Benefits of community health centers

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The Patient Protection and Affordable Care Act enacted into law in March of 2010 encompasses provisions intended to reform healthcare in the United States. There remains controversy over the effectiveness of these provisions (Blumenthal, Abrams, & Nuzum, 2015). The purpose of this discussion is to examine the provision to expand community health centers.

ACA Provision

Community health centers offer excellent, cost-effective healthcare to the most vulnerable individuals in the United States irrespective of their ability to pay for the care received (United States Department of Health and Human Services [HHS], 2016). Healthcare centers were originally opened in 1965 to provide preventive healthcare and outreach services to minorities within the community (Kotelchuck, Lowenstein, & Tobin, 2011). Today over 1300 centers provide comprehensive health care for over 24 million patients (HHS, 2016). Prior to the Patient Protection and Affordable Care Act (ACA), the American Recovery and Reinvestment Act (ARRA) of 2009 provided subsidy to expand community health center services. Centers saw an additional two million patients in the first 12 months of funding (Kotelchuck et al., 2011). The directly applicable ACA provision provides funds each year for five years to support further expansion of community health centers (ACA, 2010). Expansion of health centers is proposed to improve access to healthcare for underserved communities. Prior to 2006 community health centers were not required to report on the same quality measures as other healthcare agencies. Shin, Markus, Rosenbaum, and Sharac (2008) evaluated

community health centers using national benchmarks and found the quality of healthcare provided often exceeded the national average. Expansion of healthcare centers already proven to provide quality care is intended to improve the quality of care for a greater number of people. Community health centers provide cost effective care with the average daily cost of caring for patients at health centers reported as $1. 88 per patient compared to the cost of care in all other physician settings of $2. 87 per patient (Agency for Healthcare Research and Quality, 2012). Expansion of healthcare centers with proven ability to deliver cost effective care is intended to further improve healthcare costs.

Economic and Financial Implications

Heath care centers improve the economic climate of their community. Funding of $1. 85 billion from the ARRA for community health centers resulted in $3. 2 billion in new economic activity (Shin, Bruen, Jones, Ku, & Rosenbaum, 2010). Increased funding related to the ACA has further increased the economic benefit, with an estimated $11. 00 in total economic gain generated for every $1. 00 of federal funding invested in community health centers (National Association of Community Health Centers, 2015). New jobs were created including support staff who work in the health centers, work indirectly created by the need for industries to support the services of the community health centers, and construction related jobs (Atsas and Kunz, 2014). Expansion of these centers also provides career opportunities for more health care providers.

An increase in primary care providers is required to accommodate the rise in the number of individuals with health insurance. The ACA contains provisions related to increased funding for higher education to raise the number of primary care providers graduating each year and provisions for repayment of student loans to encourage more new primary care providers to work in community health centers (Lathrop & Hodnicki, 2014). As of 2015, increased funding for primary care provider education and loan repayment had failed to result in a substantial increase in available primary care providers (Blumenthal et al., 2015). Although there has not been a tremendous increase in providers, improvements have been made as a result of the ACA.

ACA Provision Effectiveness

The ACA provision to expand community health centers is overall successful. Provisions of the ACA have resulted in approximately 20 million people obtaining health insurance between the enactment of the law in 2010 and the beginning of 2016 (HHS, 2016). An upsurge in the number of insured has reduced racial and ethnic health disparities thus improving access to healthcare for a greater number of people who are at high risk for chronic illness (Angier et al., 2015). To receive the designation as a community health center and related funding, the practice must provide healthcare for underserved and at-risk populations (HHS, 2016). Improved access for at-risk individuals results in decreased complications, fewer hospitalizations, and lower healthcare costs (Richards, Saloner, Kenney, Rhodes, & Polsky, 2014). In addition to cost savings, community health centers provide such high-quality care that they perform equally or better on select quality measures compared with private clinics even while serving a socioeconomically

complex population (Goldman, Chu, Tran, Romano, & Stafford, 2012). Despite the lack of substantial increase in primary care providers, community health centers demonstrated the ability to continue delivering high-quality care during the period of rapid growth and expansion. Further work is required to develop strategies to support adequate and stable community health center workforce to enable healthcare centers to continue to maintain current standards (Miller, Frogner, Saganic, Cole, & Rosenblatt, 2016).

Conclusion

In summary, the ACA provision to expand community health centers is based on their proven ability to deliver cost-effective, high quality healthcare for high risk populations. Economic benefit is gained by communities that have community health centers. The ACA funded expansion has resulted in greater access to quality healthcare for underserved populations with improved outcomes at a lower cost when compared to other types of facilities.

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