What are Community Health Centers (CHCs)?

Community health centers (CHCs) are nonprofit, community-based and patient-directed organizations that serve populations with limited access to health care. North Carolina’s CHCs provide primary care—on a sliding fee scale—to more than 450,000 patients. For 50 years, CHCs have provided comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations.

Community health centers are a vital part of NC’s healthcare system because they are safety-net providers and innovators, devising systems of care that improve health and reduce costs.

**Quick facts:**

**North Carolina Health Centers**

- 34 Community Health Centers
- Located in 66 counties across NC
- 178 delivery sites
- Serving 450,000 North Carolinians
- Generating $359 M in economic impact

**COMMUNITY HEALTH CENTERS ARE A “ONE-STOP SHOP” FOR HEALTHCARE**

Health centers emphasize team-based care in order to deliver this wide range of services to patients.

A growing number of CHCs are integrating behavioral healthcare into the primary care visit. From 2008-2013, the number of patients utilizing behavioral health services in CHCs increased over 149%.

In health centers with in-house pharmacies, staff pharmacists provide medication therapy management. All CHCs utilize 340b discounted drug pricing which saves NC Medicaid on prescription costs.

Health centers also provide a range of enabling services like case management, transportation, interpretation, and social services in order to help patients access care.

Health centers provide a healthcare home to all patients regardless of their ability to pay.
Health Centers Are A Vital Part of the Healthcare System

COMMUNITY HEALTH CENTERS PROVIDE CONTINUITY OF CARE FOR NC’S UNINSURED

NC’s health centers serve significantly more uninsured patients than health centers nationally.

More than 7 in 10 NC health center patients live at or below the poverty line.

Source: BPHC, HRSA, DHHS, 2012 Uniform Data System (UDS)

HEALTH CENTERS PROVIDE THE RIGHT CARE, AT THE RIGHT TIME, AT THE RIGHT COST

Health center patients spend 62% less.

Total annual health expenditures were 62% less for patients served in North Carolina’s community health centers than for patients receiving care in other ambulatory care settings.

In dollars, NC CHC patients experienced an average savings of approximately $3,400 dollars. That is money in North Carolinians’ pockets.

1. BPHC, HRSA, DHHS, 2013 Uniform Data System (UDS).
Community Health Centers Are Innovators and Leaders in Healthcare Delivery

Recognizing the complex needs of their patient population, CHCs have to be on the cutting edge of care delivery in order to provide the range of services their patients need without regard to ability to pay.

HEALTH CENTERS LEAD INNOVATIVE, COST-SAVING MODELS

Partnerships to reduce expensive hospital utilization
• Nearly 70% of NC Medicaid patients visit the hospital emergency room each year.¹
• The Health Center Model works: Medicaid patients in CHCs are one-third less likely to utilize hospital care compared to Medicaid patients in other settings.²
• Hospitals charge $1,233 for a non-acute emergency room visit. A single primary care visit at a CHC costs $138.³
• Health centers must be located in high-need areas, provide extended hours of service, and provide after-hours coverage when the health center is closed. These factors help to reduce hospital utilization.
• NC CHCs coordinate (ER) diversion programs with partner hospitals. Three models in action include: (1) CHC provides ongoing primary care for the partner hospital’s “high flyer” patients, dramatically reducing hospital utilization; (2) CHC allows partner hospital to directly schedule patients into the CHC’s practice management system to insure post-discharge follow-up; and (3) CHC embeds a clinic in the hospital emergency room, and the hospital encourages patients with non-emergent conditions to visit the CHC clinic instead of the hospital ER.

Telehealth Remote Patient Monitoring (RPM) in CHCs
• RPM tracks vital signs of patients with chronic diseases and provides more frequent contact between the patient and the provider, allowing for earlier detection of potential problems.
• NC CHCs have utilized RPM with chronic disease patients to reduce hospitalization and encourage self-care.
• Total hospital charges for NC RPM patients fell from $1.34 million during the 6 months before implementation to an average of $121,000 per 6-month period after discharge from telehealth – a reduction in hospital charges of more than $2.4 million every year.⁴
• RPM in NC CHCs has scaled back dramatically due to lack of funding.

HEALTH CENTERS LEAD EFFORTS TO IMPROVE SYSTEMS OF CARE

Leading Connectivity to the NC Health Information Exchange (NC HIE)
Health centers led efforts to connect to the NC HIE, bringing in safety-net partners like rural health centers and school-based health centers, as well as other providers and health systems. All CHCs have Electronic Health Records and will be able to communicate with other community providers and their patients to improve health and reduce unnecessary testing.

Community Health Centers Are The High Quality Healthcare Option

Health centers will continue to be an integral part of the healthcare system because they provide high-quality services to an ever-growing segment of the population. Today, 1 in 15 people living in the United States receives their healthcare in a community health center.

HEALTH CENTERS OUTPERFORM OTHER PRIMARY CARE PROVIDERS

Health centers have been reporting data to the federal government on an annual basis since 1998, allowing for the analysis and tracking of health center performance.

CHCs provided recommended care more frequently for **14/18** quality measures, including management of heart disease, asthma treatment, smoking cessation counseling, diet and exercise counseling, appropriate screening for chronic diseases, and medication management in the elderly.¹

HEALTH CENTERS ON TRACK TO MEET OR EXCEED HEALTHY PEOPLE 2020 GOALS²

² BPHC, HRSA, DHHS, 2012 Uniform Data System (UDS); Healthy People 2020 data available online: [http://www.healthypeople.gov/2020/data/searchData.aspx](http://www.healthypeople.gov/2020/data/searchData.aspx)
Health Center Model Helps to Reduce Health Disparities

Compared to other low-income healthcare users, low-income patients in CHCs reported better access to primary care and greater satisfaction with care.\(^1\)

Compared with private primary care practices in NC, medical records of uninsured patients in CHCs demonstrated significantly higher compliance with 4/6 process measures of quality of care, including measurement of HbA1c (98% vs. 75%), cholesterol (82% vs. 51%), and urine protein (90 vs. 25%).\(^2\)

**HEALTH CENTERS PROVIDE A HEALTHCARE HOME FOR THE UNINSURED AND UNDERINSURED**

Uninsured people living within close proximity to a CHC are less likely to have an unmet medical need; less likely to have postponed or delayed seeking needed care; are more likely to have had a general medical visit and are less likely to have visited an emergency room, or stay in a hospital compared to other uninsured.\(^3\)

**PROGRAMS THAT ENABLE HIGH PERFORMING HEALTH CENTERS**

**NCCHCA Diabetes Education Recognition Program**

The purpose of the Diabetes Education Recognition Program (ERP) is to promote quality education for people with diabetes. The American Diabetes Association (ADA) endorses the National Standards for Diabetes Self-Management Education and Support. The NCCHCA Recognized Program is the umbrella through which health centers across the state have been able to achieve this level of status for their individual diabetes self-management programs. NCCHCA is the “mother-site” of 9 health centers and 4 expansion sites across North Carolina. The ADA ERP is one of two certifying bodies for Diabetes Self-Management Training that if earned meets the requirements in order for the Centers for Medicare and Medicaid Services (CMS) to reimburse for Diabetes Education.

**Carolina Medical Home Network - Standardizing Quality Across Health Centers**

In January 2013, North Carolina’s health centers established the Carolina Medical Home Network, LLC, an independent practice association for safety-net providers. Through the Carolina Medical Home Network, health centers are engaging in coordinated data sharing and quality improvement initiatives. These coordinated, statewide efforts will allow health centers to develop and engage in new models of care.

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Community Health Centers are Job Creators

Health centers help make communities healthier and more economically viable by creating jobs in underserved communities. Health sector jobs withstand economic downturns and are expected to be one of the fastest growing job sectors in the next decade.¹

“[Community health] centers create good jobs, with career ladders, at all levels of capability and educational attainment, which in itself promotes the health of the community.”²

### HEALTH CENTER FTEs IN 2013³

<table>
<thead>
<tr>
<th>Category</th>
<th>FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>219</td>
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<tr>
<td>Midlevel</td>
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</tr>
<tr>
<td>Nurse, lab, x-ray &amp; other medical…</td>
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<tr>
<td>Dentist</td>
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<tr>
<td>Dental hygienist, assistant, aide…</td>
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<td>Mental health and substance…</td>
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<tr>
<td>Pharmacy</td>
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<tr>
<td>Enabling services</td>
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<tr>
<td>Patient support staff</td>
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<tr>
<td>Administrative and facility</td>
<td>601</td>
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<tr>
<td>Other Professional</td>
<td>9</td>
</tr>
<tr>
<td>Other Programs/Services Staff</td>
<td>136</td>
</tr>
</tbody>
</table>

TOTAL FTES: 2,945

*Enabling services FTEs include eligibility assistance, outreach, transportation, case management and interpretation staff.

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**Health centers make a significant contribution to the economic viability and growth of their communities.**

**$359 Million in Economic Impact**

Health centers are economic engines, stimulating existing and new local businesses through an economic “ripple effect.” In 2009, CHCs generated $86 million in grants and contracts and had an overall economic impact of $359 million. In other words, for every grant dollar CHCs received, they generated over four dollars in economic activity.⁴

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³. BPHC, HRSA, DHHS, 2012 Uniform Data System (UDS).

Getting Coverage for North Carolina’s Uninsured

INCREASING ACCESS TO HEALTH INSURANCE IS GOOD FOR PUBLIC HEALTH AND GOOD FOR NORTH CAROLINA’S ECONOMY

- North Carolina has one of the highest uninsurance rates in the country: 17% of North Carolinians lacked health insurance in 2013, 13% higher than the national average.\(^1\)
- People without health insurance are sicker and poorer,\(^2\) making it more difficult for these individuals to contribute to the economy.
- More drastically, numerous studies show that people without health insurance are more likely to die in the course of a year than people with insurance.\(^3\)

NC SHOULD INCREASE INSURANCE TO HARD-WORKING, LOW-INCOME INDIVIDUALS

- Adults without children (ages 19-64) with incomes below 100% of Federal Poverty Guidelines (FPG), or $11,670 annually for an individual, CANNOT access subsidized insurance or Medicaid in NC.
- Increasing insurance access to those below 100% FPG would create jobs in NC and increase personal income.\(^4\) Closing the insurance coverage gap for this population would create 22,000 jobs by 2016 and 43,000 by 2020.
- NC could leverage federal dollars to help our current Medicaid program transition to value-based payment.
- Federal funding was set aside to increase insurance coverage for the Coverage Gap population. Choosing not to do so will mean North Carolina loses $21 billion in federal funds between 2016 and 2020.\(^4\)
- Choosing not to Close the Gap will greatly weaken NC’s safety-net system. Community health centers are facing a 70% cut in federal grant dollars starting October 1, 2015 due to the assumption that there would be fewer uninsured Americans.

PAIRING INSURANCE COVERAGE WITH COMMUNITY HEALTH CENTERS CAN SAVE NC MONEY

- CHCs have extensive experience caring for vulnerable patients and have developed a range of services to meet patients’ needs. They provide integrated behavioral health services and many have on-site dental and pharmacy services. CHCs’ also provide enabling services to facilitate access to care.
- CHCs continue to care for North Carolinians who cycle between Medicaid coverage and uninsurance. Providing continuity of care and ongoing case management reduces Medicaid costs when individuals cycle back onto Medicaid coverage.
- CHCs utilize the 340b Drug Pricing Program to provide significant prescription drug savings to both the Medicaid program and recipients.
- Medicaid patients in health centers are less likely to utilize expensive hospital care and more likely to receive recommended preventive services.\(^5\)\(^6\)

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4. NC DHHS commissioned a report from Regional Economic Models, Inc. (REMI) on the economic implications of expanding Medicaid. Released: January 7, 2013
### 2014 North Carolina Health Centers by County

- **Alamance**: Piedmont Health Services
- **Anson**: Anson Regional Medical Services
- **Avery**: High Country Community Health Services
- **Beaufort**: Metropolitan Community Health Services
- **Bertie**: Bertie County Rural Health Association | Roanoke Chowan Community Health Center
- **Bladen**: CommWell Health
- **Brunswick**: CommWell Health
- **Buncombe**: Western NC Community Health Services
- **Cabarrus**: Cabarrus Rowan Community Health Centers
- **Caldwell**: West Caldwell Health Council
- **Caswell**: Caswell Family Medical Center | Piedmont Health Services
- **Catawba**: Gaston Family Health Services
- **Chatham**: Piedmont Health Services
- **Chowan**: Gateway Community Health Centers
- **Columbus**: Goshen Medical Center | Robeson Health Care Corporation
- **Craven**: Goshen Medical Center
- **Cumberland**: Stedman-Wade Health Services
- **Davidson**: Gaston Family Health Services
- **Duplin**: Goshen Medical Center
- **Durham**: Lincoln Community Health Center
- **Edgecombe**: Carolina Family Health Centers | OIC Family Medical Center | Rural Health Group
- **Forsyth**: Southside United Health and Wellness Center
- **Franklin**: Advance Community Health
- **Gaston**: Gaston Family Health Services
- **Gates**: Gateway Community Health Center
- **Greene**: Greene County Health Care
- **Guilford**: Triad Adult and Pediatric Medicine
- **Harnett**: First Choice Community Health Center
- **Henderson**: Blue Ridge Community Health Services
- **Hertford**: Roanoke Chowan Community Health Center
- **Hoke**: Robeson Health Care Corporation
- **Hyde**: Ocracoke Health Center
- **Iredell**: Gaston Family Health Services
- **Johnston**: CommWell Health
- **Jones**: Goshen Medical Center
- **Lenoir**: Kinston Community Health Center
- **Lincoln**: Gaston Family Health Services
- **Madison**: Hot Springs Health Program
- **Martin**: Metropolitan Community Health Services
- **Mecklenburg**: C.W. Williams Community Health Center
- **Mitchell**: Bakerville Community Medical Clinic
- **Montgomery**: Robeson Health Care Corporation
- **Nash**: Carolina Family Health Centers
- **New Hanover**: MedNorth Health Center
- **Northampton**: Rural Health Group
- **Onslow**: Goshen Medical Center
- **Orange**: Piedmont Health Services
- **Pamlico**: Greene County Health Care
- **Pender**: CommWell Health
- **Person**: Person Family Medical Center
- **Pitt**: Greene County Health Care
- **Randolph**: Randolph Family Health Care at MERCE
- **Robeson**: Robeson Health Care Corporation
- **Rockeyhamp**: Triad Adult and Pediatric Medicine
- **Rowan**: Cabarrus Rowan Community Health Centers
- **Rutherford**: Blue Ridge Community Health Services
- **Sampson**: CommWell Health | Goshen Medical Center
- **Scotland**: Robeson Health Care Corporation
- **Transylvania**: Blue Ridge Community Health Services
- **Union**: Anson Regional Medical Services
- **Vance**: Rural Health Group
- **Wake**: Advance Community Health
- **Warren**: Rural Health Group
- **Watauga**: High Country Community Health
- **Wayne**: Goshen Medical Center
- **Wilson**: Carolina Family Health Centers

For a complete listing of NC CHC sites and services please visit [www.ncchca.org](http://www.ncchca.org)