# Delivering Healthcare Through Community Health Centers

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## About Community Health Centers

- 44 year-old national program born out of Civil Rights and War on Poverty eras - 1964 Economic Opportunity Act
- Administered by the Health Resources and Services Administration (HRSA) through the Bureau of Primary Care (BPHC) within the Department of Health & Human Services

## For Federal Funding, CHCs MUST…

- Be governed by a community board with a patient majority
- Located in federally designated medically underserved areas
- Non-profit or public tax exempt status
- Provide comprehensive primary health care services, referrals and other services needed to facilitate access to care, such as case management, translation, and transportation
- Provide services to all in their service area, regardless of ability to pay, and offer a discounted fee schedule that adjusts charges for care according to family income

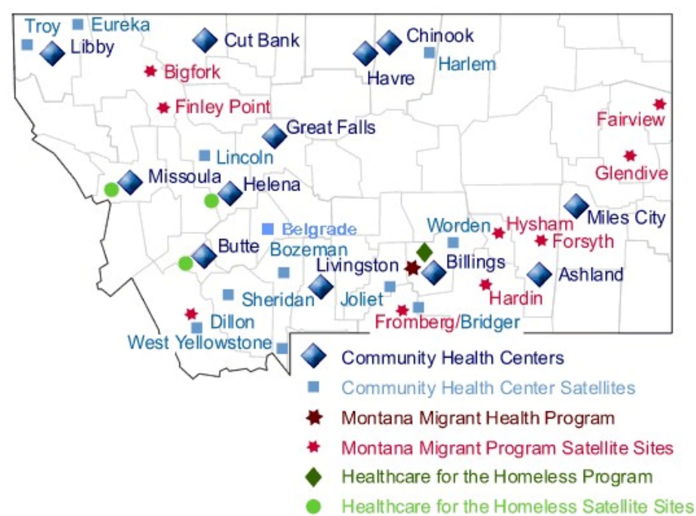
## Community Health Centers

- Nationwide…
  - Integral part of the nation's health delivery system.
  - 1,000 Federally Qualified Health Centers (FQHCs)
  - 5,000 sites located in all 50 states, Puerto Rico, the District of Columbia, U.S. Virgin Islands & Guam
  - Serving 16 million people
  - 71% of health center patients have family incomes at or below poverty - $17,170 annual income for a family of three in 2006
  - Nearly 40% of health center patients are uninsured and another 36% depend on Medicaid

## Community Health Centers

- In Montana…
  - 12 federally-funded Community Health Centers, a Migrant Health Program, and a Health Care for the Homeless Program
  - Delivering sliding scale primary care services in 24 Montana communities
  - Serving **1 in 12 Montanans or 74,496 people**

## Montana's Community Health Centers



## Montana CHC Payer Mix 2006

- **74,496 patients** (unduplicated)
- **253,067 visits** (medical, dental, MH, SA, pharmacy, and special enabling services – education, case management, home visiting)

**Payer Mix**

| | |
|---|---|
| Uninsured | 56% |
| Medicaid | 14% |
| Medicare | 9% |
| CHIP | 2% |
| Private Insurance | 19% |
| | 100% |

**Patient Income**

| | |
|---|---|
| ≤100% of poverty | 63% |
| 101-150% | 16% |
| 151-200% | 7% |
| ≥200% | 14% |
| | 100% |

## Deering Community Health Center

- In operation since 1984
- Includes:
  - Deering Clinic, Joliet Community Health Center, Clarks Fork Community Health Center and Worden Community Health Center
  - Community Dental Practice
  - Corrections Health
  - Healthcare for the Homeless
  - Statewide Healthcare for the Homeless Network

## Deering Community Health Center

- 2006, by the numbers
  - 17,930 Patients
  - 47,905 Medical Visits
  - 7,330 Dental Visits
  - 1,674 Mental Health/Substance Abuse Visits
  - 8,386 Enabling (Case Mgmt) Visits

## Sliding Fee Scale

- Based on Federal Poverty Level (FPL)
- Updated Annually following new FPL calculation
- Approved by Health Center Governing Board
- Intended to offset cost of care which patients cannot afford

## How The Sliding Fee Scale Works

- Based on Household Income
- Based on Household Size
- "Proof of Income" required (usually pay stubs, tax return, etc.)
- Patient status updated at least annually

## Deering CHC Sliding Fee Process

- Simple form to apply
- Patient Information updated every 6 months
- 20% increments used
- 77% of patients participate in sliding fee scale
- Minimum Fees:
  - $10 for Medical visit or service
  - $20 for Dental visit

## Sliding Fee Example

- Single mother of three living in an apartment. Income: $250 per month in child support and $1575 per month employment income
- Household Size = 4
- Monthly Income = $1825
- Qualifies at the 20% contribution level (80% of care costs discounted to Sliding Fee Scale)

## CHCs Making a Difference

- **Improving Access to Primary and Preventive Care** –low-income, uninsured CHC users more likely to have usual source of care than uninsured nationally
- **Effective Management of Chronic Illness** - Institute of Medicine (IOM) and the General Accounting Office (GAO) recognized health centers as models for screening, diagnosing, and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV. Health centers' efforts have lead to *improved health outcomes* for their patients, as well as *lowered the cost of treating patients* with chronic illness.
- **Cost-Effective Care** - medical care at CHCs is around $250 less than the average annual expenditure for an office-based medical provider
- **High Quality of Care -** Studies have found that the quality of care provided at health centers is *equal to or greater* than the quality of care provided elsewhere

## CHCs Making a Difference

- Viable option and access to affordable health care
- Offer medical, dental, and mental health services tailored to fit needs and priorities of communities
- Open to all, regardless of ability to pay…sliding fee scale

## Resources

- Lil Anderson, CEO/Health Officer, Yellowstone City-County Health Department, lila@ycchd.org
- Montana Primary Care Association, http://www.mtpca.org
- National Association of Community Health Centers, http://www.nachc.com/