



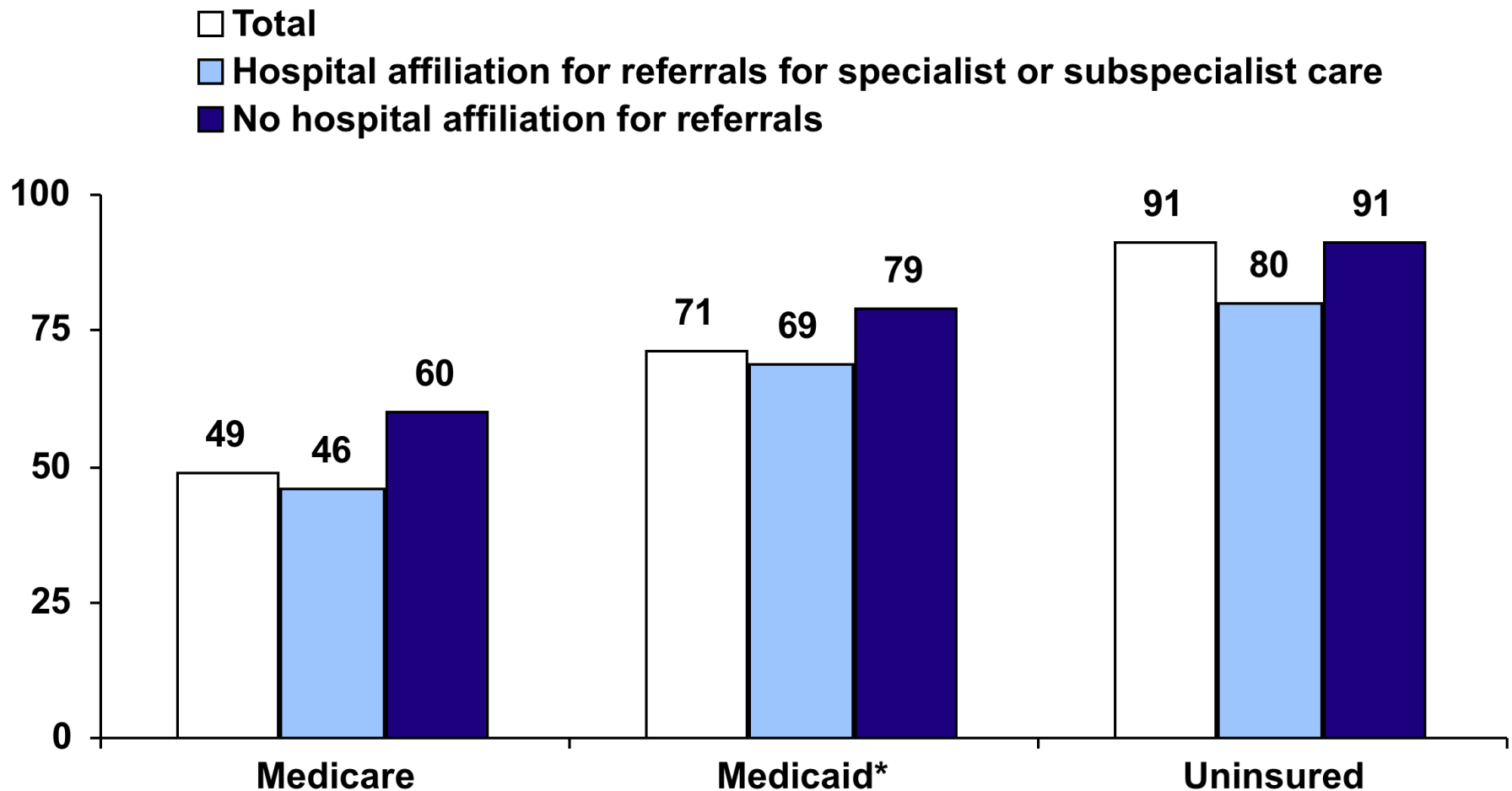
Enhancing the Capacity of Federally Qualified Health Centers to Achieve High Performance

Results from the 2009 Commonwealth Fund National Survey of Federally Qualified Health Centers

May 2010

Exhibit ES-1. Health Centers with Hospital Affiliations Report Fewer Difficulties Obtaining Specialty Care for Their Patients

Percent of centers reporting difficulty obtaining procedures with specialists/subspecialists



Note: Difficulty includes “somewhat or very difficult.”

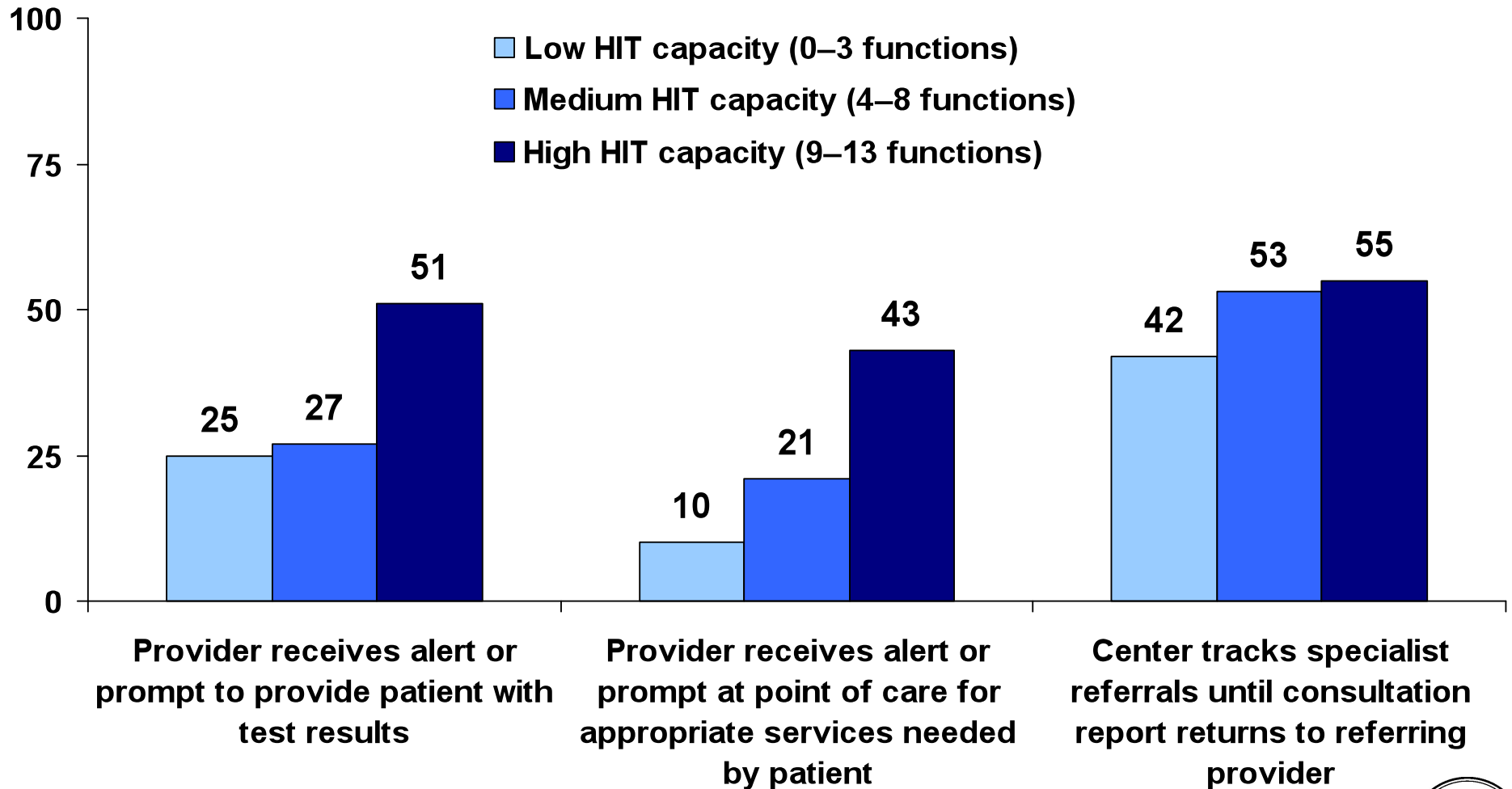
* Medicaid-fee-for-service.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit ES-2. Clinics with Advanced Health Information Technology (HIT) Capacity Are More Likely to Alert and Prompt Providers to Provide Patients with Results and to Track Specialist Referrals

Percent of centers reporting the following usually occurs:



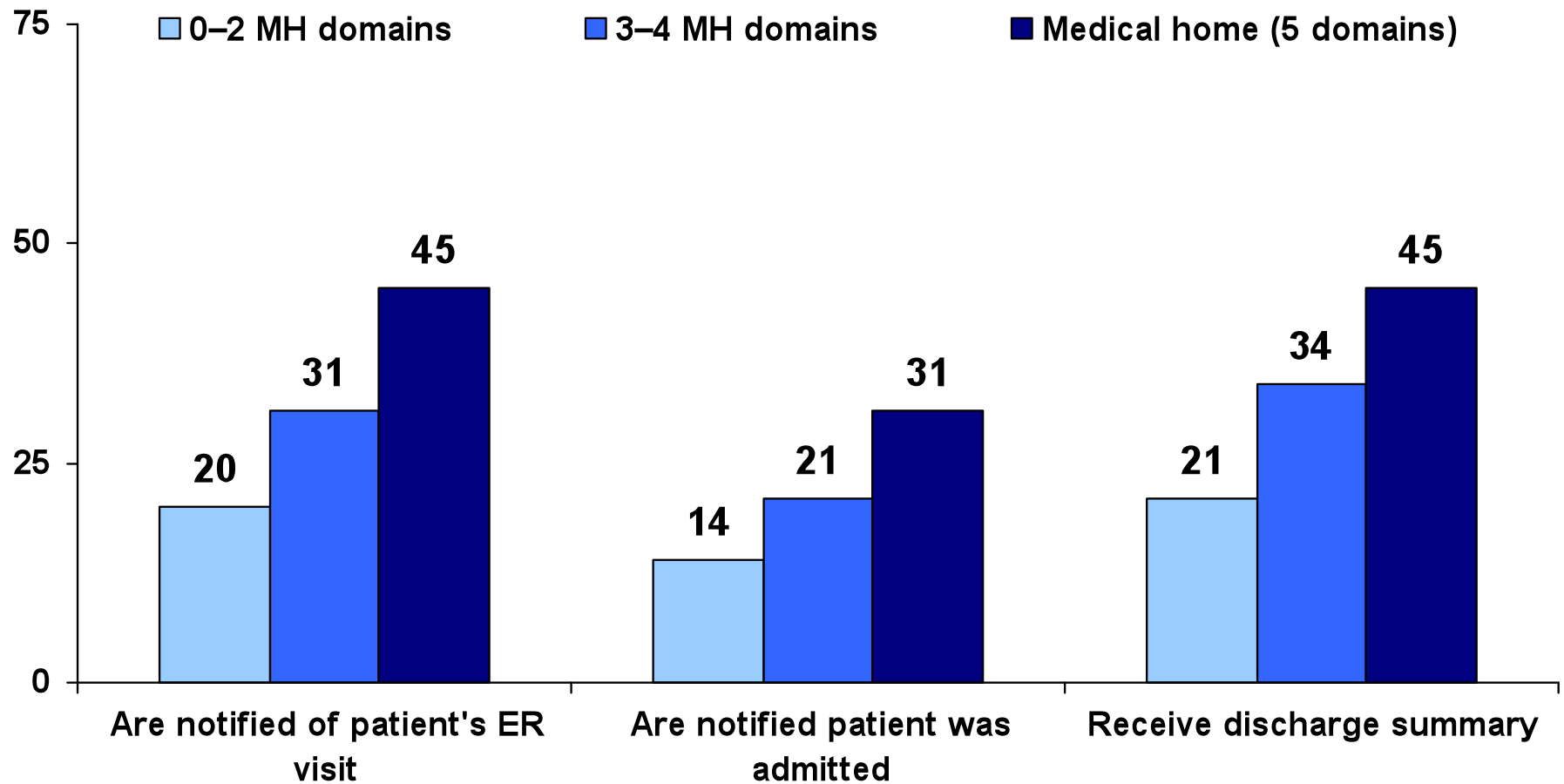
Note: Usually means 75% to 100% of the time.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit ES-3. Health Centers with Greater Medical Home Capacity Report Better Notification About Care Their Patients Receive in the ER and Hospital

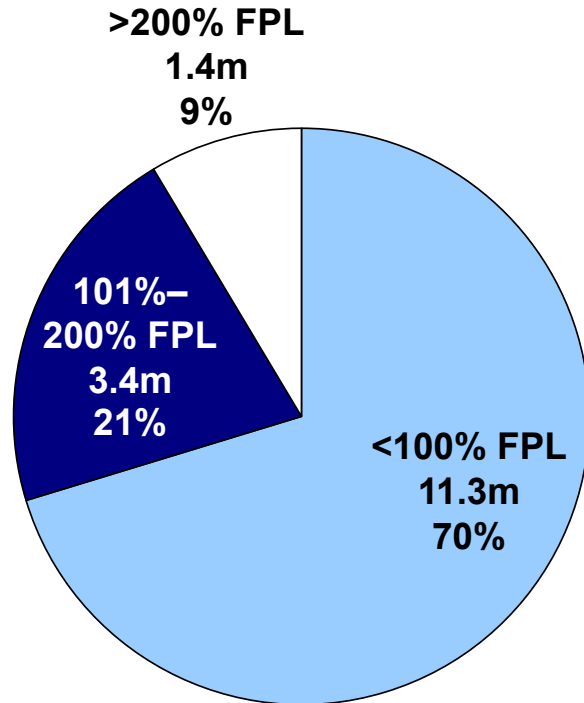
Percent of centers reporting they usually . . .



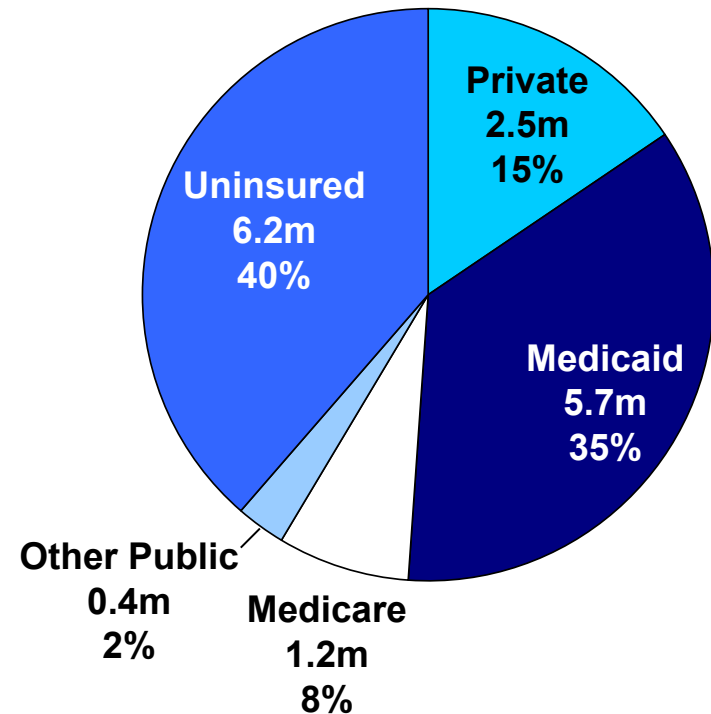
Notes: Usually means 75% to 100% of the time. Medical home (MH) includes measures of access, patient tracking, and registry functions; test tracking, referral tracking, and performance reporting and improvement.
 Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 1. Federally Qualified Health Centers Serve Many Low-Income and Uninsured Patients



Federal poverty level



Source of insurance

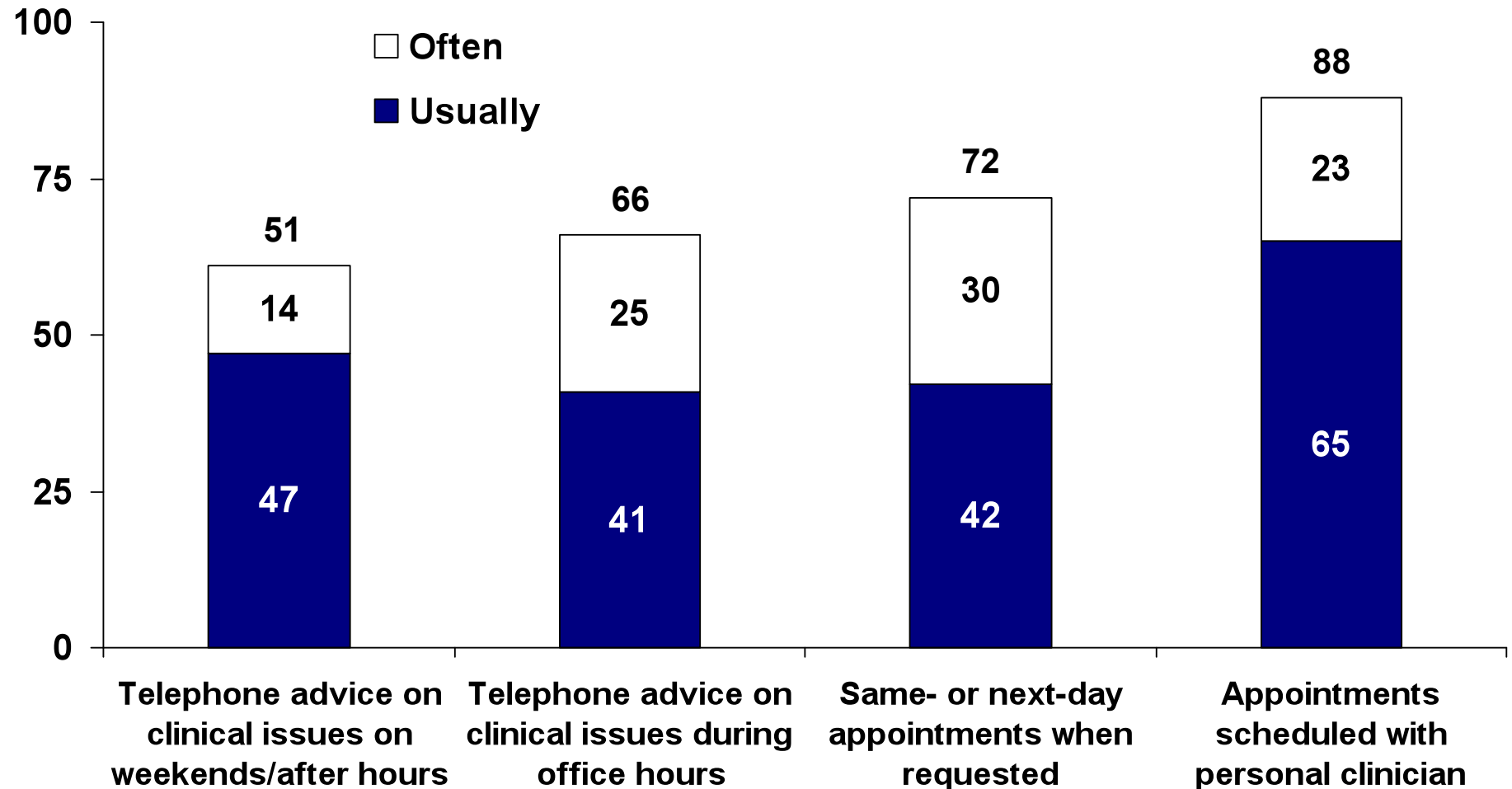
**Total Number of FQHC Patients in 2007
16.1 Million**

Source: George Washington University Department of Health Policy analysis of 2007 UDS data, HRSA.



Exhibit 2. The Majority of Clinics Can Schedule Patients with Their Personal Clinician and Provide Same- or Next-Day Appointments

Percent of centers reporting the majority of patients can get the following:



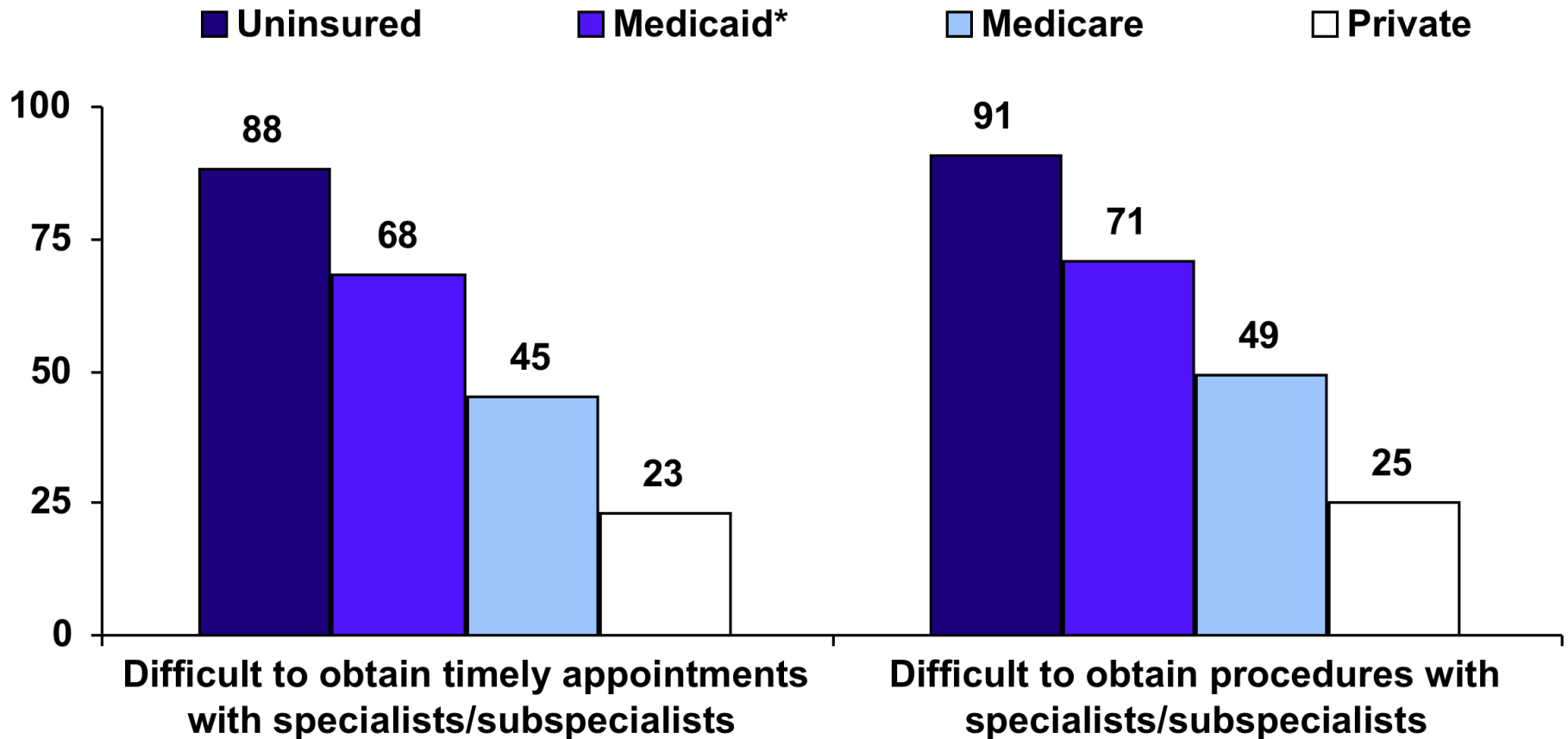
Note: Usually means 75% to 100% of the time and Often means 50% to 74% of the time.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 3. The Vast Majority of Centers Have Difficulty Obtaining Specialty Care, Especially for Their Uninsured Patients

Percent of centers reporting difficulty getting appointments or procedures with specialists/subspecialists for patients with the following type of insurance



Note: Difficulty includes “somewhat or very difficult.”

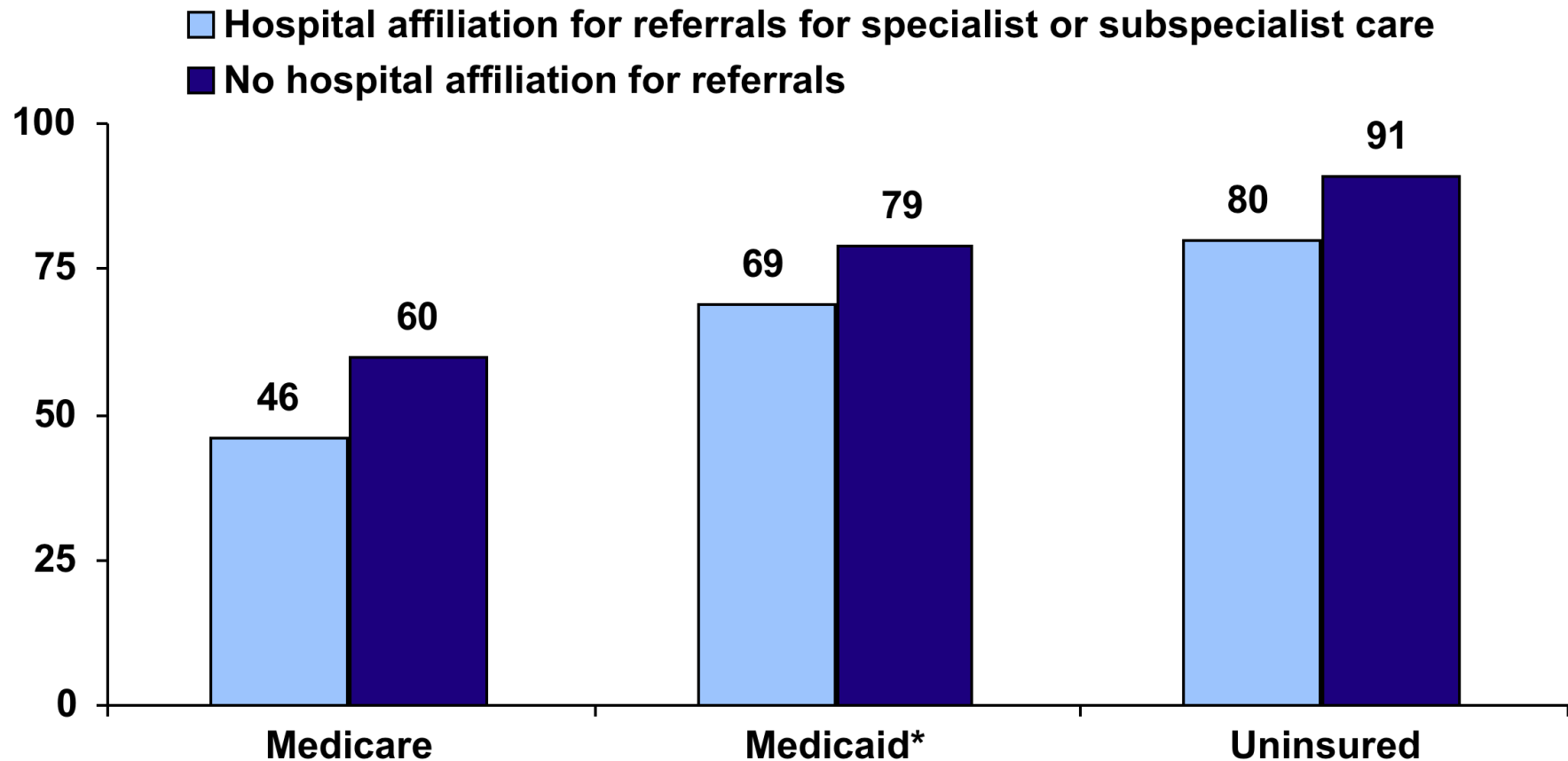
* Medicaid-fee-for-service.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 4. Health Centers with Hospital Affiliations Report Fewer Difficulties Obtaining Specialty Care for Their Patients

Percent of centers reporting difficulty obtaining procedures with specialists/subspecialists



Note: Difficulty includes “somewhat or very difficult.”

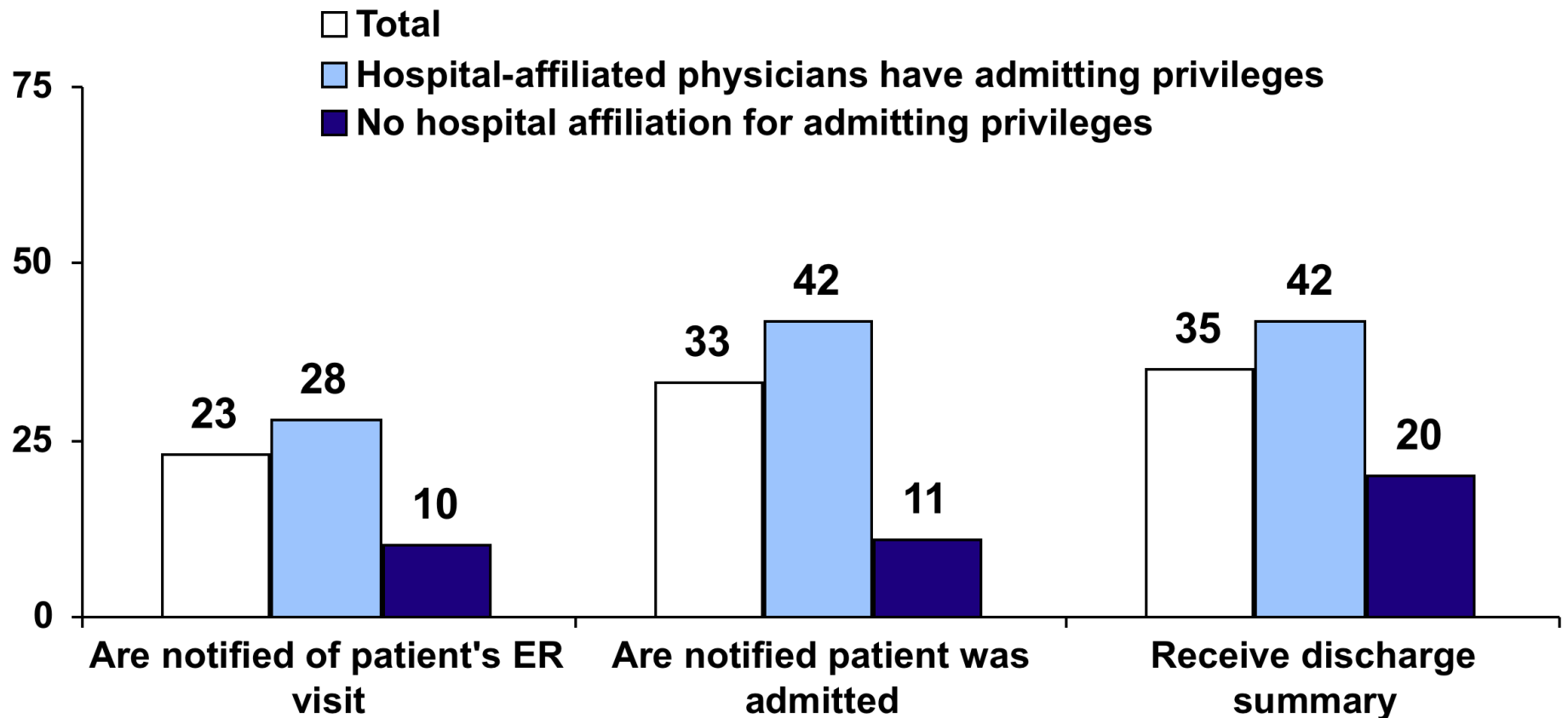
* Medicaid-fee-for-service.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 5. Health Centers with Admitting Privileges Are More Likely to Receive Notification About Patient Care

Percent of centers reporting they usually . . .



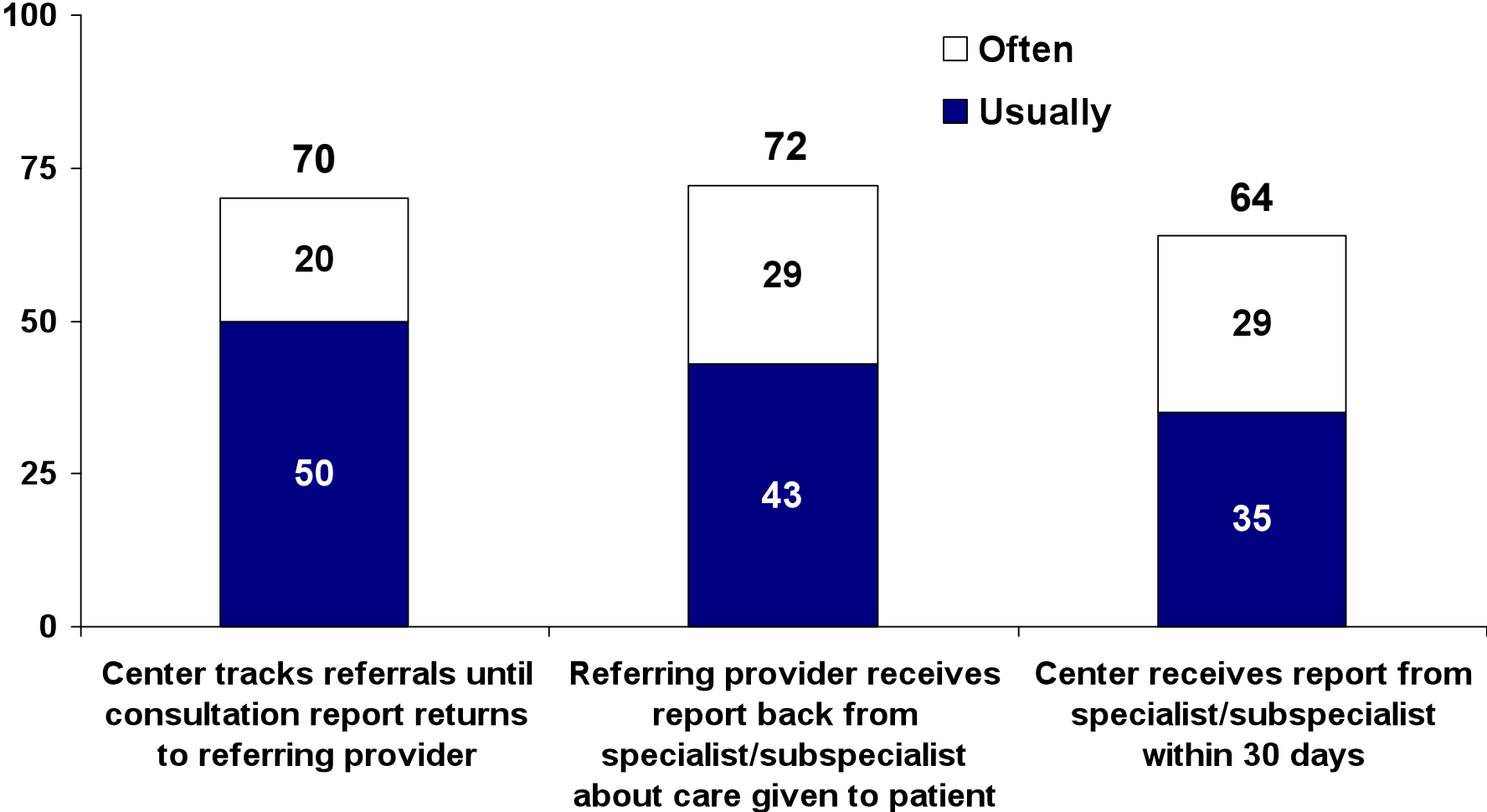
Notes: Usually means 75% to 100% of the time.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 6. The Majority of Centers Track and Receive Reports of Patient Care Provided by Off-Site Specialists

Percent of centers reporting the following:

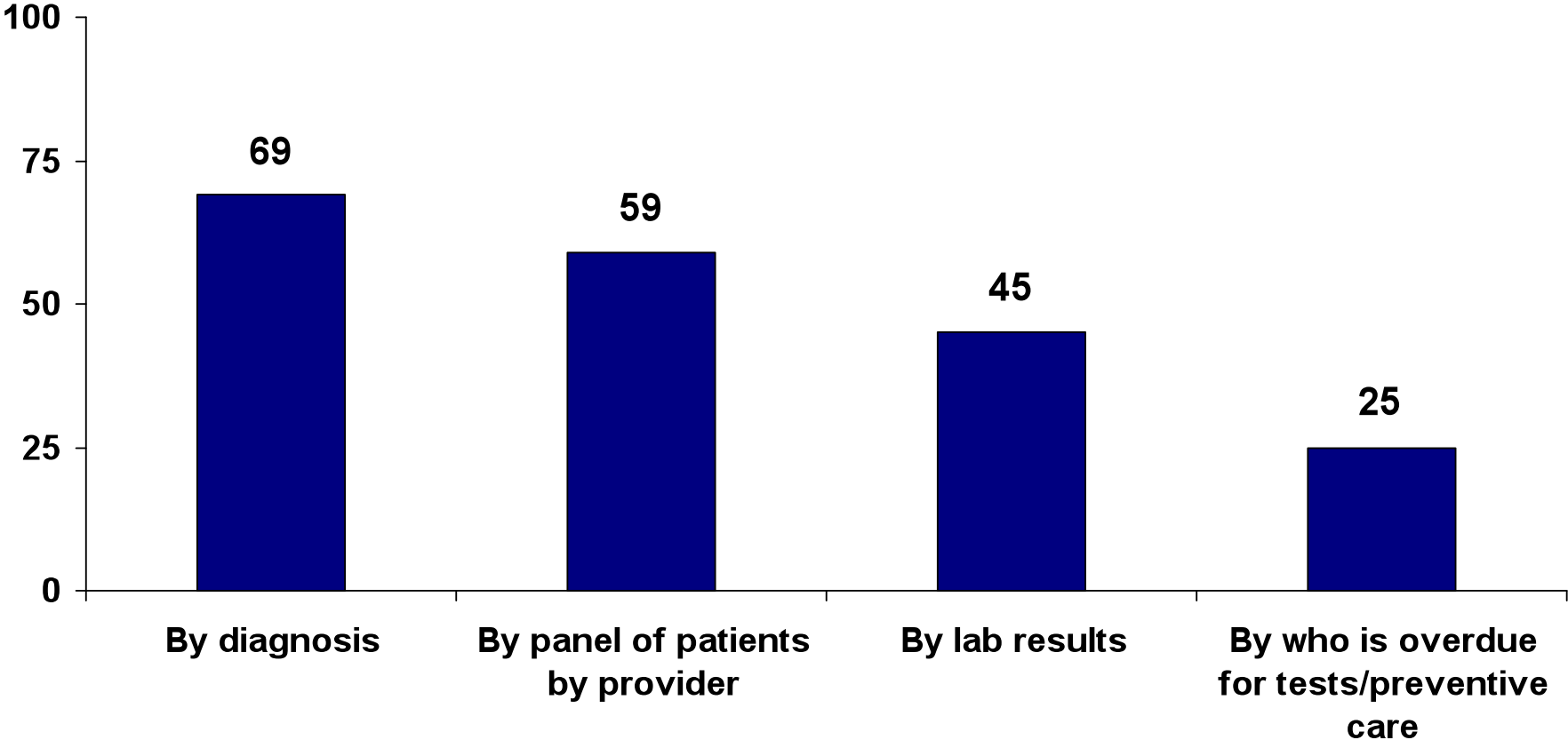


Note: Usually means 75% to 100% of the time and Often means 50% to 74% of the time.
 Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 7. The Majority of Clinics Have Patient Registries, But Only 25 Percent Can Determine Which Patients Are Overdue for Tests or Preventive Care

Percent of centers reporting it is easy to generate clinical information about the majority of their patients

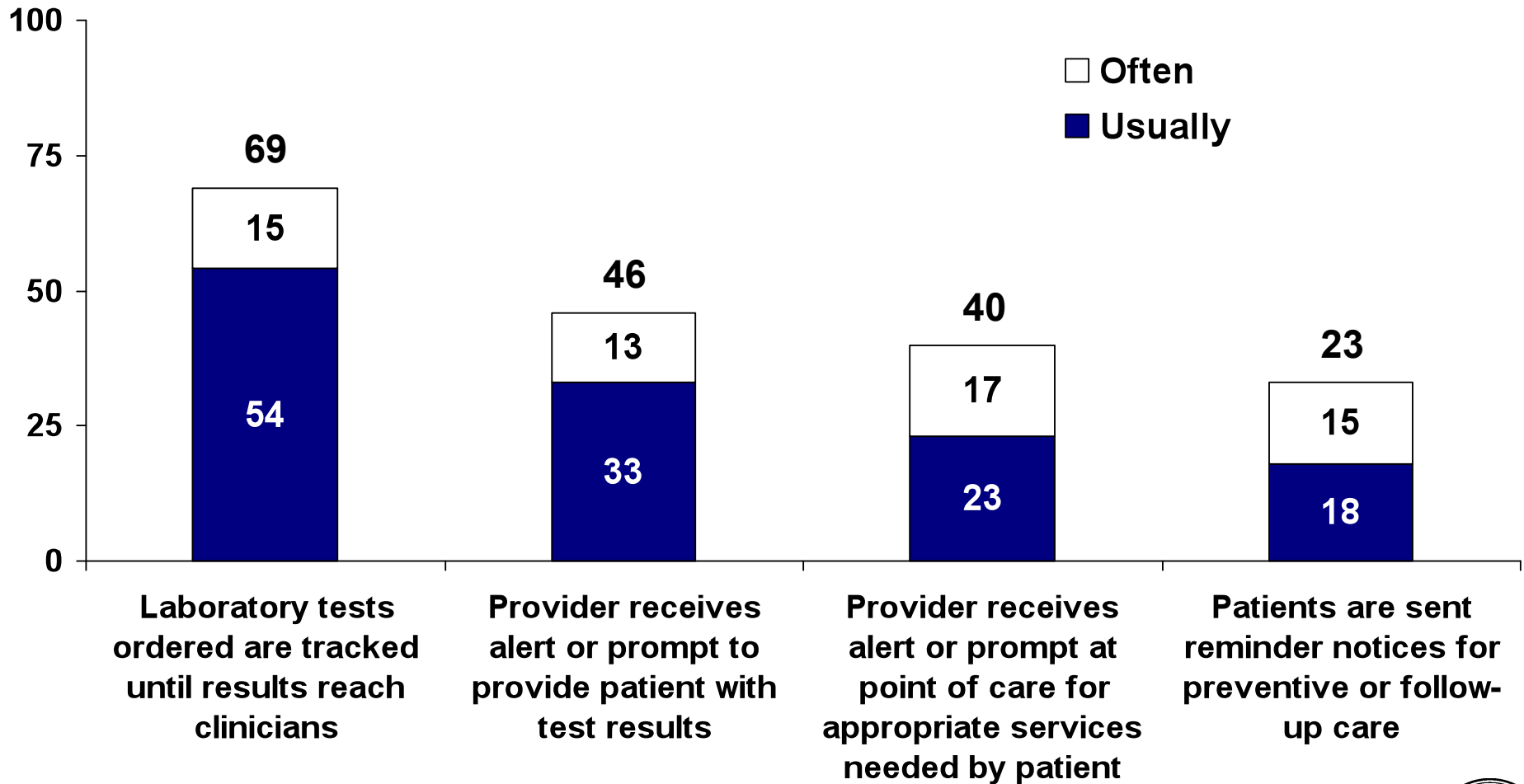


Note: Easy means they can generate information about the majority of patients in less than 24 hours.
Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 8. Many Clinics Track Lab Tests and Results But Have Limited Access to Alerts and Prompts to Provide Patient Results or Preventive Care Reminders

Percent of centers reporting the following:



Note: Usually means 75% to 100% of the time and Often means 50% to 74% of the time.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 9. Health Information Systems: Functional Capacity

	CHC Total	PCP Total
Unweighted N=	795	1,349
Overall Information Technology Capacity	%	%
Low (0–3 functions)	39	52
Medium (4–8 functions)	31	24
High (9–13 functions)	30	24
Computerized Systems to Order Medications, Tests, and Other Functions		
1) Has electronic medical records (EMRs) throughout health center	40	46
<i>Routinely use the following technologies:</i>		
2) Electronic access to patients' laboratory tests results	57	59
3) Electronic ordering of laboratory tests	45	38
4) Electronic entry of clinical notes, including medical history and follow-up notes	38	42
5) Electronic alerts or prompts about a potential problem with drug dose or drug interaction	38	37
6) Electronic list of all medications taken by a patient (including those prescribed by other doctors)	38	31
7) Electronic prescribing of medication	35	40
Electronic Systems for Patient Registries		
<i>Use computerized process to generate the following information:</i>		
8) List of patients by diagnosis	80	42
9) List of patients by lab result	59	29
10) List of patients who are due or overdue for tests or preventive care	46	29
Electronic Systems to Track Patients, Tests, and Send Reminders for Preventive Care		
<i>Use computerized process for the following tasks:</i>		
11) Laboratory tests ordered are tracked until results reach clinicians	36	28
12) Patients receive reminder notices when regular preventive or follow-up care is due	34	18
13) Provider receives an alert or prompt to provide patients with test results	28	23

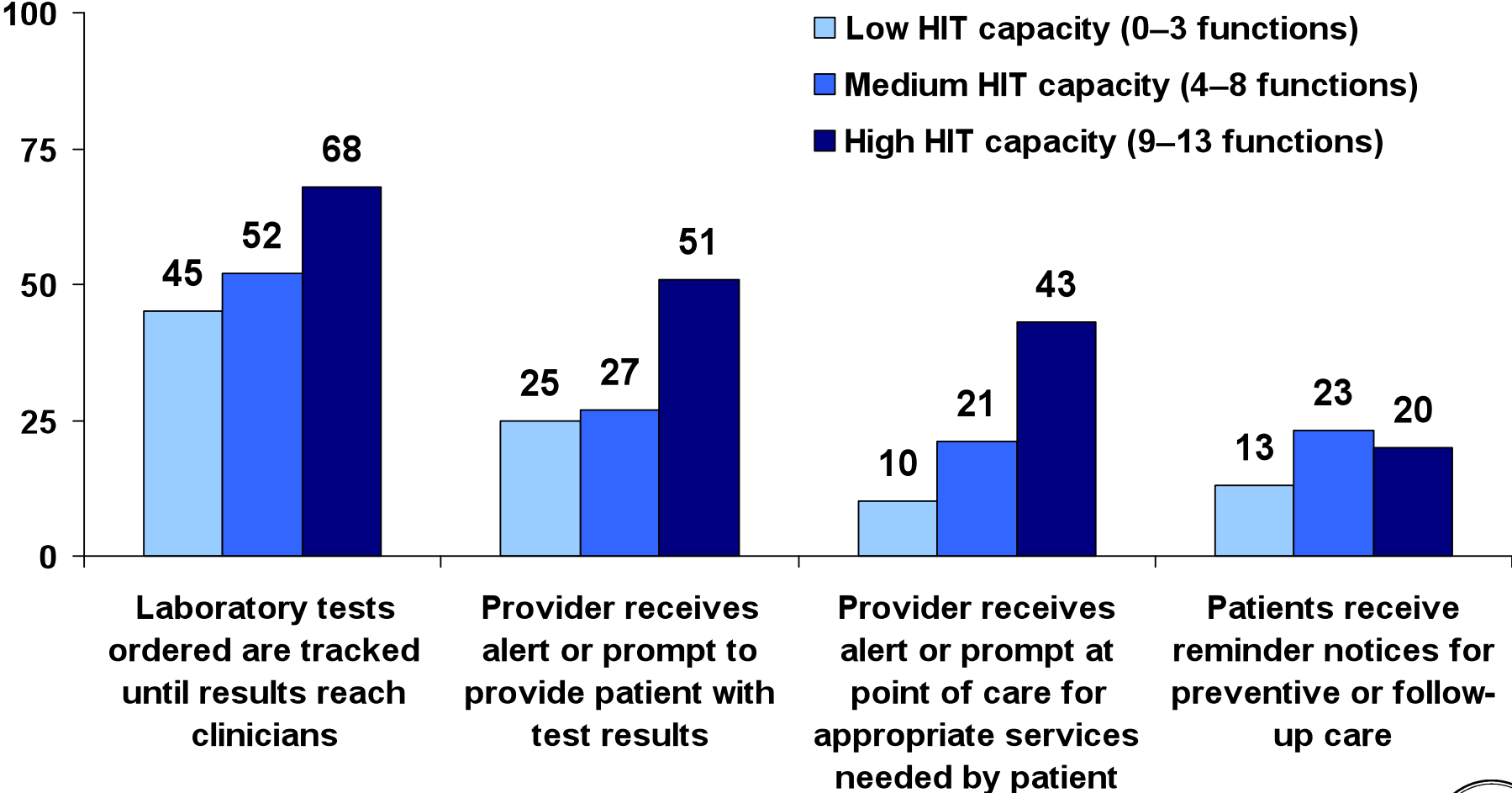
Note: CHC is community health center; PCP is primary care physician.

Sources: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009);
The Commonwealth Fund International Health Policy Survey of Primary Care Physicians (2009).



Exhibit 10. Clinics with Advanced Health Information Technology (HIT) Capacity Are More Likely to Alert and Prompt Providers to Provide Patients with Results or Preventive Care Reminders

Percent of centers reporting the following usually occurs:



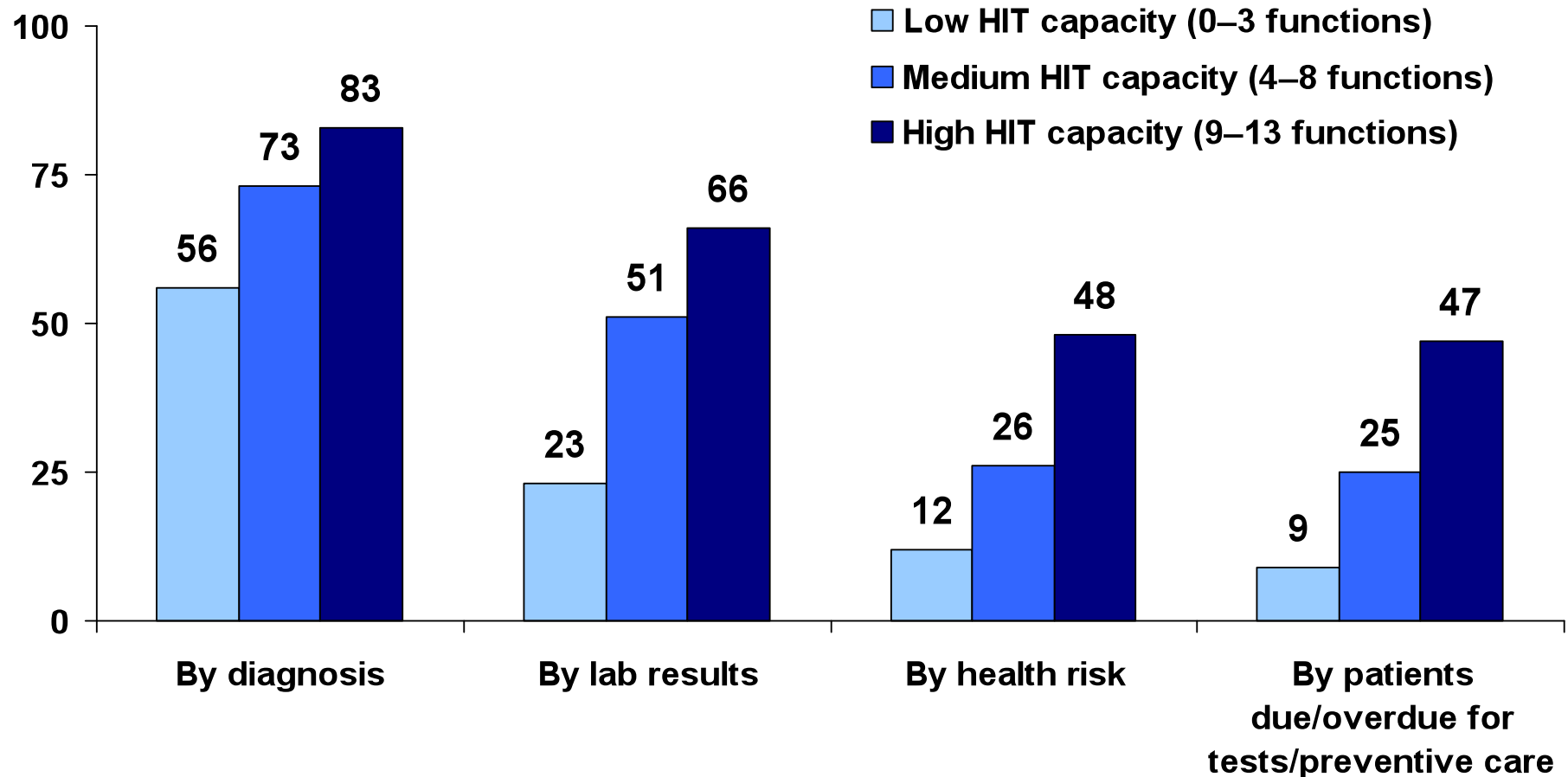
Note: Usually means 75% to 100% of the time.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 11. Clinics with Advanced Health Information Technology (HIT) Capacity Can Easily Generate Information About Their Patients

Percent of centers reporting it is easy to generate clinical information about the majority of their patients

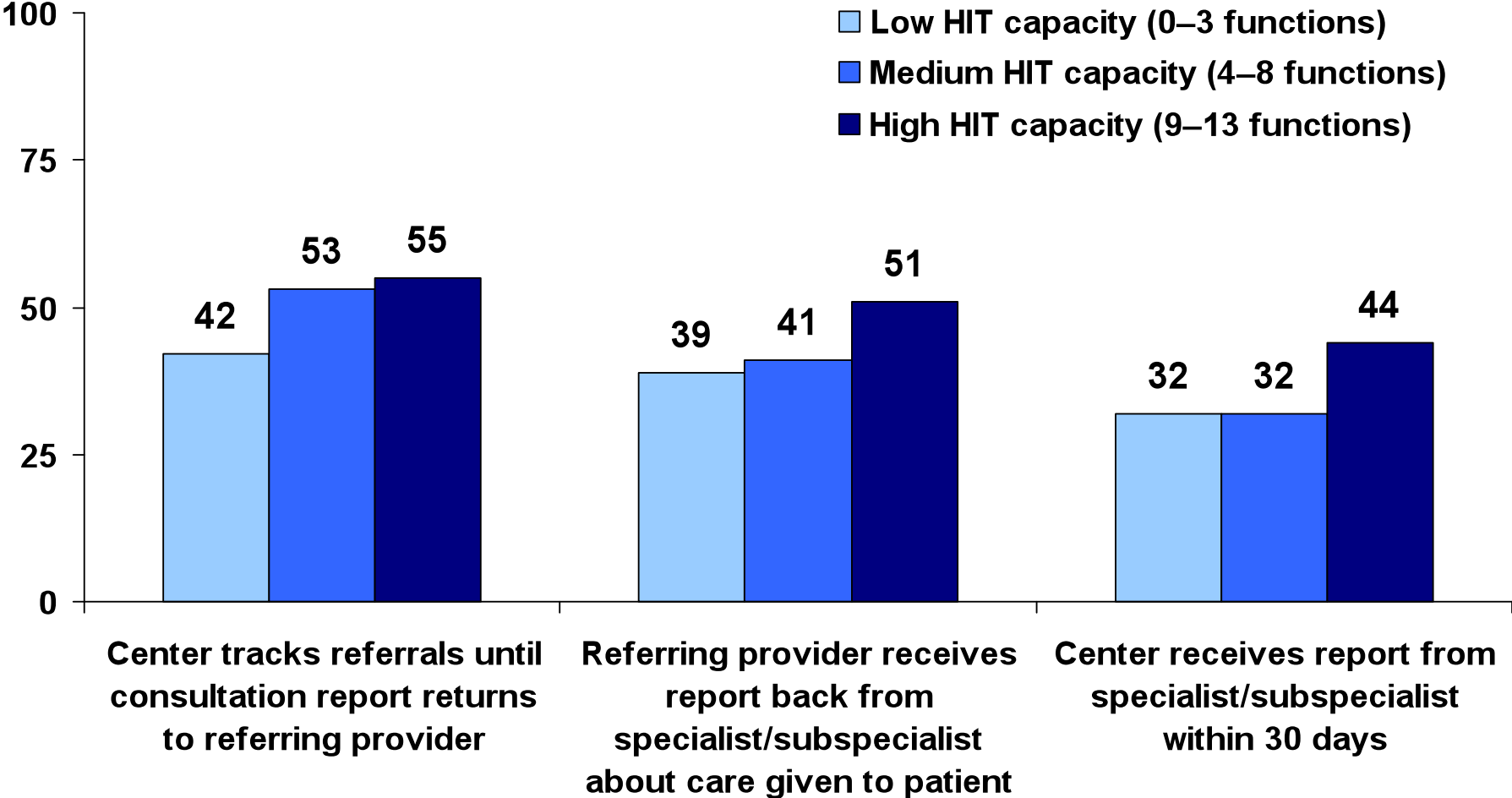


Note: Easy means they can generate information about the majority of patients in less than 24 hours.
Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 12. Clinics with Advanced Health Information Technology (HIT) Capacity Can More Easily Manage Care Between Multiple Providers

Percent of centers reporting the following usually occurs:



Note: Usually means 75% to 100% of the time.
Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 13. Performance Reporting and Quality Improvement Activities

	CHC Total
Unweighted N=	758
Performance Reporting: Performance data are collected on clinical outcomes or patient satisfaction surveys and reported at the provider or practice level	99%
Quality improvement activities include:	
1) Setting goals based on measurement results	97%
2) Taking action to improve performance of individual physicians	87%
3) Taking action to improve performance of the specialty practices	99%
4) Taking action to improve performance of the center as a whole	99%
All four quality improvement activities	85%

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 14. Indicators of a Medical Home

INDICATORS OF MEDICAL HOME	Total
Medical Home Capacity—Total Number of NCQA Domains	
Capacity in All 5 Domains	29%
Capacity in 3 to 4 Domains	55%
Capacity in 0 to 2 Domains	16%
1) NCQA Domain—Patient Tracking and Registry Functions: Can easily generate a list of patients by diagnosis with the current patient medical records system	69%
2) NCQA Domain—Test Tracking: Provider usually receives an alert or prompt to provide patients with test results; or laboratory test ordered are usually tracked until results reach clinicians	60%
3) NCQA Domain—Referral Tracking: When clinic patients are referred to specialists or subspecialists outside largest site, center usually or often tracks referrals until the consultation report returns to the referring provider	70%
4) NCQA Domain—Enhanced Access and Communication: Patients usually are able to receive same- or next-day appointments, can get telephone advice on clinical issues during office hours or on weekends/after hours	71%
5) NCQA Domain—Performance Reporting and Improvement: Performance data are collected on clinical outcomes or patient satisfaction surveys and reported at the provider or practice level	99%

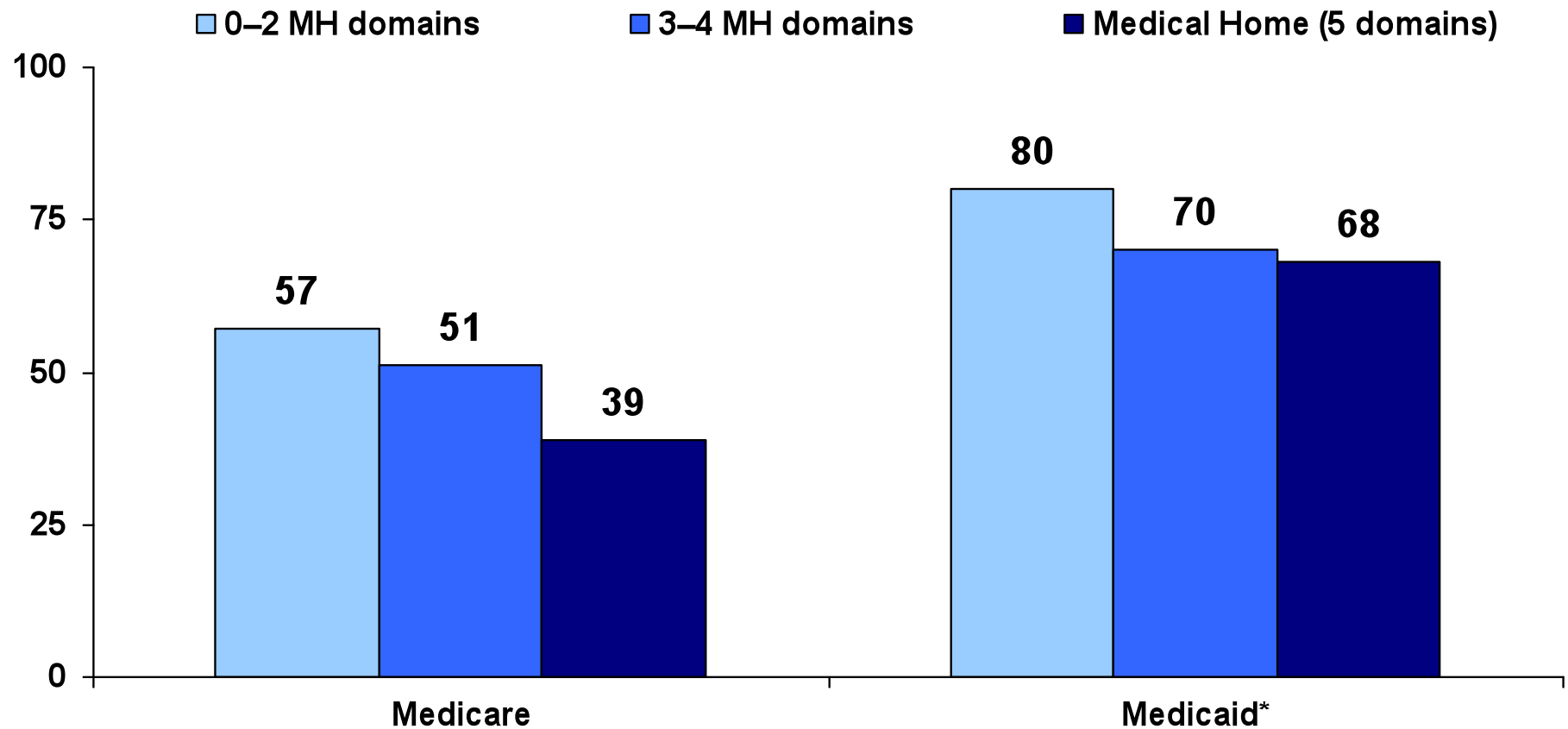
Notes: Easily means they can generate information about the majority of patients in less than 24 hours. Usually means 75% to 100% of the time and Often means 50% to 74% of the time.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 15. Health Centers with Greater Medical Home Capacity Report Fewer Difficulties Obtaining Specialty Care for Their Patients

Percent of centers reporting difficulty obtaining procedures with specialists/subspecialists



Notes: Difficulty includes “somewhat or very difficult.” Medical home (MH) includes measures of access, patient tracking, and registry functions; test tracking, referral tracking, and performance reporting and improvement.

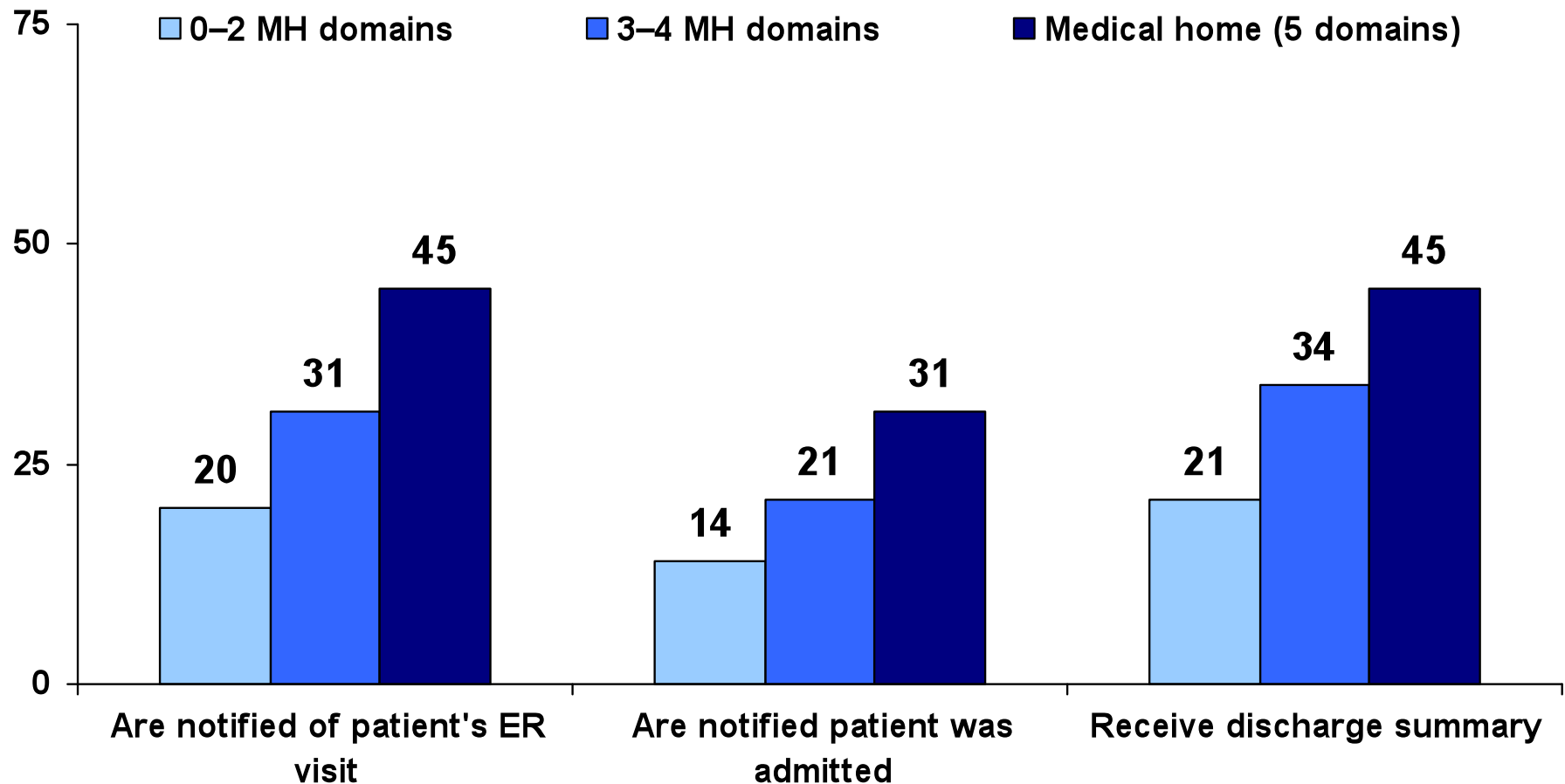
* Medicaid-fee-for-service.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 16. Health Centers with Greater Medical Home Capacity Report Better Notification About Care Their Patients Receive in the ER and Hospital

Percent of centers reporting they usually . . .

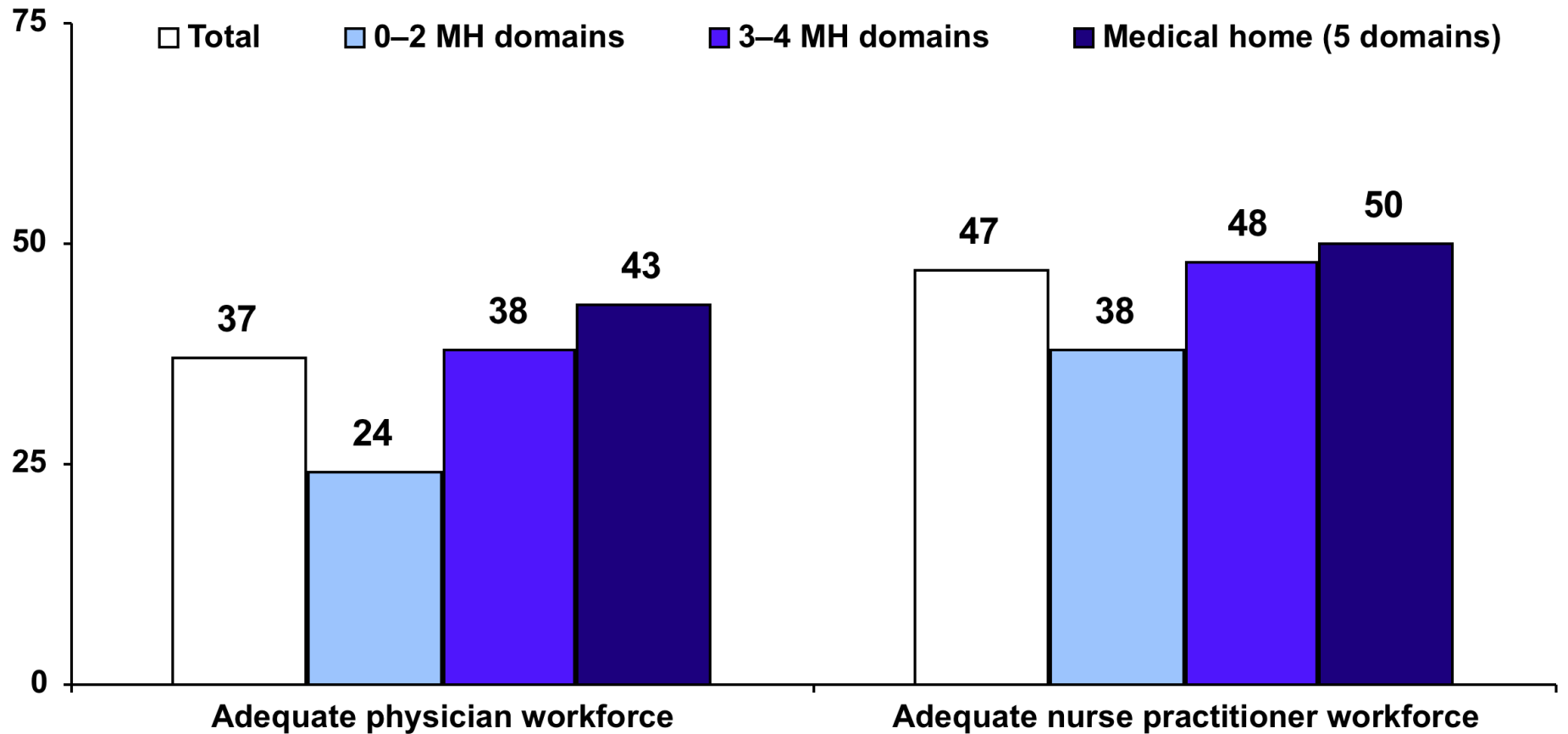


Notes: Usually means 75% to 100% of the time. Medical home (MH) includes measures of access, patient tracking, and registry functions; test tracking, referral tracking, and performance reporting and improvement.
Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).



Exhibit 17. Health Centers with Greater Medical Home Capacity Are More Likely to Report They Have an Adequate Workforce and Do Not Face Physician or Nurse Practitioner Shortages

Percent of centers reporting . . .



Note: Medical home (MH) includes measures of access, patient tracking and registry functions; test tracking, referral tracking, and performance reporting and improvement.

Source: The Commonwealth Fund National Survey of Federally Qualified Health Centers (2009).

