Investing in Community Health

Strengthening and Sustaining Community Health Centers through Strategic Investment

Our Goal:

Patient-Centered Investment in Community Health Centers that Expands Access, Drives Quality Improvement and Achieves Cost Savings

Background

For more than 50 years, there has been **bipartisan support** for community health centers' mission and model. **Health centers are an asset** to health systems at the local, state and federal level. Thanks to specific, targeted investments made by Congress during **both the George W. Bush and Obama administrations**, health centers now serve more than **24 million patients in more than 9,000 communities nationwide**.

Health centers are funded by two sources: **annual discretionary appropriations** and the **Health Centers Fund**, which is currently funded through the next fiscal year. Congress has voted on an overwhelmingly bipartisan basis to extend both of these funding streams, which support health center operations, care for the uninsured, and the cost of services (such as translation, transportation, health education) not typically covered by insurance.

The Facts

- Health centers save the health care system an estimated \$24 billion every year through reductions to inpatient hospitalizations and ER use.
- In addition to serving more people and communities, health centers continue to offer additional services on-site—81% now offer mental health and/or substance abuse treatment, 77% offer oral health, and 40% offer pharmacy. Continued investment is needed to make each health center an integrated "one-stop shop" for patient care.
- Though some health center patients have gained insurance, this doesn't automatically
 translate into meaningful access to care. Health centers are serving a large number of
 under-insured patients, as well as those who remain uninsured.
- The federal investments that support the health center system of care must be sustained and stabilized to ensure access to care is not disrupted. Recognizing this, Congress voted to reauthorize the Health Centers Fund for 2 years in 2015, and has consistently supported the Health Centers program through annual appropriations.

Our Request

To ensure that health centers remain strong and stable, we request that Members:

- 1. Support Health Centers in the FY17 annual appropriations process by signing the Bilirakis-Green letter in the House and the Wicker-Stabenow letter in the Senate. We also ask that Members request level discretionary funding (\$1.5 billion) in individual request letters.
- 2. Commit to taking action well before the September 2017 deadline to **make the Health Centers Fund permanent** and reduce the uncertainty caused by year-by-year renewals of this critical investment in access to care.



Innovating for Healthy Communities

Community Health Centers Changing Health Care to Better Serve Their Communities

Our Goal:

Preserve and Strengthen the Community Health Center Model to Drive Innovation at the Patient, Community and System Level

Background

Community health centers are the **largest primary care network in the U.S.**, serving more than **24 million patients in over 9,000 communities**. Each health center adheres to the **same core model**: located in high-need areas, community-governed, open to all regardless of ability to pay, with a full range of preventive and primary care services.

Through innovations taking place in communities nationwide, health centers are collectively leading the way toward a **more integrated**, **patient-centered**, **prevention-focused** health care system. Other health care systems, health researchers, foundations and agencies from all levels of government have praised the community health center model as an example of **public-private partnership driving innovation** in health care.

The Facts

- Because all health centers are designed to be responsive to the needs of their communities through their patient-majority governing boards, they must continually meet community challenges with innovative solutions.
- Health center clinical teams are developing new approaches to integrating behavioral health, oral health, nutrition and other services together with primary medical care.
- By developing and participating in **alternative payment models**, health centers are incentivizing prevention and value-based improvements in quality of care.
- Health centers are serving as the training grounds for the future clinical workforce, bringing training and education into the community where care is most needed.
- More than 98% of health centers have implemented **electronic health records** and many are using **telehealth and remote patient monitoring technology** to improve care.
- The health center model needs **ongoing support from policymakers** to continue.

Our Request

To demonstrate their support for the community health center model of care, health centers ask that Members:

- 1. Join the Bipartisan Caucus on Community Health Centers. Please contact Senate cochairs Senators Blunt, Carper, Cornyn or Cardin, or House co-chairs Representatives Granger, Davis (IL), or Capuano to join.
- 2. Visit a community health center during an upcoming district work period, or during National Health Center Week (August 7th-13th).



Staffing the Safety Net

Building the Community Health Center Workforce of the 21st Century

Our Goal:

To Train, Recruit and Retain a Robust and Diverse Workforce Ready to Deliver Quality Care to Underserved Patients and Communities

Background

A community health center's workforce is its **most valuable resource**. Quality patient care demands an **integrated**, **multidisciplinary team**, drawing on **a range of clinical disciplines** and administrative expertise, all built around the unique circumstances of the patient.

Because of a persistent national shortage of clinicians, particularly in rural and underserved areas, most health centers currently **struggle to recruit and retain the clinical workforce necessary** to meet patient needs. A recent **nationwide survey** of health centers identified particular barriers to meeting staffing demands, as well as promising tools to address workforce challenges through incentives, innovation and training.

The Facts

- More than 70% of health centers say they currently have at least one vacancy for a
 family physician. Health centers themselves estimate that if staffing needs were met,
 collectively they could be serving an additional 2 million patients.
- While nearly **two-thirds** of health centers say hiring a physician is the highest priority, many also identified a persistent need for **oral health** and **behavioral health** providers.
- Most health centers are involved in health professions education and/or residency training, but a much smaller number are designated Teaching Health Centers (THCs), a promising model that puts the training directly in the community. Many health centers are interested in becoming THCs, but have been hesitant given funding uncertainty.
- Roughly half of all National Health Service Corps clinicians serve in health centers. Yet many health centers still cannot gain access to NHSC providers due to insufficient funding for the NHSC.

Our Request

Health Centers support a platform of policy solutions to the workforce crisis, including:

- Fully funding the National Health Service Corps at the President's Budget Request of \$380 million, to provide scholarships and loan repayment to thousands more clinicians.
- **Investing in Teaching Health Centers** by providing necessary funding to preserve current programs and putting the THC model on a path to long-term sustainability and growth.
- Passing the Family Health Care Accessibility Act (S. 2151, Thune/Casey) to include volunteer providers under health centers' medical liability coverage.
- Passing the CONNECT For Health Act (S. 2484, Schatz/Wicker and H.R. 4442, Black/Welch) to improve CHCs' access to telehealth technology.
- Reauthorizing and funding Nurse Practitioner Residency Training demonstration projects.

