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

- **Total**
- **Hospital affiliation for referrals for specialist or subspecialist care**
- **No hospital affiliation for referrals**

Note: Difficulty includes “somewhat or very difficult.”

* Medicaid-fee-for-service.

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:

- Low HIT capacity (0–3 functions)
- Medium HIT capacity (4–8 functions)
- High HIT capacity (9–13 functions)

<table>
<thead>
<tr>
<th>Category</th>
<th>Low HIT</th>
<th>Medium HIT</th>
<th>High HIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider receives alert or prompt to provide patient with test results</td>
<td>25</td>
<td>27</td>
<td>51</td>
</tr>
<tr>
<td>Provider receives alert or prompt at point of care for appropriate services needed by patient</td>
<td>10</td>
<td>21</td>
<td>43</td>
</tr>
<tr>
<td>Center tracks specialist referrals until consultation report returns to referring provider</td>
<td>42</td>
<td>53</td>
<td>55</td>
</tr>
</tbody>
</table>

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

- Are notified of patient’s ER visit
- Are notified patient was admitted
- Receive discharge summary

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

- <100% FPL: 11.3m (70%)
- 101%-200% FPL: 3.4m (21%)
- >200% FPL: 1.4m (9%)

Source of insurance

- Medicaid: 5.7m (35%)
- Medicare: 1.2m (8%)
- Other Public: 0.4m (2%)
- Uninsured: 6.2m (40%)
- Private: 2.5m (15%)

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:

- Telephone advice on clinical issues on weekends/after hours: 51% (Usually) and 14% (Often)
- Telephone advice on clinical issues during office hours: 66% (Usually) and 25% (Often)
- Same- or next-day appointments when requested: 72% (Usually) and 30% (Often)
- Appointments scheduled with personal clinician: 88% (Often) and 23% (Usually)

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

- **Uninsured**: 88%
- **Medicaid***: 68%
- **Medicare**: 45%
- **Private**: 23%

Note: Difficulty includes “somewhat or very difficult.”

* Medicaid-fee-for-service.

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

- Hospital affiliation for referrals for specialist or subspecialist care
- No hospital affiliation for referrals

Note: Difficulty includes “somewhat or very difficult.”

* Medicaid-fee-for-service.

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

Percent of centers reporting the following:

- Center tracks referrals until consultation report returns to referring provider: 70% usually, 20% often.
- Referring provider receives report back from specialist/subspecialist about care given to patient: 72% usually, 29% often.
- Center receives report from specialist/subspecialist within 30 days: 64% usually, 29% often.

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

- By diagnosis: 69%
- By panel of patients by provider: 59%
- By lab results: 45%
- By who is overdue for tests/preventive care: 25%

Note: Easy means they can generate information about the majority of patients in less than 24 hours.
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:

- **Laboratory tests ordered are tracked until results reach clinicians**
  - Usually: 54%
  - Often: 15%
  - Frequently: 69%

- **Provider receives alert or prompt to provide patient with test results**
  - Usually: 33%
  - Often: 13%
  - Frequently: 46%

- **Provider receives alert or prompt at point of care for appropriate services needed by patient**
  - Usually: 23%
  - Often: 17%
  - Frequently: 40%

- **Patients are sent reminder notices for preventive or follow-up care**
  - Usually: 18%
  - Often: 15%
  - Frequently: 23%

Note: Usually means 75% to 100% of the time and Often means 50% to 74% of the time.
### Exhibit 9. Health Information Systems: Functional Capacity

<table>
<thead>
<tr>
<th>Unweighted N=</th>
<th>CHC Total</th>
<th>PCP Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>795</td>
<td>1,349</td>
</tr>
</tbody>
</table>

#### Overall Information Technology Capacity

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0–3 functions)</td>
<td>39</td>
<td>52</td>
</tr>
<tr>
<td>Medium (4–8 functions)</td>
<td>31</td>
<td>24</td>
</tr>
<tr>
<td>High (9–13 functions)</td>
<td>30</td>
<td>24</td>
</tr>
</tbody>
</table>

#### Computerized Systems to Order Medications, Tests, and Other Functions

1) Has electronic medical records (EMRs) throughout health center

Routinely use the following technologies:

2) Electronic access to patients’ laboratory tests results

3) Electronic ordering of laboratory tests

4) Electronic entry of clinical notes, including medical history and follow-up notes

5) Electronic alerts or prompts about a potential problem with drug dose or drug interaction

6) Electronic list of all medications taken by a patient (including those prescribed by other doctors)

7) Electronic prescribing of medication

#### Electronic Systems for Patient Registries

Use computerized process to generate the following information:

8) List of patients by diagnosis

9) List of patients by lab result

10) List of patients who are due or overdue for tests or preventive care

#### Electronic Systems to Track Patients, Tests, and Send Reminders for Preventive Care

Use computerized process for the following tasks:

11) Laboratory tests ordered are tracked until results reach clinicians

12) Patients receive reminder notices when regular preventive or follow-up care is due

13) Provider receives an alert or prompt to provide patients with test results

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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:

- **Laboratory tests ordered are tracked until results reach clinicians**
  - Low HIT capacity (0–3 functions): 45
  - Medium HIT capacity (4–8 functions): 52
  - High HIT capacity (9–13 functions): 68

- **Provider receives alert or prompt to provide patient with test results**
  - Low HIT capacity (0–3 functions): 25
  - Medium HIT capacity (4–8 functions): 27
  - High HIT capacity (9–13 functions): 51

- **Provider receives alert or prompt at point of care for appropriate services needed by patient**
  - Low HIT capacity (0–3 functions): 10
  - Medium HIT capacity (4–8 functions): 21
  - High HIT capacity (9–13 functions): 43

- **Patients receive reminder notices for preventive or follow-up care**
  - Low HIT capacity (0–3 functions): 13
  - Medium HIT capacity (4–8 functions): 23
  - High HIT capacity (9–13 functions): 20

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

- Center tracks referrals until consultation report returns to referring provider:
  - Low HIT capacity (0–3 functions): 42
  - Medium HIT capacity (4–8 functions): 53
  - High HIT capacity (9–13 functions): 55

- Referring provider receives report back from specialist/subspecialist about care given to patient:
  - Low HIT capacity (0–3 functions): 39
  - Medium HIT capacity (4–8 functions): 41
  - High HIT capacity (9–13 functions): 51

- Center receives report from specialist/subspecialist within 30 days:
  - Low HIT capacity (0–3 functions): 32
  - Medium HIT capacity (4–8 functions): 32
  - High HIT capacity (9–13 functions): 44

Note: Usually means 75% to 100% of the time.
**Exhibit 13. Performance Reporting and Quality Improvement Activities**

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

### Exhibit 14. Indicators of a Medical Home

<table>
<thead>
<tr>
<th>INDICATORS OF MEDICAL HOME</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Home Capacity—Total Number of NCQA Domains</td>
<td></td>
</tr>
<tr>
<td>Capacity in All 5 Domains</td>
<td>29%</td>
</tr>
<tr>
<td>Capacity in 3 to 4 Domains</td>
<td>55%</td>
</tr>
<tr>
<td>Capacity in 0 to 2 Domains</td>
<td>16%</td>
</tr>
<tr>
<td>1) NCQA Domain—Patient Tracking and Registry Functions: Can easily generate a list of patients by diagnosis with the current patient medical records system</td>
<td>69%</td>
</tr>
<tr>
<td>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</td>
<td>60%</td>
</tr>
<tr>
<td>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</td>
<td>70%</td>
</tr>
<tr>
<td>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</td>
<td>71%</td>
</tr>
<tr>
<td>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</td>
<td>99%</td>
</tr>
</tbody>
</table>

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.

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.

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 . . .

- Adequate physician workforce
  - Total: 37
  - 0–2 MH domains: 24
  - 3–4 MH domains: 38
  - Medical home (5 domains): 43

- Adequate nurse practitioner workforce
  - Total: 47
  - 0–2 MH domains: 38
  - 3–4 MH domains: 48
  - Medical home (5 domains): 50

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