

# VALUE IMPACT of HEALTH CENTERS

## Health Center Partners of Southern California



**Seventeen** Federally Qualified Health Centers and other safety-net clinics provide care to residents of **Southern California**. They collectively provide tremendous value and impacts to their communities—from **JOB**S and **ECONOMIC STIMULUS** to local communities; **SAVINGS** to the health care system; **ACCESS** to care for vulnerable populations; **STATE-OF-THE-ART**, **COMPREHENSIVE**, **COORDINATED CARE**, with a focus on **CHRONIC DISEASE MANAGEMENT** and **QUALITY HEALTH OUTCOMES**. Highlights of their **2015 contributions** are shown below.

### Health Center Partners of Southern California Member Health Centers Provide...



### JOB

and other positive impacts on the

## ECONOMY

### Economic and Employment Impacts

**9,068** TOTAL JOBS

**5,058 HEALTH CENTER JOBS** including  
**1,371 ENTRY-LEVEL** and **2,272 SKILLED JOBS** for community residents  
**4,010 OTHER JOBS IN THE COMMUNITY**

**\$1,174,437,903** TOTAL ECONOMIC IMPACT of current operations.

**\$554,693,952** DIRECT HEALTH CENTER SPENDING  
**\$619,743,951** COMMUNITY SPENDING

### Tax Revenue Impacts

**\$191.01 Million** ANNUAL TAX REVENUES

**\$58.8 Million** STATE AND LOCAL TAX REVENUES  
**\$132.21 Million** FEDERAL TAX REVENUES

### SAVINGS

to the health system

### Savings to Medi-Cal (CA)

**22%** LOWER COSTS FOR FQHC MEDI-CAL PATIENTS

**\$ 1.2 Billion** SAVINGS TO MEDI-CAL

### Statewide Medi-Cal Expenditures

**20%** MEDI-CAL POPULATION served by health centers

**2.8%** HEALTH CENTER MEDI-CAL REVENUE as % of total Medi-Cal expenditures

### ACCESS

to care for vulnerable populations

### Patient Profile

**759,233** PATIENTS SERVED

**8%** THREE-YEAR PATIENT GROWTH

**2,651,964** PATIENT VISITS

**221,083** patients are CHILDREN AND ADOLESCENTS

**538,150** patients are ADULTS

Since 2012:

**96%** of patients are **LOW-INCOME** (Below 200% of the Federal Poverty Level)

**74%** of patients identify as an **ETHNIC OR RACIAL MINORITY**

**28%** decline in **UNINSURED PATIENTS**

**411,697** patients gained **INSURANCE COVERAGE**

# COMPREHENSIVE COORDINATED CARE

## A Range of Services



**483,139** patients received  
**MEDICAL CARE**



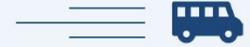
**141,415** patients received  
**DENTAL CARE**



**29,463** patients received  
**MENTAL HEALTH CARE**



**10,837** patients received  
**VISION CARE**



**96,711** patients received at least one  
**ENABLING SERVICE** to overcome barriers to care

In addition, patients received non-clinical services to connect them to community resources such as **HOUSING, JOB TRAINING, AND CHILD CARE**

# PREVENTIVE CARE and CHRONIC DISEASE MANAGEMENT

## Chronic Disease Management



**23,380** patients were diagnosed with  
**ASTHMA**



**12,918** patients were diagnosed with  
**CORONARY ARTERY DISEASE**



**47,552** patients were diagnosed with  
**DIABETES**



**73,888** patients were diagnosed with  
**HYPERTENSION**

## Preventive Care



**88,385** children received  
**WELL-CHILD VISITS**



**171,933** patients received  
**IMMUNIZATIONS** and  
**SEASONAL FLU VACCINES**

# STATE-OF-THE-ART PRACTICE

## Electronic Health Records

**71%** of health centers have installed and currently use an  
**ELECTRONIC HEALTH RECORD (EHR)**

**65%** of health centers are currently participating in the Centers for Medicare and Medicaid Services (CMS)  
**EHR INCENTIVE PROGRAM "MEANINGFUL USE"**

## Patient-Centered Care



**60%** of centers recognized as  
**PATIENT-CENTERED MEDICAL HOMES**

# QUALITY HEALTH OUTCOMES



## Clinical Performance

**100%** of health centers met or exceeded at least one  
**HEALTHY PEOPLE 2020 GOAL FOR CLINICAL PERFORMANCE.**



CLINICAL QUALITY  
MEASURES



IMPROVED HEALTH  
OUTCOMES

# VALUE IMPACT of HEALTH CENTERS

## Health Center Partners of Southern California

### REFERENCES AND DATA SOURCES

1. Access to Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2015 Uniform Data System.
2. Savings to Medi-Cal: Nocon et al. *Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings*. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
3. Savings to the Health System: NACHC Fact Sheet: *Health Centers and Medicaid*, December, 2016.
4. Economic and Employment Impacts: Calculated by Capital Link using 2015 IMPLAN Online.
5. Comprehensive Coordinated Care: Bureau of Primary Health Care, HRSA, DHHS, 2015 Uniform Data System.
6. Preventive Care and Chronic Disease Management: Bureau of Primary Health Care, HRSA, DHHS, 2015 Uniform Data System.
7. Quality Health Outcomes: Calculated by Capital Link based on 2015 Uniform Data System information and relevant Healthy People 2020 targets found at <https://www.healthypeople.gov/2020/data-search>.

\*Full-Time Equivalent (FTE) of 1.0 means that the person is equivalent to a full-time worker. In an organization that has a 40-hour work week, a person who works 20 hours per week (i.e. 50 percent time) is reported as "0.5 FTE." FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as "0.33 FTE" (4 months/12 months).

### Distribution of Population

	CHC Population	National Population
Under 100% Poverty	77%	71%
Under 200% Poverty	96%	92%
Uninsured	24%	24%
Medicaid	49%	49%
Medicare	9%	9%
Privately Insured	17%	17%

### Summary of 2015 Total Economic Activity

Stimulated by Current Health Center Operations

		Economic Impact	Employment (# of FTEs*)
Community Impact	Direct	\$ 554,693,952	5,058
	Indirect	\$ 209,778,352	1,291
	Induced	\$ 409,965,599	2,719
	<b>Total</b>	<b>\$1,174,437,903</b>	<b>9,068</b>

Direct # of FTEs (employment) based on HRSA 2015 UDS data for FQHCs.

### Summary of 2015 Tax Revenue

		Federal	State
Community Impact	Direct	\$76,349,311	\$22,550,611
	Indirect	\$19,652,639	\$9,917,985
	Induced	\$36,212,954	\$26,326,878
	<b>Total</b>	<b>\$132,214,904</b>	<b>\$58,795,474</b>
<b>Total Tax Impact</b>		<b>\$191,010,378</b>	

# VALUE IMPACT of HEALTH CENTERS

## Health Center Partners of Southern California

### HOW ECONOMIC IMPACT IS MEASURED

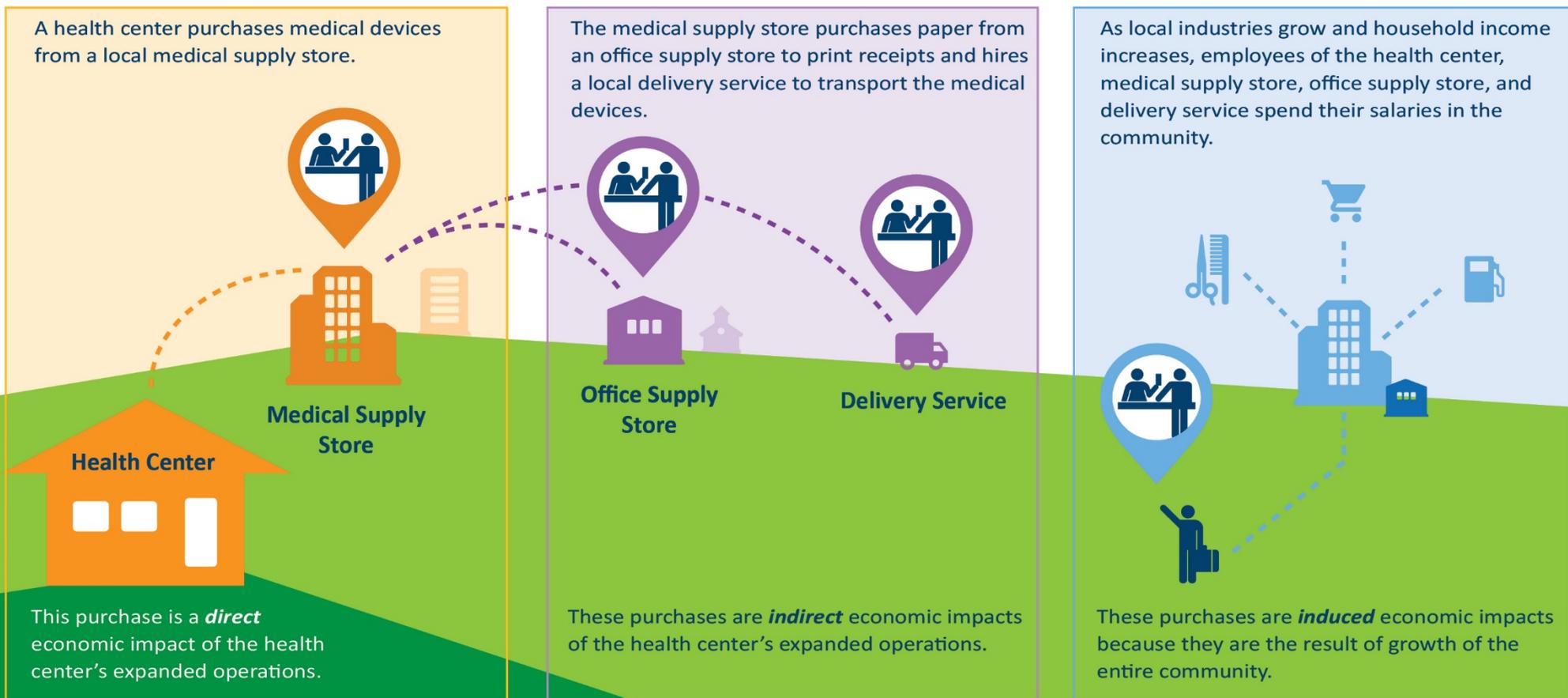
Using IMPLAN, integrated economic modeling software, this analysis applies the “multiplier effect” to capture the direct, indirect, and induced economic effects of health center business operations and capital project plans. IMPLAN generates multipliers by geographic region and by industry combined with a county/state database. It is widely used by economists, state and city planners, universities and others to estimate the impact of projects and expenditures on the local economy. This analysis was conducted using 2015 IMPLAN Online.

### WHAT ARE DIRECT AND COMMUNITY IMPACTS?

Direct impacts result from *health center expenditures associated with expanded operations, new facilities, and hiring.*

Community impacts can be indirect, resulting from *purchases of local goods and services, and jobs in other industries.*

Community impacts can be induced, resulting from *purchases of local goods and services at a household level made by employees of the health center and suppliers.*



### COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health

Clinicas de Salud del Pueblo, Inc.

Community Health Services, Inc.

Imperial Beach Community Clinic

Indian Health Council, Inc.

La Maestra Community Health Centers

Mountain Health

Neighborhood Healthcare

North County Health Services

Operation Samahan Health Centers

Planned Parenthood of the Pacific Southwest

San Diego American Indian Health Center

San Diego Family Care

San Ysidro Health Center

Southern Indian Health Council, Inc.

Sycuan Medical/Dental Center

Vista Community Clinic

This report was developed by Capital Link, a non-profit organization that has worked with hundreds of health centers and Primary Care Associations for over 18 years to plan capital projects, finance growth, and identify ways to improve performance. We provide innovative consulting services and extensive technical assistance with the goal of supporting and expanding community-based health care. For more information, visit us online at [www.caplink.org](http://www.caplink.org).