

Community Health Centers and Birth Outcomes

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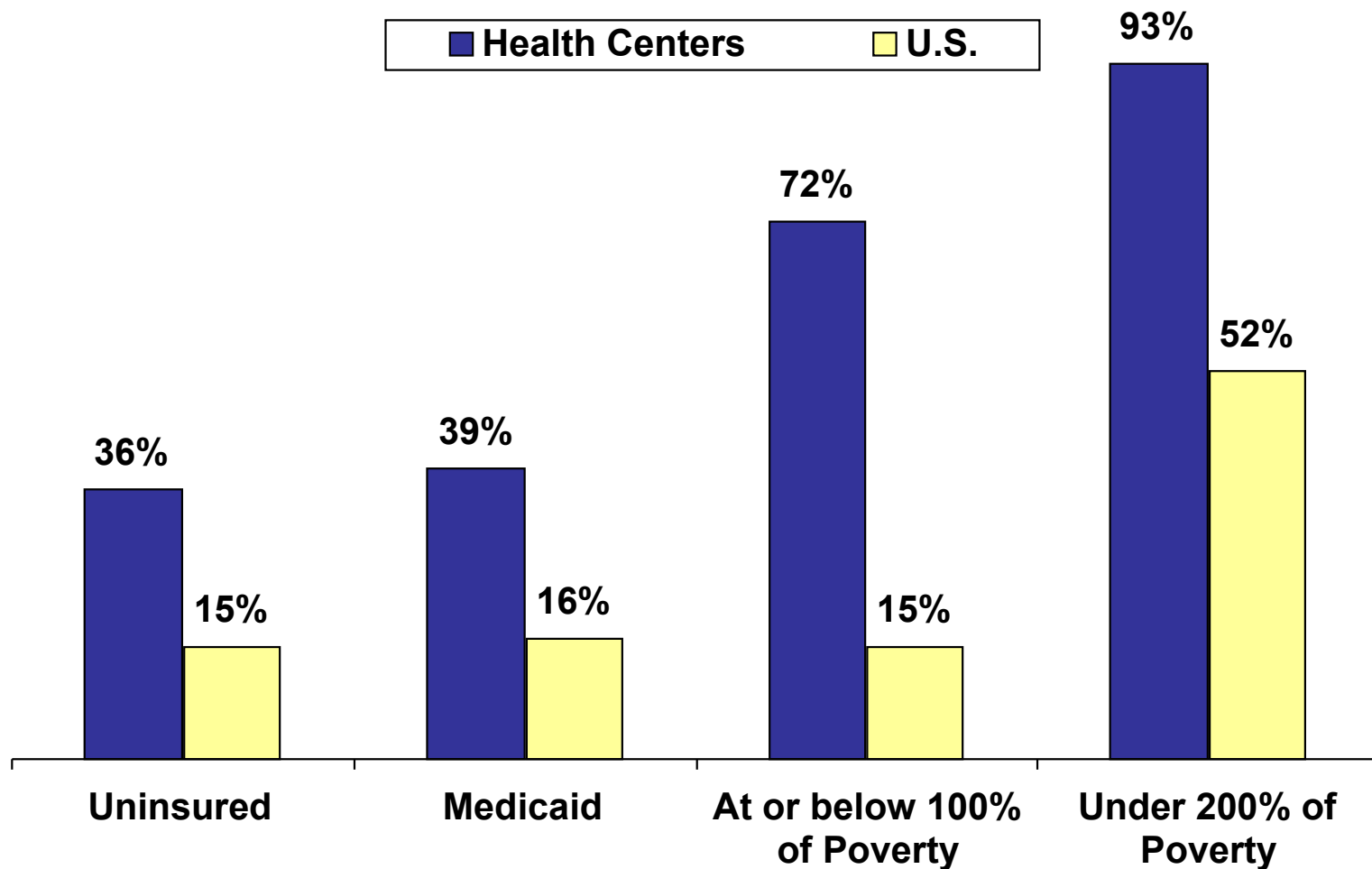
Community Health Centers

- Approx. 1200 FQHCs across 8500 sites in 2012
- Key Program Requirements:
 - MUA/P (e.g., mobile populations, schools, housing)
 - Serve all regardless of ability to pay, coverage, or residence
 - Patient majority board
 - Sliding scale fee
 - Comprehensive primary care including enabling services
- Quality and Accountability

Health Centers Effectively Target and Serve At-risk Population (2012)

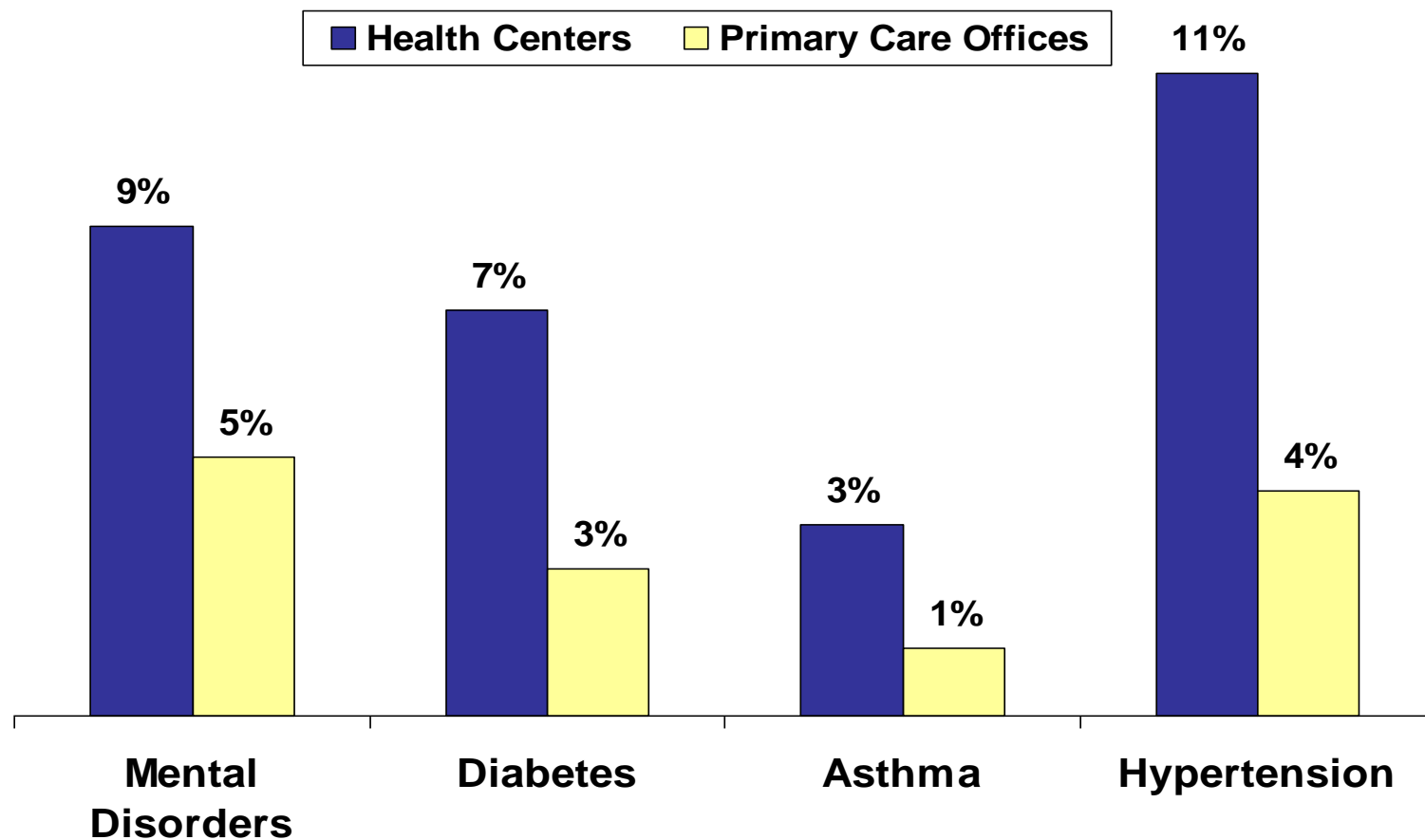
- Over 21 million patients
 - 59% are female
- 5.7 million women of childbearing age (15-44)
 - 730 HIV+ pregnant women
- 495,658 pregnant women accessed prenatal care
 - 66.1% in first trimester
 - 21.9% in second trimester
 - 4.8% in third trimester
- 602,155 infants under <1 year of age

Health Center Patients are Disproportionately Poor, Uninsured, and Publicly-Insured (2012)



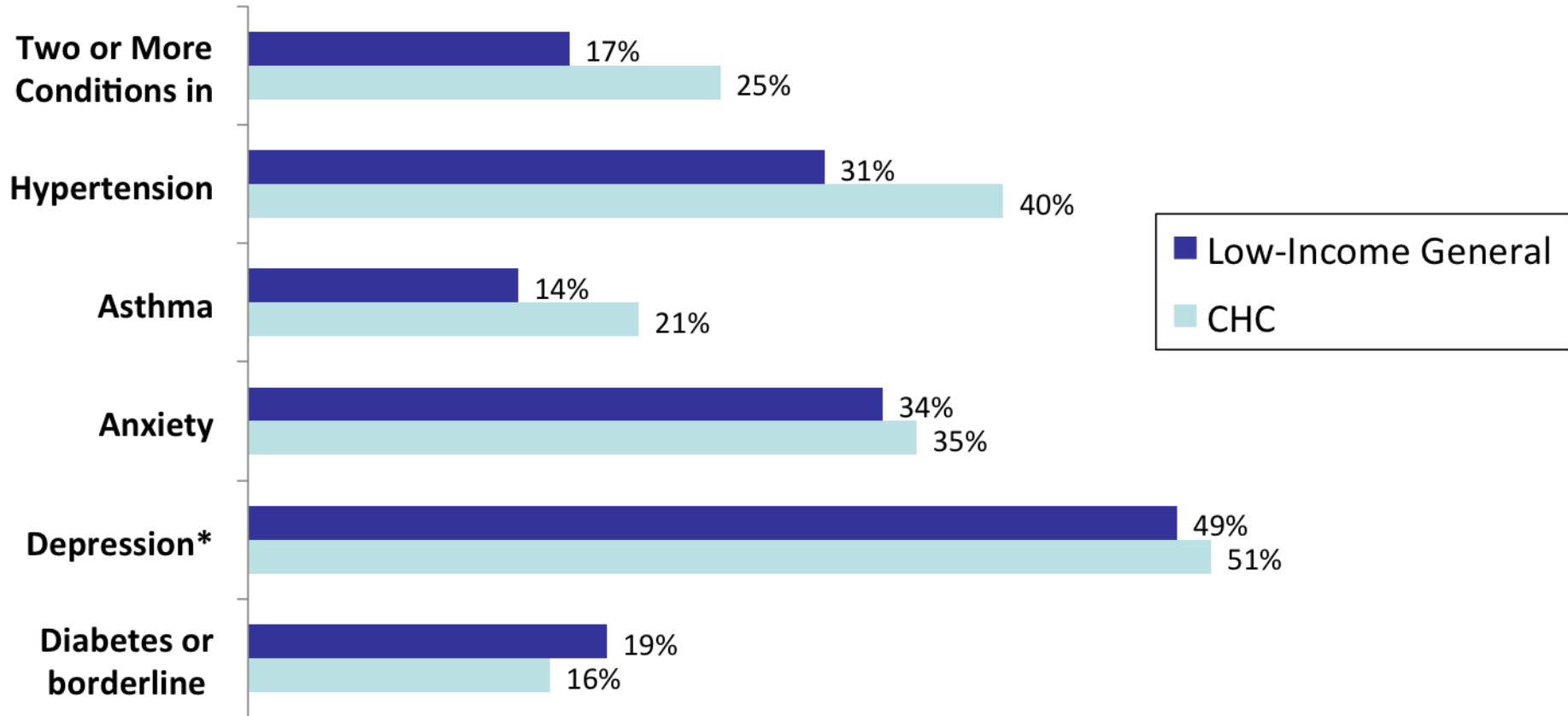
Source: 2012 UDS (HRSA) and 2013 CPS, ASES (Census).

Health Center Patients are Generally More Likely to Have Chronic Illness Than Patients of Office-Based Physicians



Source: Private Physicians from 2006 NAMCS (CDC National Center for Health Statistics, 2008). UDS, 2006.

Health Center Patients are Generally More Likely to Have Chronic Illness Compared to Low-Income U.S. Population



*Note: Low-income is defined as <200% FPL. Includes adults ages 18 and over.

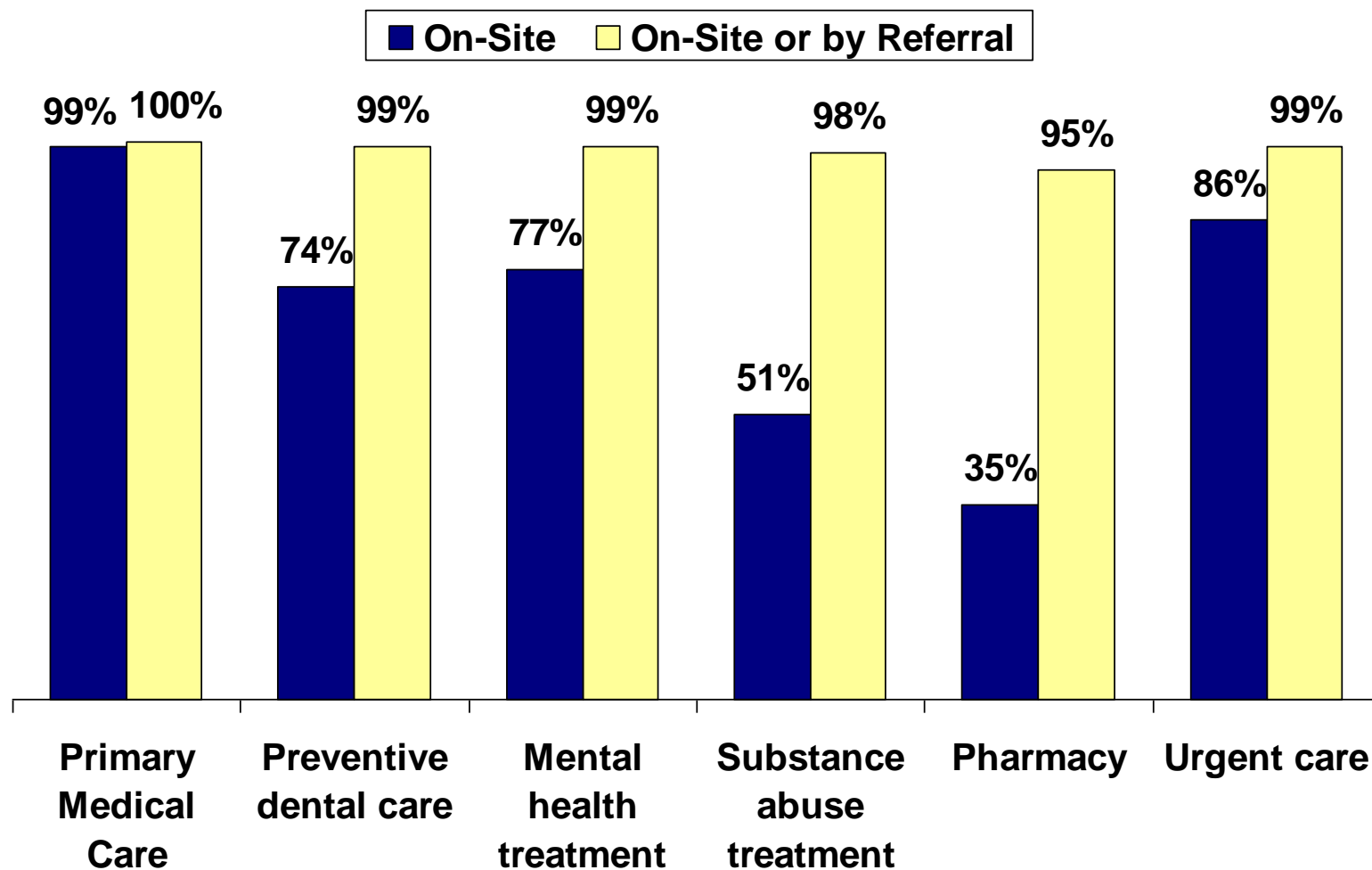
Co-morbid conditions include diabetes, asthma, hypertension, liver condition, coronary health disease, or emphysema

Sources: KCMU/George Washington University analysis of 2009 Health Center Patient Survey and 2010 National Health Interview Survey.

Health Centers Have Infrastructure to Impact IMR

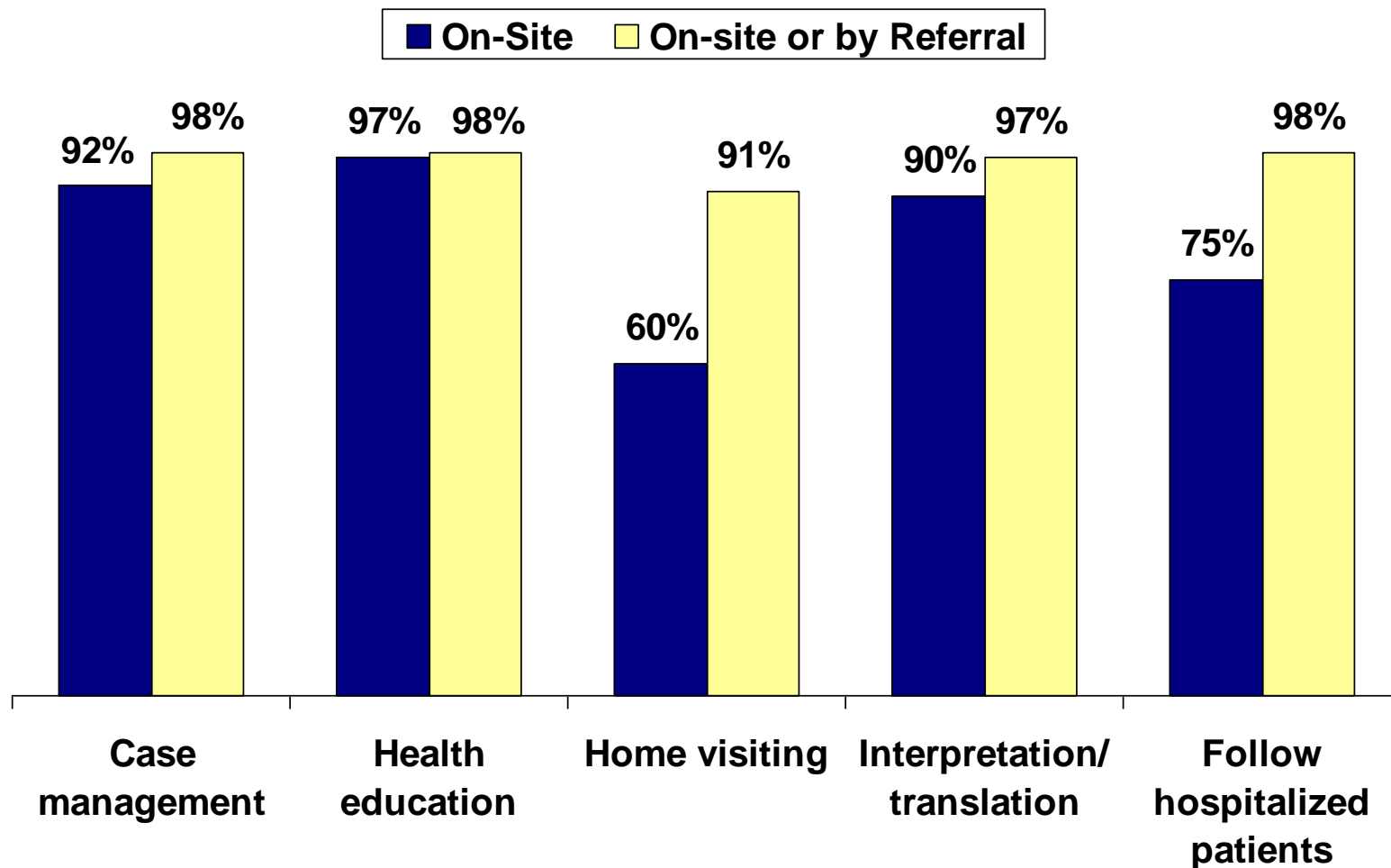
- Health centers comprehensive, prevention- and community-oriented approach is ideal for delivery of pre- and inter-conception care to at-risk women
- Electronic health records
 - 80% have an EHR available for all providers (2012)
 - 10% have EHR available for some sites or providers
 - 98% meet MU incentive payments requirements

Percent of Health Centers Offering Key Services (2007 UDS)



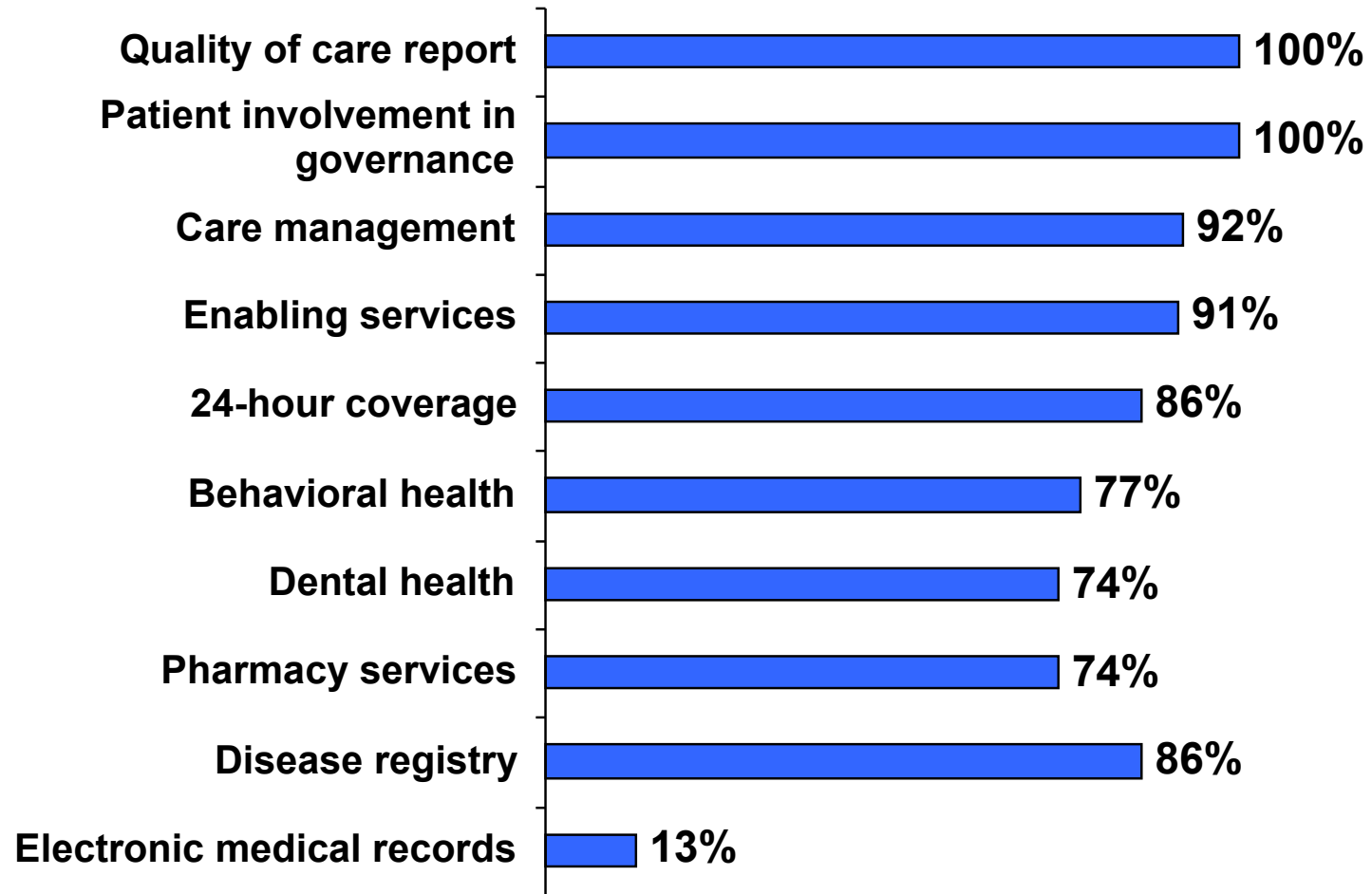
Source: Shin et al., Financing Community Health Centers as Patient- and Community-Centered Medical Homes: A Primer (2009) Commonwealth Fund.

Percent of Health Centers Offering Key Enabling Services (2007 UDS)



Source: Shin et al., Financing Community Health Centers as Patient- and Community-Centered Medical Homes: A Primer (2009) Commonwealth Fund.

Proportion of Health Centers Meeting Select Medical Homes Criteria



Source: Health center data from 2007 UDS, HRSA and the 2006 HIT survey conducted by Harvard University, George Washington University, and the National Association of Community Health Centers.

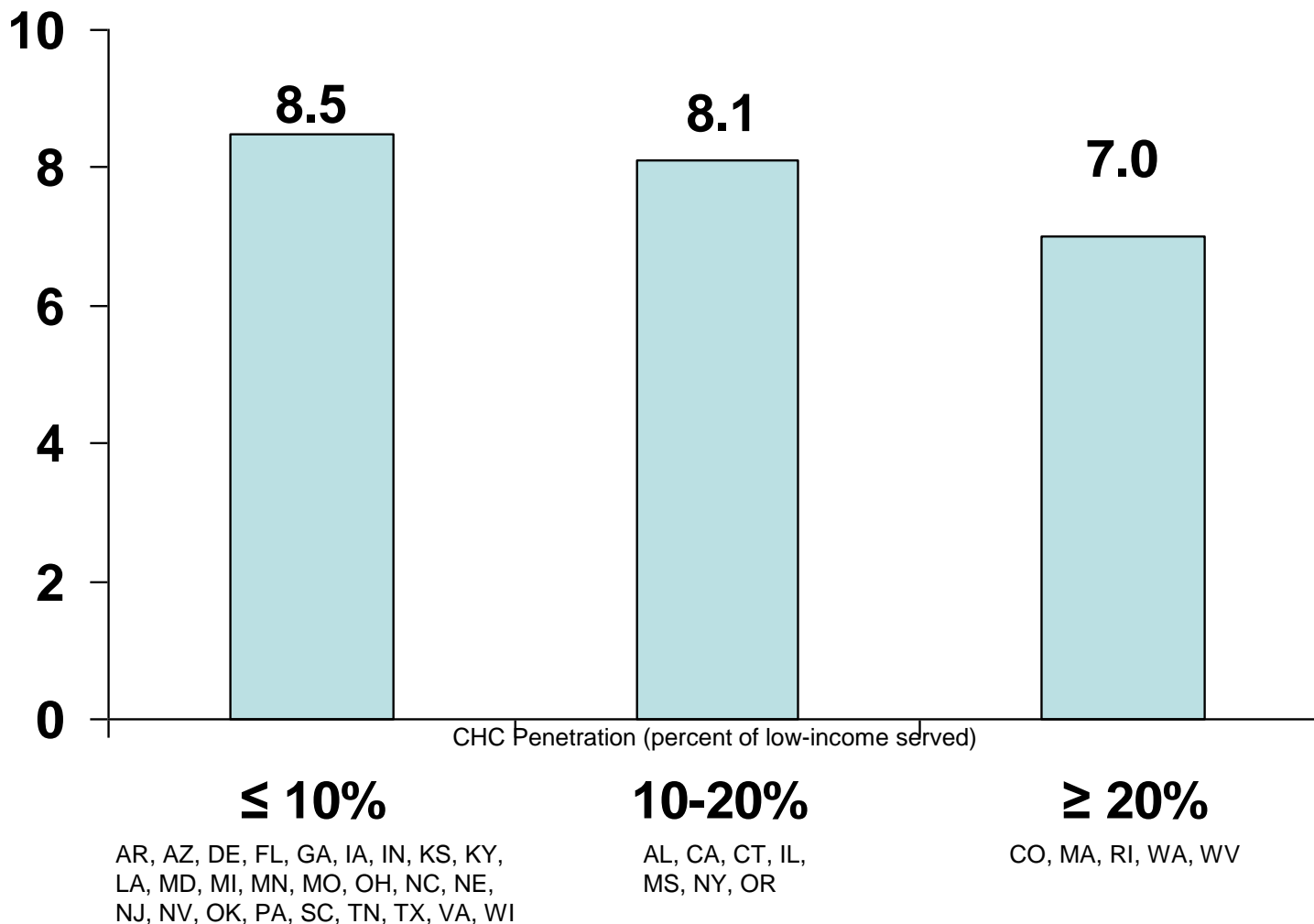
Health Centers and Pregnancy Outcomes

- Women of childbearing age comprise 27% of health center patients
- 495,658 prenatal care users
 - 263,445 prenatal care users who gave birth in same calendar year
 - 173,698 deliveries performed by health center provider
 - More than half of infants and prenatal care users in WIC (2007)
- Less than 7.1% percent of deliveries are LBW (vs. 8.0% nationally*)
- Three-quarter of births are nonwhite.

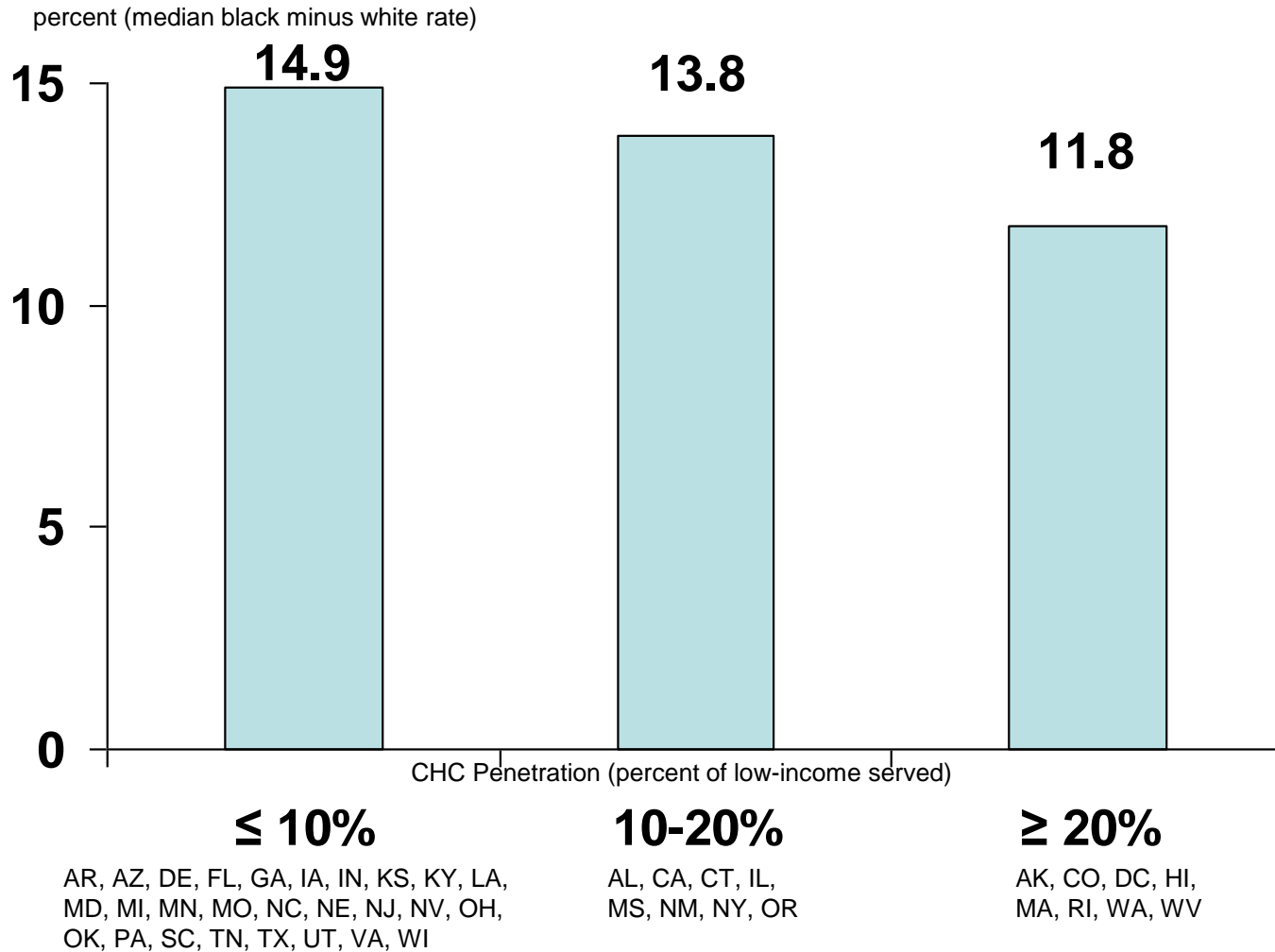
Source: 2012 UDS (HRSA) and *National Vital Statistics Report, Vol 62, No. 9.

As health center penetration into states' low-income communities increases, states' B/W health disparities in infant mortality per 1,000 live births decline significantly from 8.5 to 7.0

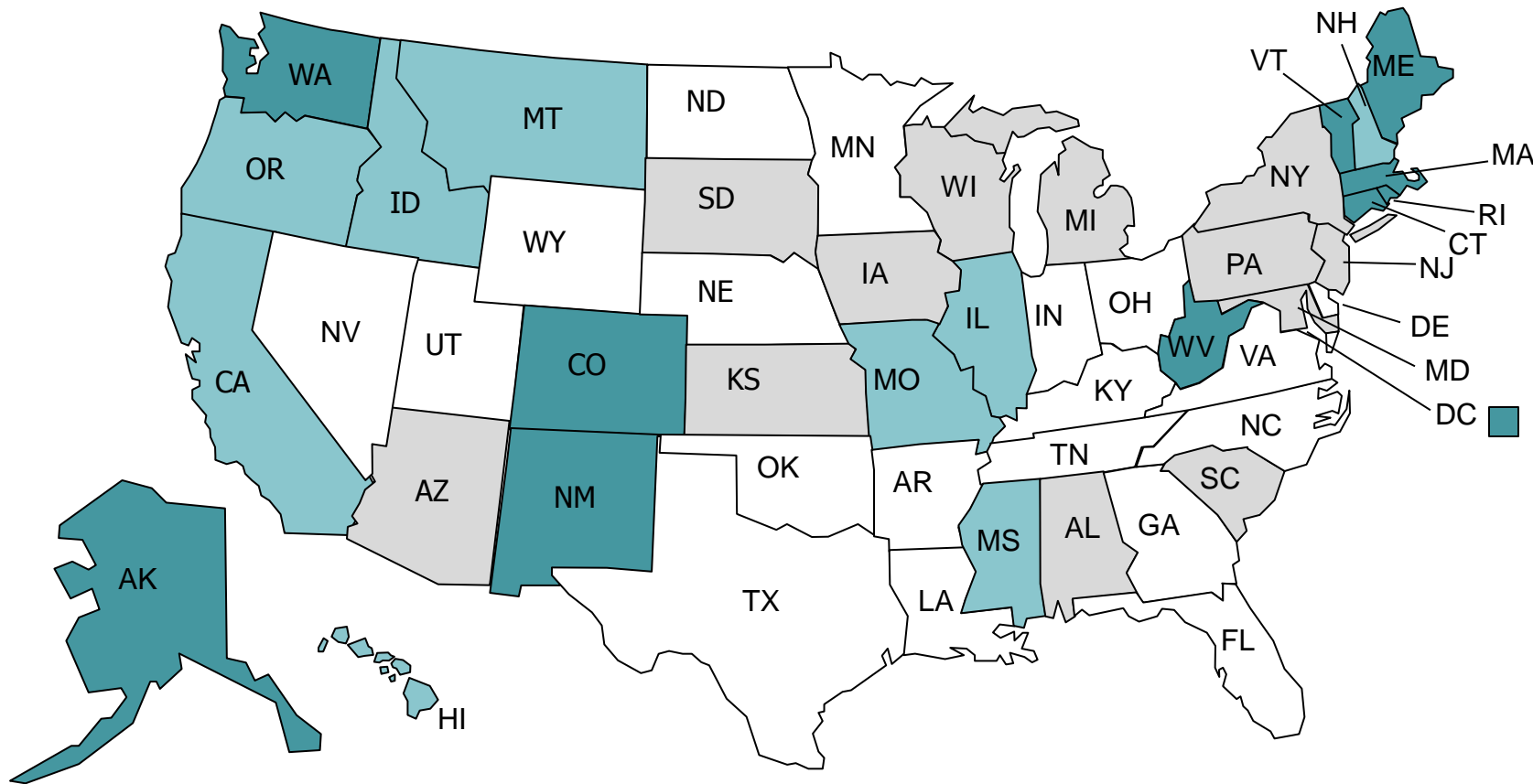
per 1,000 live births (median black minus white rate)



As health center penetration into states' low-income communities increases, states' B/W health disparities in early prenatal care decline significantly from 14.9 to 11.8



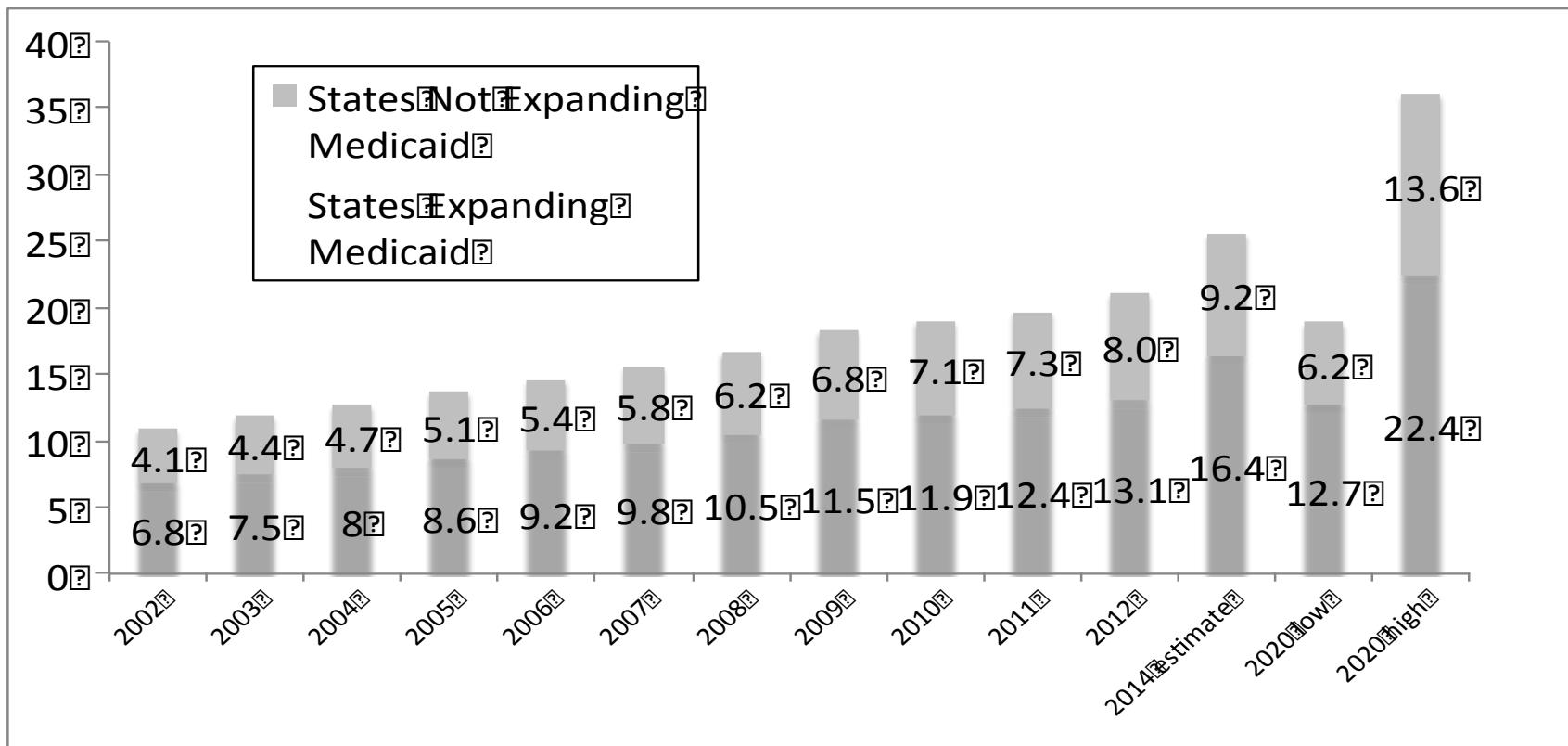
Percent of State Low-income Population Receiving Care at Community Health Centers, 2012



National percentage (not including territories): 18%

- >30% (10 states and DC)
- 20%-<30% (9 states)
- 15%-<20% (12 states)
- <15% (19 states)

Effects of Health Center Grant Funding and Medicaid Expansion on Total Number of Patients Served (in millions)



SOURCES: HRSA 2002-2012 data and excludes the U.S. territories; 2020 projections based on Ku et al., (2014) *How Medicaid Expansions and Future Expansion and Future Community Health Center Funding Will Shape Capacity to Meet the Nation's Primary Care Needs: A 2014 Update*. (low assumes loss of mandatory funding and minimal appropriation levels and high assumes continuation of federal support).

Closing Thoughts

- **Opportunities:**
 - Number of health center patients is expected to double over next decade, increasing opportunity to improve pregnancy outcomes
 - Medicaid expansion likely to result in greater access/capacity
 - Realize health care savings (\$24 billion in health care savings in 2009 due to increased access to preventative services and reductions in readmissions, hospitalizations, poor birth outcomes, etc)
- **Challenges:**
 - Understanding gaps/transition in Medicaid and Exchange plans, including capacity impacts and change in network providers.
 - Workforce and capacity issues
 - 1,022 obstetricians and gynecologists (and 564 certified nurse midwives) across 8500 communities.
 - Disparities in LBW persist
 - 10.7 black (10.8 Non-Hisp.) vs. 6.1 white (6.8)

Select GW Studies Referenced

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