

Community Health Center 101

Community health centers provide affordable, accessible, and acceptable primary healthcare to lowans. These centers primarily serve indigent, medically underserved, and underinsured populations and assist special populations through grants and programs.

Community health centers are safety net providers. They provide several health services to the community, including comprehensive health services with a variety of physician specialties, general dentistry and community health programs involving oral health education and dental screening, prenatal care, family planning, health screenings, immunizations, case management and pharmacies. Centers may be affiliated with a regional health system, which provides a substantial level of support systems.

Cost-effective

Community health centers are subject to ongoing federal scrutiny of their cost-effectiveness and quality of care; there is no comparison to this level of monitoring in the private sector. Cost screens applied to health centers by the U.S. Public Health Service and the Center for Medicare and Medicaid Services, such as administrative costs and costs per patient visit, are virtually unparalleled in the healthcare industry. The result of all of these factors is that community and migrant centers provide quality, comprehensive primary care to some of the hardest-to-reach patients in the health system at an affordable price.

Comprehensive

Community health centers offer comprehensive, “one-stop” primary care rather than the traditional medical model for chronic and acute care. Prevention is the focus. Centers also emphasize services designed to ensure the effectiveness of the medical care provided, such as health/nutrition education, and case management.

Community Oriented

Community health centers are also categorized by the high degree of community responsiveness of the programs they offer because they are required to conduct annual service area needs assessments and must be governed by community boards.

Community health centers play a vital role in the delivery of health services in the United States. Currently there are more than 1,000 community health centers with approximately 3,200 clinic sites in the United States. In total, they provide care to 12 million medically underserved individuals.

What is a Community Health Center?

The term community health center has both broad and narrow meanings. In the broad sense, community health centers are providers of primary healthcare to medically underserved populations. Unlike the medical model of healthcare delivery, community health centers focus not only on improving the health of individual patients, but on improving the health status of the entire community. This community-oriented focus means community health centers differ from traditional health care providers in several ways. Needs assessment, program development, and evaluation are all framed in terms of both community health needs and patient health.

The services of a community health center are accessible to the target population, comprehensive, and coordinated with other social services. The health center is also accountable to the community which it serves by involving members and health center users in program planning and organizational governance.

In a more narrow definition, the federal government uses the term “community health centers” to describe public or non-profit centers that receive federal funding under the Health Centers Consolidation Act of 1996 amended section 330 of the Public Health Service Act to provide comprehensive primary care services to medically underserved populations. All individuals within the

health center's service area may receive health services at a community health center regardless of ability to pay.

Federally Qualified Health Centers (FQHCs)

FQHCs are health centers which receive PHS Act Section 330 funds and serve medically underserved areas (MUAs), or serve a medically underserved population (MUP), or meet the statutory requirements for receiving federal community health program funds. The advantage of FQHC designation is the health center can receive cost-based reimbursement for Medicaid and Medicare patients.

In addition, FQHC status may offer health centers certain other benefits, such as access to federally funded and supported technical assistance, higher rates of payment under Medicaid managed care, and eligibility for the Public Health Service Drug Pricing Program. Health centers receiving 330 federal funds are automatically eligible for certification as Medicaid and Medicare FQHCs. Health centers not receiving federal funding must submit an application to the Health Resources and Services Administration Bureau of Primary Healthcare.

Basic Requirements

Basic requirements of a community health center are listed below:

- It is located in a medically underserved area or serves a medically underserved population
- It provides comprehensive primary care (directly and/or by contract)
- It serves all patients regardless of age or income, within a defined service area
- It has a schedule of discounts (sliding-fee schedule) based on the patient's ability to pay
- It is a public or not-for-profit organization
- It has a community-based board of directors. To be federally funded, a majority of board members must use the health center and must represent the community served in terms of demographic factors such as race, ethnicity, sex, age, and socioeconomic status

Within these requirements there are two options. A new community health center could be a new organization starting from scratch, or it could be an existing organization, which converts its operations into a community health center.

Regardless of whether the center is a new start or existing clinic, the center can take a variety of forms, including:

- A federally funded community health center (CHC). This requires the health center to be in a federally designated MUA/MUP; the health center must comply with program expectations for a federally funded CHC, and apply for new access point funding under Section 330 of the Public Health Service Act.
- A FQHC look-alike. As described above, look-alikes are organizations that comply with all the requirements of a federally funded community center, but do not receive 330 grant funds. Look-alikes are subject to some of the restrictions and receive some of the benefits of federally funded centers.
- A community-based non-profit organization in some other form.

Program Expectations

Because community health centers serve a wide range of communities, from inner cities to rural frontiers, there is no one model health center. However, every community health center should have a sound infrastructure able to respond to the needs of its community within the constraints of its resources. Each community health center should develop processes and procedures designed to ensure the provision of high quality health services supported by strong management and governance.

As noted previously, to receive federal funding a community health center must meet the program expectations of the U.S. Public Health Service. Program expectations describe aspects of organizational structure and processes that are associated with successful health center programs. The four parts of the program expectations are as follows:

- Needs Assessment and Planning
- Governance
- Management and Finance
- Clinical Program/Health Services

Needs Assessment and Planning

Community health centers are required to assess the health needs of the population to be served and the resources available in the community to meet those needs. From the assessment of needs and resources, centers should identify and prioritize problems. These prioritized problems form the basis of the center's planning process. Centers are required to work closely with other safety net providers in defining and revising an appropriate role for the health center in addressing community health care needs. Factors used to determine need are geographic, demographic, and economic.

Governance

A board of directors must govern community health centers, which has full authority and responsibility to establish program policies. The board of directors should govern within the context of a long-term strategic mission and goals, as well as an annual operating plan. A majority of the board members must represent users of the center's services. A set of by-laws governing the organization should be maintained by the center. The by-laws should describe the structure and functions of the Board, and meet the requirements of federal, state, and local laws and regulations.

Management and Finance

To operate efficiently and effectively, the center must have appropriate management. The long-term mission and goals of the organization should guide center management. Management of a health center is a team process with well-defined lines of authority and responsibility. Adequate infrastructure must be in place including finance, management information systems, and communications.

Clinical Program/Health Services

Community health centers are required by law to operate a system of care that contributes to the desired outcomes of availability, accessibility, quality, comprehensiveness, and coordination. Centers must ensure that basic primary care services, coordinated with other levels of care, and support services appropriate to the communities defined health care needs are available and accessible. Centers must also have qualified providers and a clinical management system that ensures quality and continuity of care.

To ensure resources are being applied in the most effective way to meet identified needs, every health center is required to develop health care goals and objectives as part of the organization's planning process. The goals and objectives should consider both the role of the center in the community's overall system of care and the specific efforts the center will perform on behalf of its own user population and the community in general.