



## **NEWS RELEASE**

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# **NEW SURVEY: COMMUNITY HEALTH CENTERS MAKE SUBSTANTIAL GAINS IN HEALTH INFORMATION TECHNOLOGY USE, REMAIN CONCERNED ABOUT ABILITY TO MEET INCREASED DEMAND FOLLOWING ACA COVERAGE EXPANSIONS**

## ***Federal Investment Still Essential as Health Centers Adapt to Post-Health Reform Environment***

New York, NY, May 16, 2014—Use of electronic health records increased 133 percent in federally qualified health centers (FQHCs) between 2009 and 2013, according to a new Commonwealth Fund survey of health center leaders. Spurred by federal investments and financial incentives to more fully embrace health information technology (HIT), 85 percent of FQHCs reported they had achieved advanced HIT capabilities in 2013—meaning they could perform at least nine of 13 key functions, such as electronically prescribing medications. The rate in 2009 was just 30 percent. In fact, FQHCs adopted HIT at higher rates than office-based physicians, including large practices and large integrated health care systems.

FQHCs, sometimes called community health centers, provide care to people regardless of their ability to pay or health insurance status. In 2012, the centers treated 21 million people, of whom nearly eight of 10 had public insurance or were uninsured. The new report, which draws on findings from the 2013 Commonwealth Fund National Survey of FQHCs, a follow-up to a 2009 survey, examines how FQHCs are preparing for the anticipated increase in health care demand as people gain insurance through the Affordable Care Act (ACA). The new survey finds that, in 2013, the majority of FQHCs expressed concern about the likely rise in demand, with staffing a primary worry. As health center leaders look to the coming year, 83 percent believe physician supply will be a major or minor problem, and 73 percent say recruiting and retaining sufficient numbers of nurse practitioners and physician assistants will continue to be a problem.

“Community health centers are a critical component of the health care safety net, and they will continue to treat uninsured individuals, even as the percentage of people with coverage increases,” said report coauthor Melinda Abrams, The Commonwealth Fund’s Vice President for

Delivery System Reform. “As demand for their services increases, it will be essential for health centers to have the resources necessary to meet patients’ needs.”

Concerns about staffing at community health centers predate the ACA. According to the survey, 56 percent of FQHCs reported primary care physician shortages in 2013, a similar proportion as in 2009. Reports of a short supply of nurses, nurse practitioners, physician assistants, and dentists also remained relatively unchanged, with about one-third of health center leaders reporting workforce shortages in both 2009 and 2011.

According to the survey, community health centers were also successful at leveraging available resources to ensure access to care for their patients. While 58 percent of FQHCs anticipate maintaining the same quality of care to be a problem in the face of increased demand, health centers were preparing for expected changes by investing in expanded and better-integrated behavioral health services (53%), hiring new medical staff (31%), introducing telemedicine and other technologies that allow patients to access health care remotely (17%), and hiring staff to help patients apply for insurance coverage (69%).

“It’s encouraging to see how far community health centers have come in their health information technology use,” said Commonwealth Fund President David Blumenthal, M.D. “Their progress demonstrates that with concerted investment and support, substantial change is possible. It makes the case for continued investment to make sure these clinics can continue caring for some of our nation’s most vulnerable patients.”

### **Policy Implications**

The survey findings were released today in two separate data briefs: *Trends in Health Information Technology Adoption Among Federally Qualified Health Centers, 2009–2013* and *Ready or Not? How Community Health Centers View Their Preparedness to Care for Newly Insured Patients*.

Moving forward, the authors offer several recommendations to ensure that FQHCs can continue fulfilling their missions:

**Recruiting support.** The ACA provides substantial financial support for FQHCs, including \$1.5 billion in additional funding for the National Health Service Corps to help clinics recruit health providers. Federal policymakers should also consider targeted outreach to attract primary care physicians, nurse practitioners, mental health providers, and bilingual personnel to FQHCs.

**Health Center Trust Fund.** Thanks to the \$11 billion Health Center Trust Fund, FQHCs have served an additional 4 million patients and provided support to 500 new clinic sites. However, the trust fund is scheduled to expire in 2015, raising questions about whether there is adequate support to ensure health centers’ stability as they prepare to meet the new patient demand.

**Continued monitoring.** As the ACA increases the number of people with health insurance and demand for FQHC services grows, it will be important to continue to monitor staffing levels to ensure they keep up with the evolving need.

**Higher reimbursement rates for “health homes.”** The Centers for Medicare and Medicaid Services (CMS) is currently supporting state Medicaid programs that are working to enhance behavioral health services and integrate them better with physical health care. They do this by reimbursing qualified “health homes,” many of which are FQHCs, at a higher rate. The enhanced financial support expires after two years, however. It will be important for CMS to help FQHCs that are participating in those programs by continuing to reimburse them at that higher rate.

### **Methodology**

The 2013 Commonwealth Fund Survey of Federally Qualified Health Centers was conducted by Social Science Research Solutions from June 19, 2013, through October 24, 2013, among a nationally representative sample of 679 executive directors or clinical directors at federally qualified health centers (FQHCs). The survey sample was drawn from a list of all FQHCs in 2011 that have at least one site that is a community-based primary care clinic. The list was provided by the federal Bureau of Primary Health Care. All 1,128 FQHCs were sent the questionnaire and 679 responded, yielding a response rate of 60 percent. The survey consisted of a 12-page questionnaire that took approximately 20 to 25 minutes to complete. Data were weighted by number of patients, number of sites, geographic region, and urban/rural location to reflect the universe of primary care community centers as accurately as possible.

**The Commonwealth Fund is a private foundation supporting independent research on health policy reform and a high performance health system.**