HRSA Health Center Program Overview
State Offices of Rural Health Orientation Meeting

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HRSA
Health Center Program

Health Center Program Background

- **Federal support began in 1965**

- **Authorized in 1975 under Section 330 of the Public Health Service Act**

- **Contains separate legislative authority for:**

  - Community Health Center Program

  - Migrant Health Center Program

  - Health Care for the Homeless Program

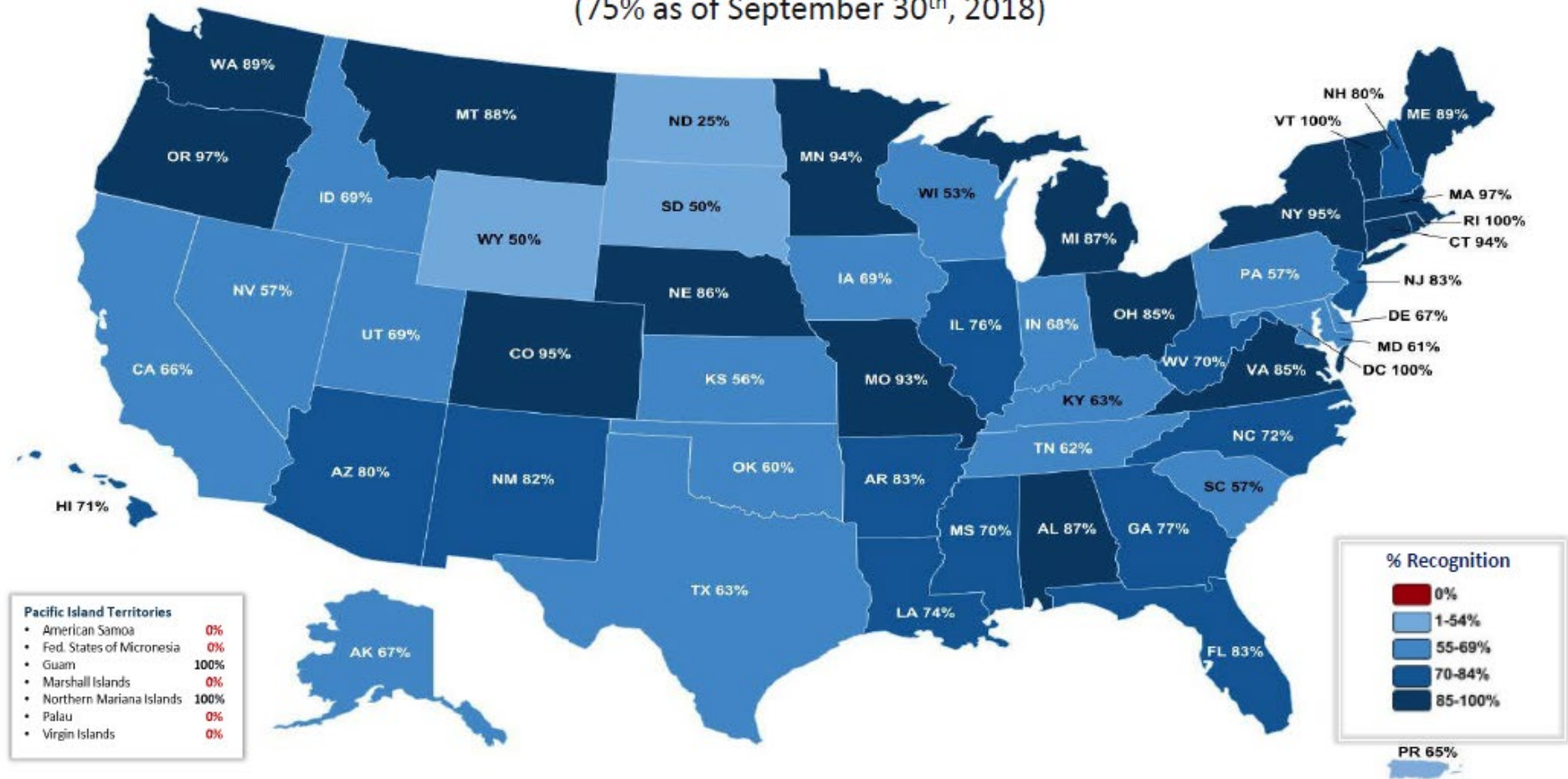 - Public Housing Primary Care Program

Health Center Program Fundamentals

- **Provide services regardless of patients' ability to pay**
- **Patient-majority governing boards of autonomous community-based organizations**
- **Respond to the unique and individual needs of the community**
- **Meet requirements regarding administrative, clinical, and financial operations**
- **Provide comprehensive, integrated care by offering a range of services:**
  - Primary medical, oral, and mental health services
  - Substance use disorder and medication-assisted treatment (MAT) services
  - Enabling services such as case management, health education, and transportation

Patient-Centered Medical Home Recognition

National Patient-Centered Medical Home (PCMH) Recognition in Health Centers
(75% as of September 30th, 2018)

Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2018

National Impact

More than **27 million** people – **1 in 12** people across the United States – rely on a HRSA-funded health center for care, including:

- **1 IN 9** CHILDREN
- **1 IN 5** RURAL RESIDENTS
- **1 IN 3** LIVING IN POVERTY
- More than **355,000** VETERANS
- **ABOUT 3.5 MILLION** PUBLICLY HOUSED
- **NEARLY 1.4 MILLION** HOMELESS
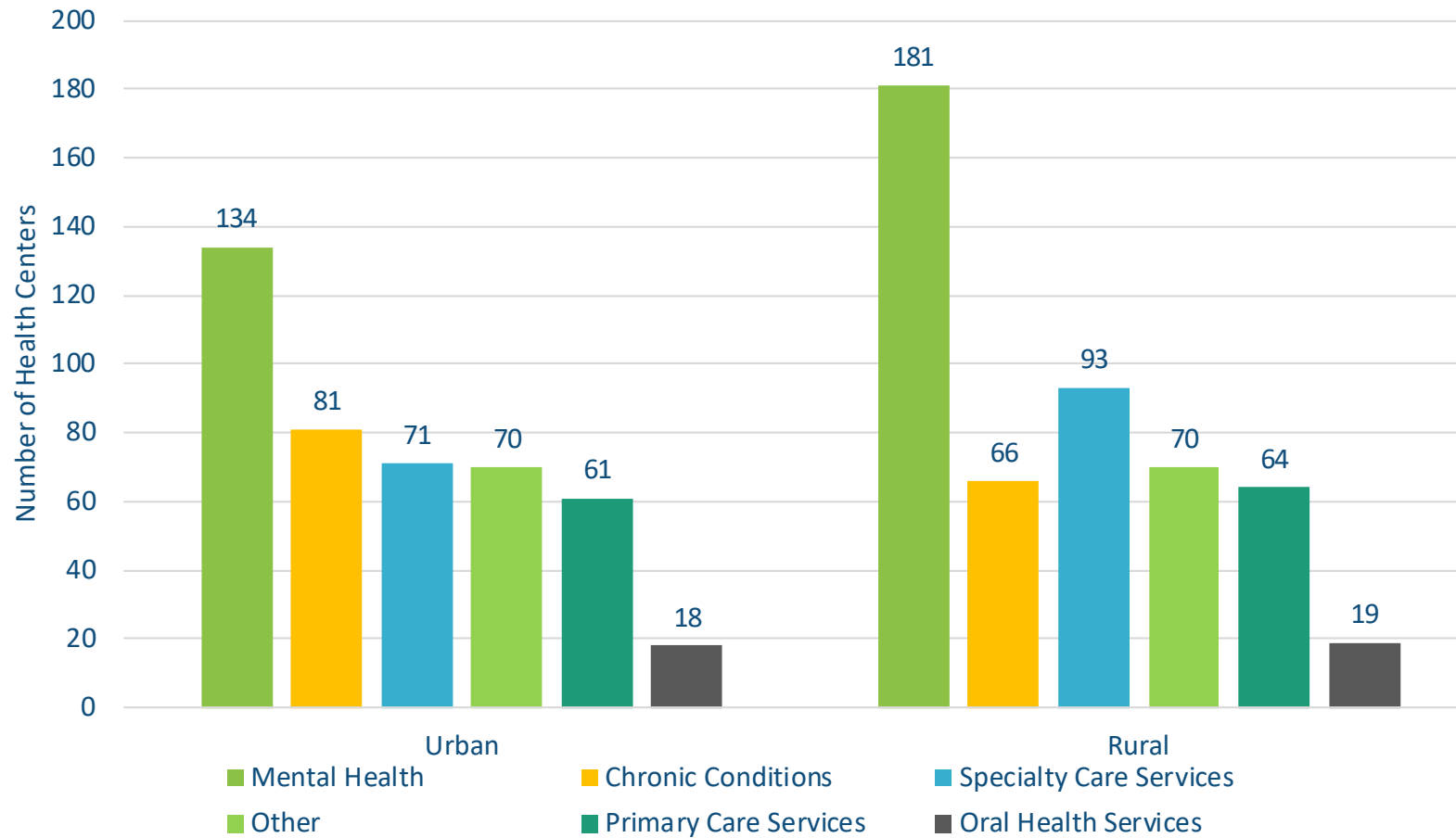- **NEARLY 1 MILLION** AGRICULTURAL WORKERS
- **MORE THAN 800,000** SERVED AT SCHOOL-BASED HEALTH CENTERS

2017 UDS Data

Health Center Program
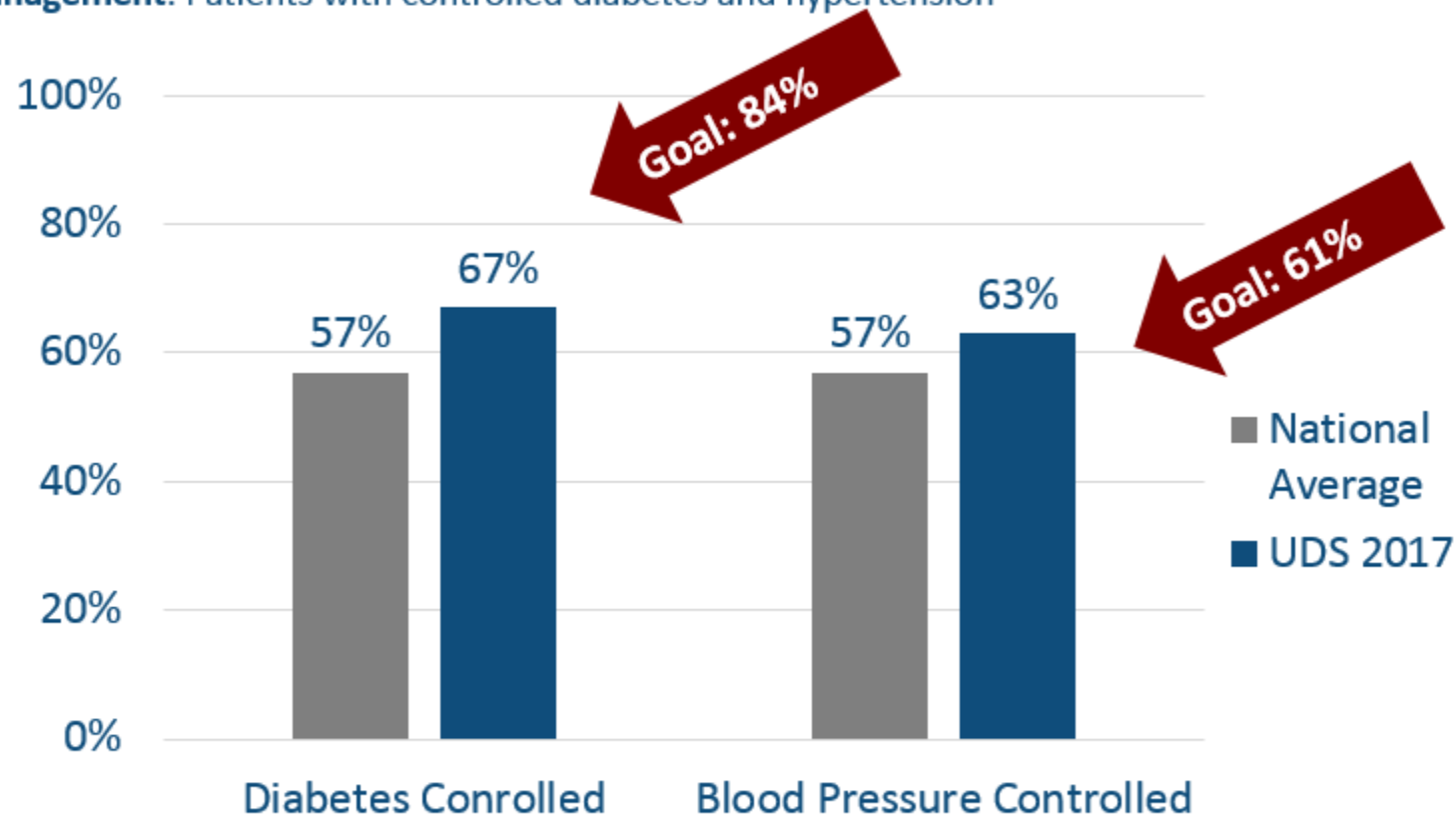
Use of Telehealth Services in Health Centers

44% of Health Centers Use Telehealth; 53% of those for Mental Health Care

Quality of Care

Healthy People 2020 Goals

Chronic Disease Management: Patients with controlled diabetes and hypertension

Sources: Uniform Data System, 2017.
National Committee for Quality Assurance, The State of Health Care Quality. Diabetes Care (2016).
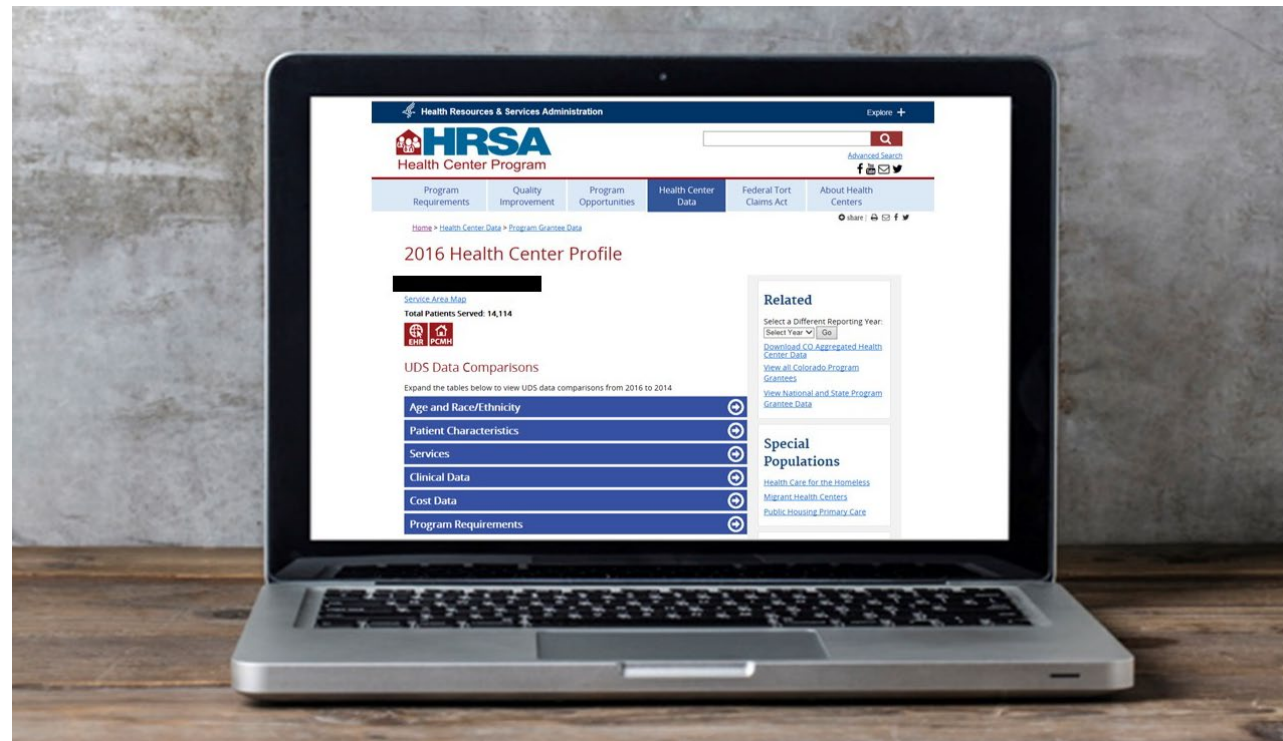National Committee for Quality Assurance, The State of Health Care Quality. Controlling for High Blood Pressure (2016).

National, State and Health Center-Level Data

Information collected annually from grantees via the Health Center Program Uniform Data System (UDS) is publically available*

bphc.hrsa.gov/datareporting

*other than proprietary or personally-identifiable data

FY 2019 Health Center Program Appropriation
$5.6 billion

Bipartisan Budget Act

Mandatory funding extension: $4.0 billion in FY 2019

FY 2019 Appropriations Act

Discretionary funding: $1.6 billion in FY 2019

FY 2019 Planned Activities to date

Substance Use Disorder & Mental Health Services (SUD-MH): $200 million

Health Center Controlled Networks: $42 million

School Based Health Center Capital: $10 Million

Loan Guarantee Program Authority

- In the past 10 years, HRSA has awarded more than $3.5 billion in Health Center Program Capital funding

- In FY 2018, Congressional action provided $20 million in loan guarantee appropriations and increased loan guarantee authority, totaling nearly $890 million

For More Information, Contact LGProgram@hrsa.gov

Service Area Needs Assessment Methodology (SANAM) and Unmet Needs Score (UNS)

Purpose

- Leverage public data sources to automatically calculate an unmet need score (UNS) in a way that is transparent, verifiable, and reduces health center burden

Process

- Evaluated four prototypes to calculate UNS. Selected the most comprehensive, encompassing socioeconomic and direct measures of health (Holistic Model) and revised per stakeholder feedback

Benefits

- Provides automated unmet need score (UNS) for all Zip Codes and for health center service areas
- Standardizes the quantification of unmet need in alignment with strategic priorities
- Enables identification of areas of significant unmet need
- Is dynamic, with the ability to evaluate and revisit or add data sources
- May reduce burden by replacing Need-for-Assistance Worksheet in New Access Point Applications

Contact: SANAM@hrsa.gov

Future Service Area Request for Information

Purpose:
- Seek public input and feedback to inform service area-related policy considerations as described in the forthcoming Request for Information
- Solicit additional ideas and suggestions related to these topic areas

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