



Pennsylvania Association of Community Health Centers

PENNSYLVANIA FEDERALLY QUALIFIED HEALTH CENTERS GROWTH ANALYSIS

There are 42 Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes in the Commonwealth. They have more than 190 service sites in both urban and rural areas. The data below are from mandated reports provided by grant-funded FQHCs only to the United States Department of Health and Human Services. Federally Qualified Health Center Look-Alike data are not similarly available. The data, however, support the conclusion that the demand for and use of services at FQHCs and Look-Alikes are increasing.

PA FQHC GRANTEE DATA

Item	Calendar Year 2002	Calendar Year 2006	% Increase
FQHC Organizations	28	32	14.3%
Service Delivery Sites	145	174	20.0%
Total Users	382,939	499,829	30.5%
Total Encounters	1,354,433	1,761,521	30.0%
Medicaid Users	148,748	203,759	37.0%
Uninsured Users	102,933	128,479	24.8%
Primary Care Provider FTEs	275.26	337.72	22.7%
Primary Care Physician FTEs	188.14	225.51	19.9%
Mid-Level Practitioners	87.12	112.21	28.8%
Total Expenses	\$139,004,977	\$208,566,994	50.0%

Implications

Access Capacity

The need to improve health care coverage is important. However, to be successful, health care reform must also ensure that the clinical service capacity exists to meet the need. Will a sufficient number of “medical homes” be available to provide the preventive, acute and chronic care required?

1. Health centers are opening more delivery sites and offering more services—dental care, behavioral health, pharmacy, etc.
2. The number of underserved patients receiving services —Medicaid and Uninsured Users—is increasing.
3. As the numbers of medically underserved have grown, the financial burden to health centers has also increased. This is an untenable position for the long-run viability of health centers and will impact their ability to carry out their mission to provide a medical home to the uninsured and underinsured residents of the Commonwealth.

Work Force

Recruitment and retention of a qualified workforce is a growing concern. State support to recruit and retain these individuals is essential to the delivery of appropriate care to meet community needs.

Health Information –Digital Divide

The use of Health Information Technology (HIT) is an essential tool. The benefits of HIT include: making access to medical information easier; reducing errors through the use of provider and patient decision-making support; providing evidence-based practice protocols; monitoring preventive care needs; and enhancing chronic disease care. Monies are needed to insure that there is no digital divide between safety net and other providers.

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