund.org/.../National-Survey-of-Community-Health-Centers-Finds-Those-Closely-Affiliated-with-Hospitals.aspx), May 27, 2010

Community health centers that are closely affiliated with hospitals have fewer difficulties getting their patients appointments for specialty procedures like x-rays, diagnostic tests, and visits with specialist physicians, according to a new Commonwealth Fund survey of community health centers released today. Centers without hospital affiliations reported they had more difficulty getting off-site specialty appointments regardless of a patient's insurance status—pointing to the need for incentives that will promote connections between health centers and specialty care providers.

U.S Department of HHS, Health Resources and Services Administration

**Effective Collaboration Between CAHs and Federally Qualified Health Centers** [Manual]

Retrieved from <http://www.hrsa.gov/ruralhealth/pdf/qhcmanual042010.pdf>, April 2010

This manual is for staff and boards of CAHs and FQHCs, State Offices of Rural Health, State Primary Care Offices, and hospital associations. It emphasizes the important role local leadership, including county government, civic groups, businesses, and health care service providers, have in creating potential collaborations. The manual explains how CAHs and FQHCs, especially those in proximity to each other and serving similar communities, can cooperate and collaborate to better meet community need, enhance each other's roles, and stabilize and expand needed services and rural delivery systems. The manual features examples of successful collaboration and footnotes.

The Kaiser Commission on Medicaid and the Uninsured

**Community Health Centers: Opportunities and Challenges of Health Reform** [Issue Brief]

Retrieved from <http://www.kff.org/uninsured/8098.cfm>, August 2010

This issue brief examines the role that community health centers will play in implementing health reform and providing access to care for millions of Americans who will gain insurance coverage under the new law. It describes the provisions of the new health reform law that affect community health centers, including increased funding designed to expand the number of health centers, health insurance expansions that will significantly reduce the number of health center patients without insurance, and strategies aimed at increasing the primary care workforce. The brief also discusses some of the opportunities and challenges, such as the task of recruiting and retaining qualified health professionals, the need to establish networks and referral arrangements and the renewed focus on prevention and public health.