

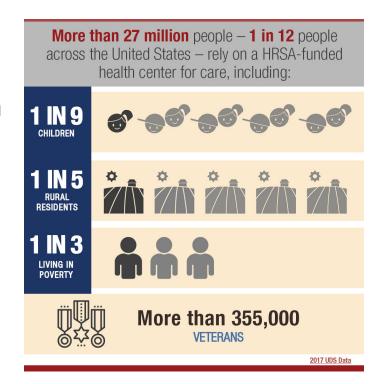


# **HRSA Health Center Program**

## **Increasing Access to Care**

For more than 50 years, health centers have delivered affordable, accessible, quality, and cost-effective primary health care to patients regardless of their ability to pay. During that time, health centers have become an essential primary care provider for millions of people across the country.

Today, the Health Resources Services
Administration (HRSA) funds nearly 1,400
health centers operating more than 11,000
service delivery sites. More than 27 million
people in every U.S. state, the District of
Columbia, Puerto Rico, the U.S. Virgin Islands,
and the Pacific Basin rely on HRSA-funded
health centers for care.



## **Improving Health Outcomes**

Health centers advance a model of coordinated, comprehensive, and patient-centered care, integrating a wide range of medical, dental, behavioral, and patient services. In the field of primary care, health centers are leading the way in chronic disease management. In 2017:

- 67 percent of diabetic health center patients controlled their blood sugar level (HbA1c < 9%), exceeding the national average of 57 percent;<sup>1</sup> and
- 63 percent of hypertensive health center patients controlled their blood pressure, exceeding the national average of 57 percent.<sup>2</sup>

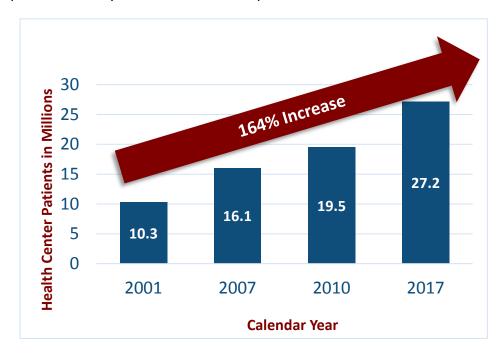
As community-based organizations integrating primary medical, oral health, mental health, substance use disorder, vision care, and patient support services such as medical transportation and education, health centers are well-positioned to meet the nation's health care needs. HRSA-funded health centers are also increasingly becoming the first line of defense in combatting the nation's opioid epidemic. Research shows that integrating substance use disorder services, mental health care, and primary care<sup>3</sup> improves the detection and treatment of substance use disorders and mental illness, as well as the management of co-occurring physical conditions and addictions,<sup>4</sup> life expectancy,<sup>5</sup> and cost efficacy.<sup>6</sup> In 2017, nearly 90 percent of HRSA-funded health centers provided mental health care to more than two million people nationwide. Additionally, nearly 70 percent of health centers offered substance use disorder services, including medication assisted treatment (MAT).

## **Reducing Health Care Costs**

The health center model of care has been shown to reduce the use of more costly providers of care, such as emergency departments and hospitals. A 2016 multi-state study found that health center patients had 24 percent lower spending as compared to non-health center patients across all services (e.g., 33 percent lower spending on specialty care, 25 percent fewer inpatient admissions, and 27 percent lower spending on inpatient care); indicating that HRSA-funded health centers are a cost-effective setting for delivering quality primary care to Medicaid enrollees.

#### HRSA Health Center Program Growth: 2001 – 2017

Between 2001 and 2017, the HRSA Health Center Program grew significantly in response to the need for comprehensive, affordable primary health care services, particularly in medically underserved communities. During this time, health centers increased the total number of patients served by more than 164 percent – nearly 17 million additional patients.



For more information on the HRSA Health Center Program, visit bphc.hrsa.gov

To locate a HRSA-funded health center, visit: findahealthcenter.hrsa.gov

<sup>&</sup>lt;sup>1</sup> National Committee for Quality Assurance, The State of Health Care Quality. Diabetes Care (2016)

<sup>&</sup>lt;sup>2</sup> National Committee for Quality Assurance, The State of Health Care Quality. Controlling for High Blood Pressure (2016)

<sup>&</sup>lt;sup>3</sup> For more information, see <a href="https://www.samhsa.gov/health-care-health-systems-integration.">https://www.samhsa.gov/health-care-health-systems-integration.</a>

<sup>&</sup>lt;sup>4</sup> For more information about comorbid mental health and substance use disorders, see <a href="https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf">https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf</a>.

<sup>&</sup>lt;sup>5</sup> Druss BG, Zhao L, Von Esenwein S, Morrato EH, Marcus SC. Understanding excess mortality in persons with mental illness: 17-year follow up of a nationally representative US survey. Med Care. 2011 June;49(6):599-604

<sup>&</sup>lt;sup>6</sup> For more information on the cost efficacy of integrated care, see <a href="http://www.ibhpartners.org/why/cost-effectiveness/">http://www.ibhpartners.org/why/cost-effectiveness/</a>.

<sup>&</sup>lt;sup>7</sup> Laiteerapong, Neda et al. "Health Care Utilization and Receipt of Preventive Care for Patients Seen at Federally Funded Health Centers Compared to Other Sites of Primary Care." Health Services Research 49.5 (2014): 1498–1518.

<sup>&</sup>lt;sup>8</sup> Nocon, Robert S. 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, 2016 Nov; 106(11): 1981-1989.