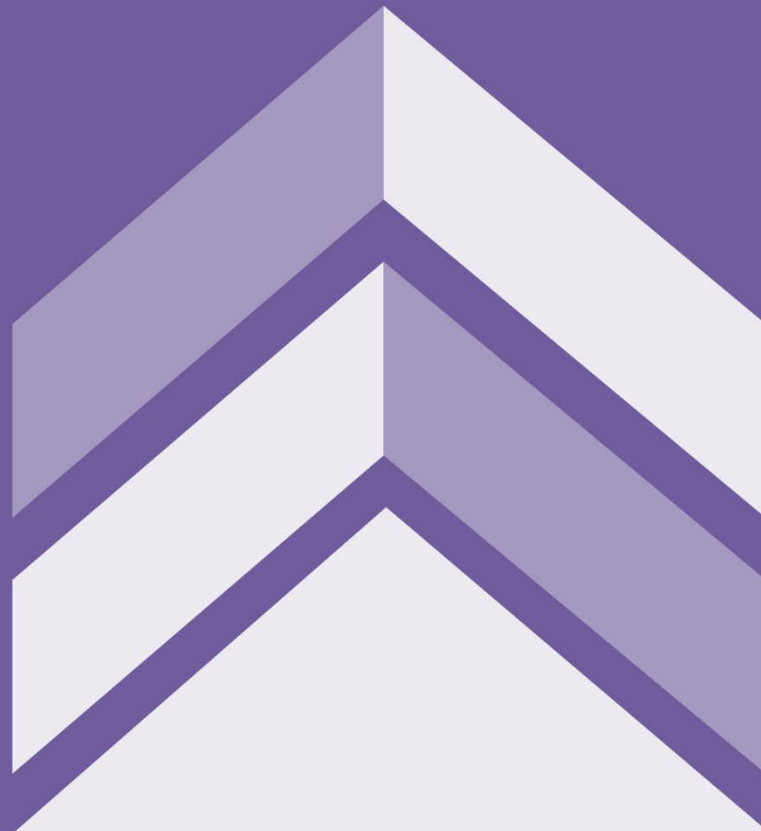




Federally Qualified Health Centers

Exploring data to better
understand primary care
provided by safety net
providers

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AT-A-GLANCE

Telligen analyzed data from 2018 to 2023 on all Federally Qualified Health Centers to better understand primary care at safety net providers. We generated interactive dashboards with the publicly available data from HRSA's Uniform Data System to profile each health center's service mix, patient volume, costs, funding, patient sociodemographics, and center location.

INTRODUCTION

Through federal and state contracts Telligen supports a broad range of primary care providers as they participate in the Medicare and Medicaid programs, including alternative payment models and value-based purchasing programs. In the wake of the public health emergency created by the novel coronavirus pandemic from 2020 to 2023, policy experts have expressed particular concern about vulnerable populations' access to primary care, especially preventive care, and behavioral health services.

To better understand safety net primary care providers during the public health emergency, we conducted a brief descriptive study using publicly available data to delineate information about the Federally Qualified Health Centers (FQHCs) that are funded by the Health Resources and Services Administration (HRSA) section 330 grant program. FQHCs receive financial support to offer new access points to primary care, to expand primary care capacity in underserved areas, and provide new services for mental health/substance abuse, oral health, pharmacy, and enabling services. To serve patients with limited means, the FQHCs provide services on a sliding scale basis to mitigate access barriers due to a lack of insurance and underinsurance.

The primary objective of this project is to better understand the population of health centers designated as FQHCs, and this research paper describes all FQHCs along the dimensions of patient mix, patient volume, service, and location.

METHODS

Among others, our team includes data scientists, biostatisticians, health services researchers, epidemiologists, physicians, and quality improvement professionals that curate data, analyze and report on data using standard and/or customized measures, and develop reports that provide relevant and valuable information to help our clients evaluate options and meet their goals. Although we have experience and comfort working with free analytic software, we utilized the SAS Viya software to import, clean, and transform the data. The data we used for these descriptive analyses are derived from the Uniform Data System (UDS) nationally aggregated health center datasets published by HRSA's Bureau of Primary Health Care (BPHC), covering calendar years 2018-2023. This file includes annual center-level UDS-based information for FQHCs and look-alike health centers. For the purposes of our research, we only included those health centers with an FQHC designation and excluded look-alike centers.

To communicate the results, we developed a dashboard visualization in AWS QuickSight that includes interactive figures and maps. These dashboards enable the user to examine the data across years for a range of measures pertaining to patient demographics, service utilization, costs, and clinical measures. In addition, the dashboards feature drop-down filters to allow the user to select a specific geographic area(s) and/or year(s) to display in the figures. To accompany such dashboards, we developed this summary written white paper to highlight certain figures and provide additional context to several of the national findings.



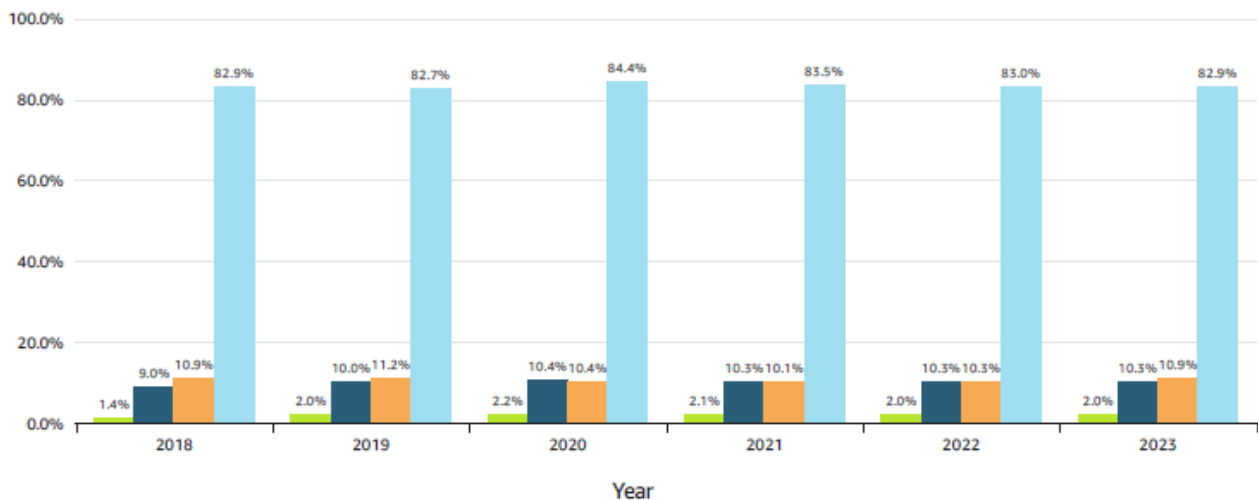
We can demo the dashboard to any interested parties!
[Contact us](#) to get started today!

RESULTS

The population of FQHCs has remained quite steady over the past 6 years, ranging from a low of 1,362 in 2018 to a high of 1,385 in 2019, and currently at 1,363 as of the end of 2023. In terms of services provided, the majority of patient visits at these centers were deemed as general comprehensive primary care, labeled as “Medical,” rather than the narrower, more focused set of services that were classified either as mental health, substance abuse, or enabling services. More specifically, across all FQHCs the mean (i.e., average) percentage of patient visits that are classified as Medical has exceeded 80% each of these years.

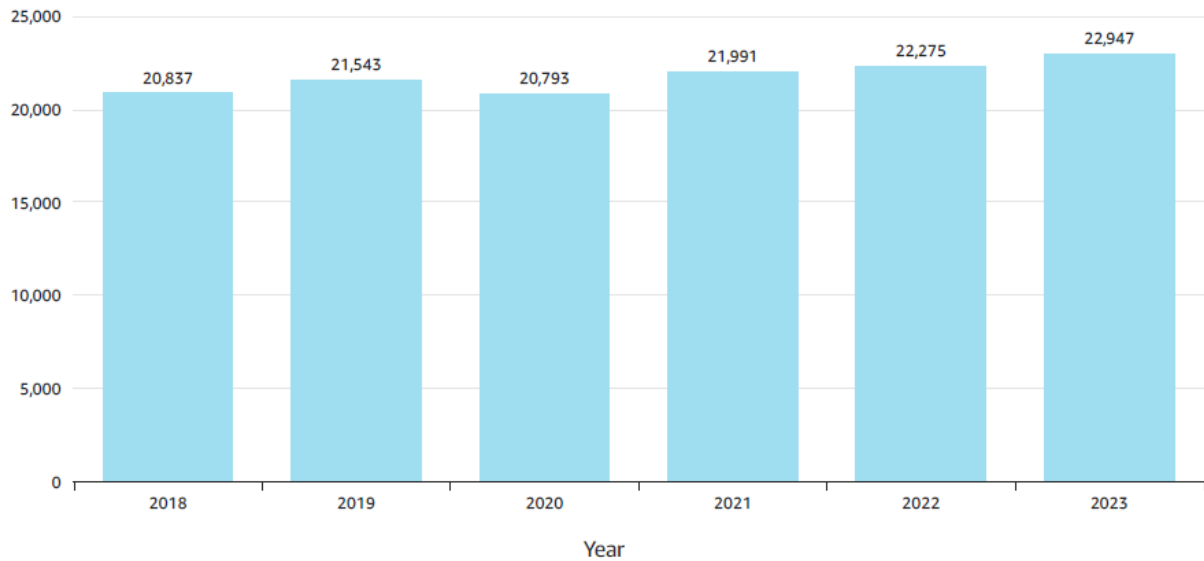
Service Mix: Mean Percent of Services by Type
 Among Federally Qualified Health Centers (FQHCs)

■ Substance Abuse ■ Mental Health ■ Enabling ■ Medical

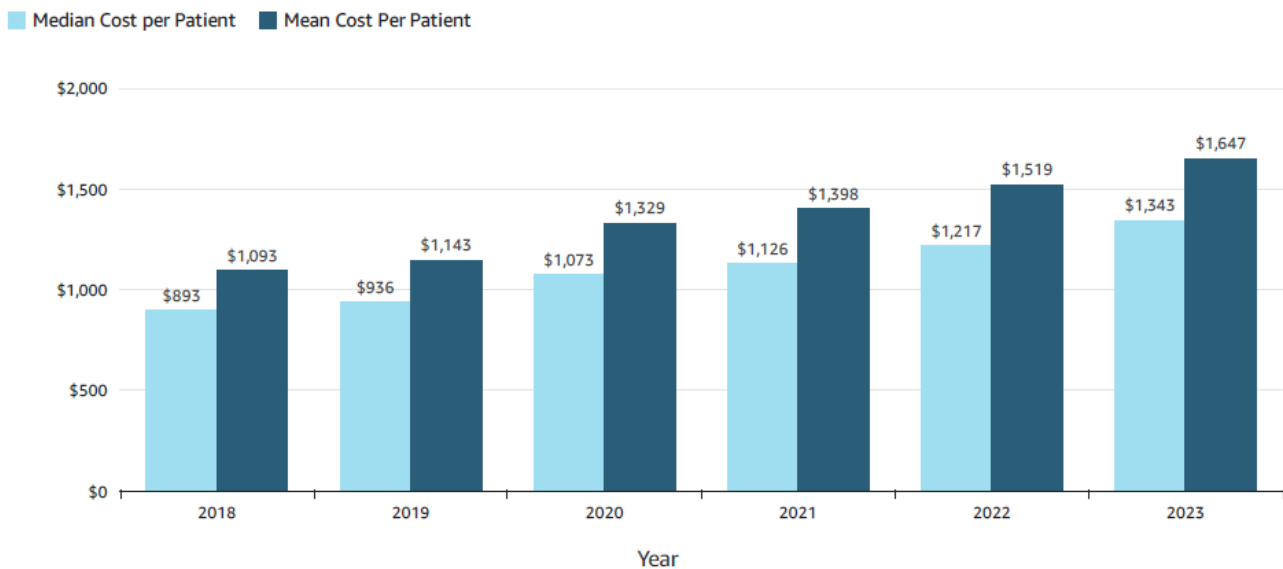


During the 2018-2023 time-period, the mean patient volume has increased modestly but steadily over time, as has the mean cost for treating patients, though these numbers are purely descriptive and have not been adjusted for inflation.

Volume: Mean Number of Patients
Among Federally Qualified Health Centers (FQHCs)



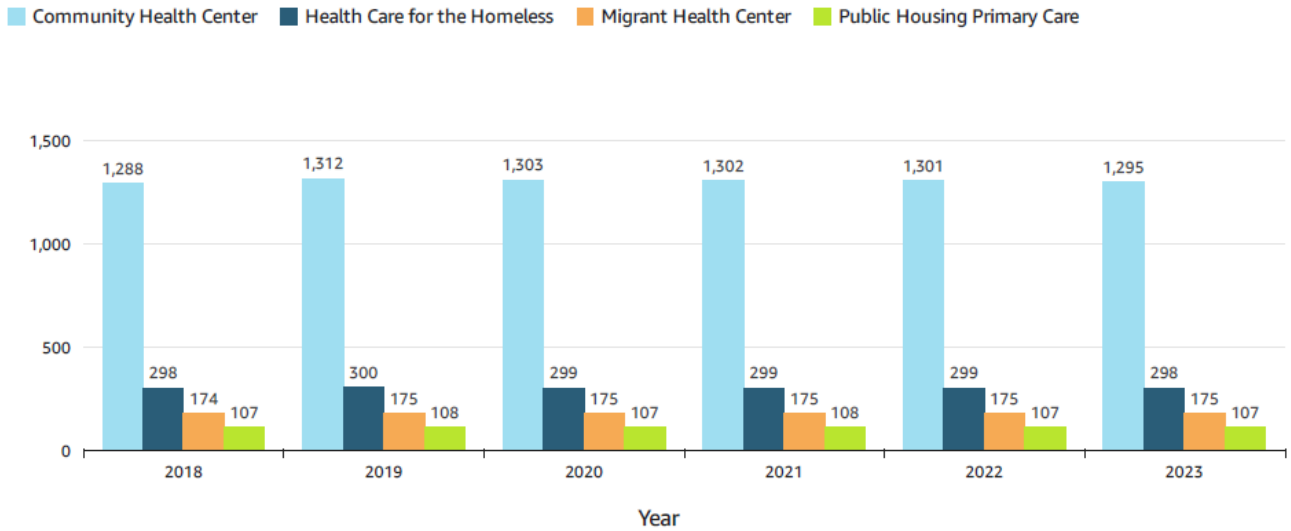
Cost: Median and Mean Cost per Patient
Among Federally Qualified Health Centers (FQHCs)



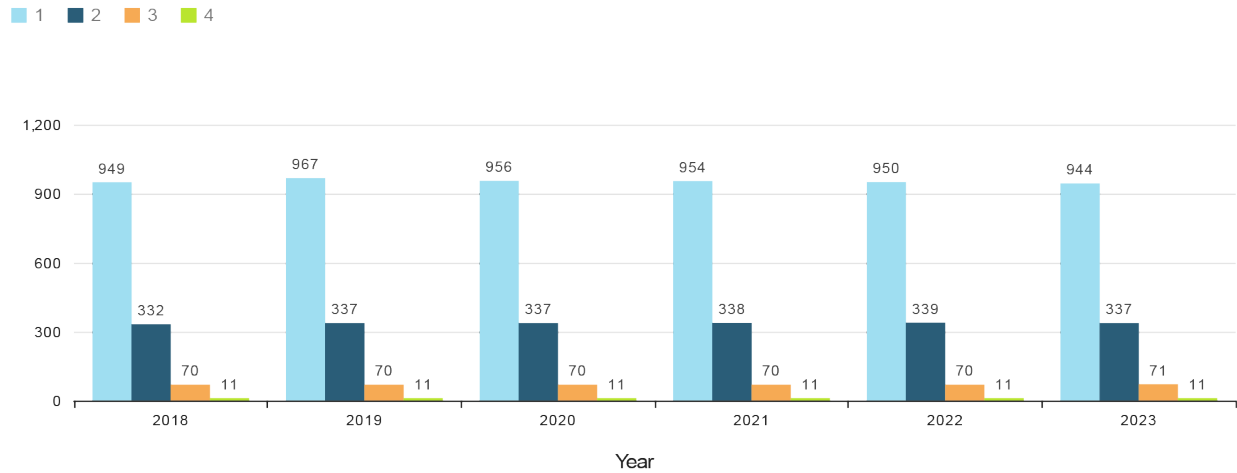
There are four types of program awards for Federally Qualified Health Centers (FQHCs). In 2023, 95% of FQHCs received community health center funding. In addition, there is funding available for three special populations: migrant health centers, health care for the homeless, and public housing primary care programs, with many fewer FQHCs receiving this special population funding. About a

quarter of the FQHCs receive more than one type of funding. Less than one percent (n=11) of the FQHCs receive all four funding types.

Program Award: Number of Federally Qualified Health Centers (FQHCs) by Type of Award Received



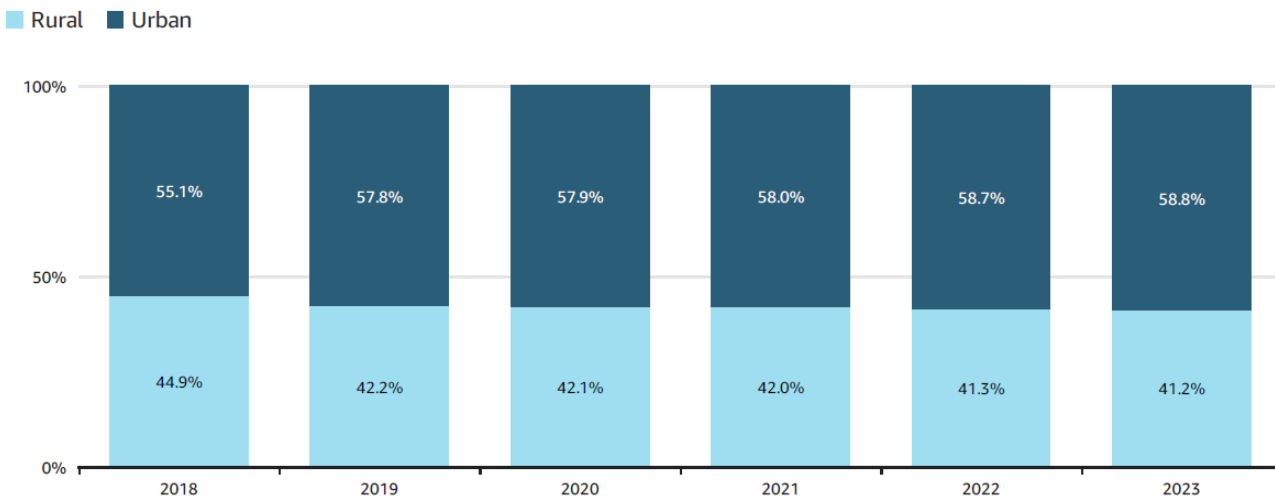
Program Participation: Number of Federally Qualified Health Centers (FQHCs) by Number of Program Awards Received



LOCATION

Regarding the location of FQHCs, the distribution became slightly more urban from 2018 (55.1%) to 2019 (57.8%). This shift was due to 19 new urban health centers being added and 63 rural health centers switching to an urban designation, presumably due to population growth in their respective counties. The distribution remained relatively flat through 2023 (58.8%), increasing by only one percentage point.

Location: Percent Rural or Urban
Among Federally Qualified Health Centers (FQHCs)

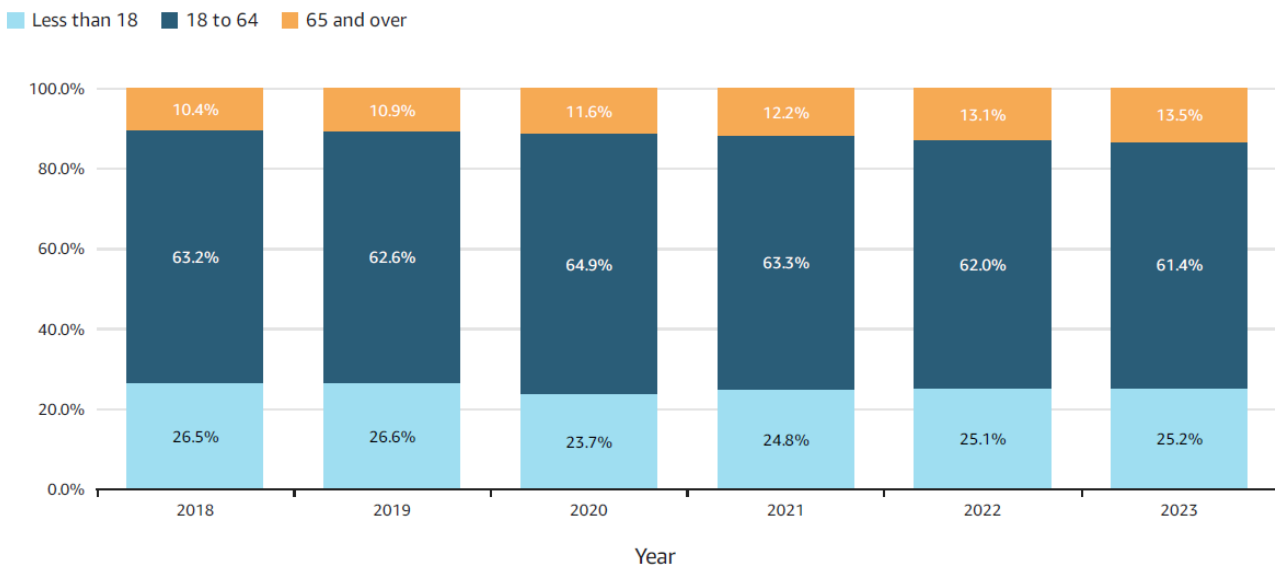


POPULATION SERVED

FQHCs are experiencing a modest but steadily increasing mean percentage of clients who are 65 years of age and over (10.4% mean in 2018 to 13.5% mean in 2023), with slight decreases in both the mean percentage of clients that are 18 to 64 years of age, and the mean percentage of clients that are less than 18 years of age.

10.4% to 13.5%
Awardee sites have seen a gradual increase in mean percentage of clients 65 and over.

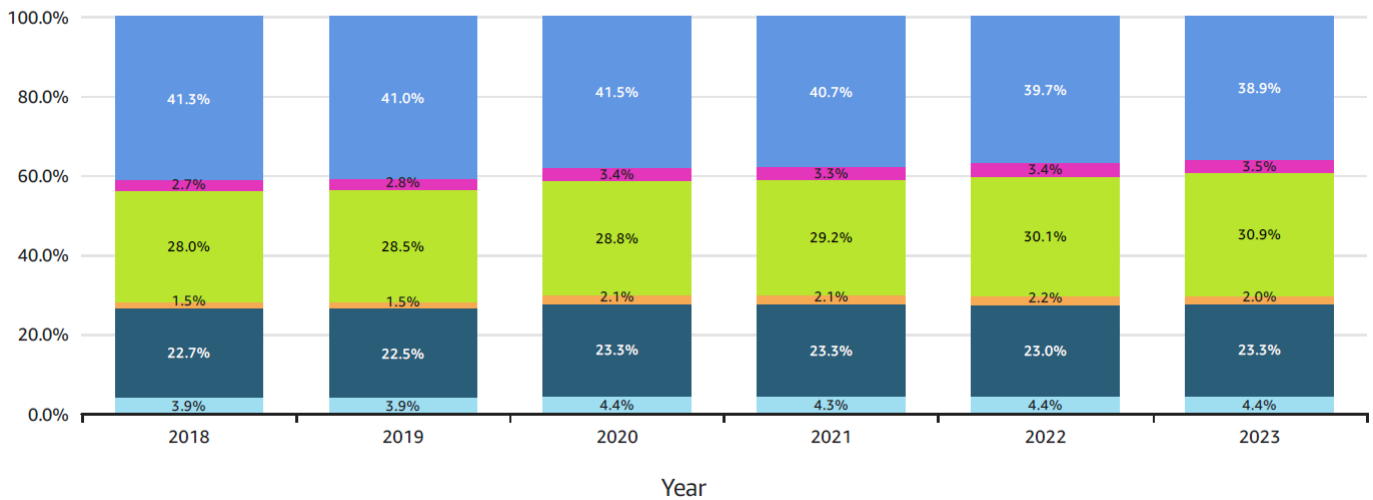
Population Served: Mean Percent of Patients by Age Category
Among Federally Qualified Health Centers (FQHCs)



Simultaneously, we observe a modestly increasing mean percentage of FQHC clients that are Hispanic/Latino (28.0% mean in 2018 to 30.9% mean in 2023), Asian (3.9% mean in 2018 to 4.4% mean in 2023), and North American Native (2.7% mean in 2018 to 3.5% mean in 2023).

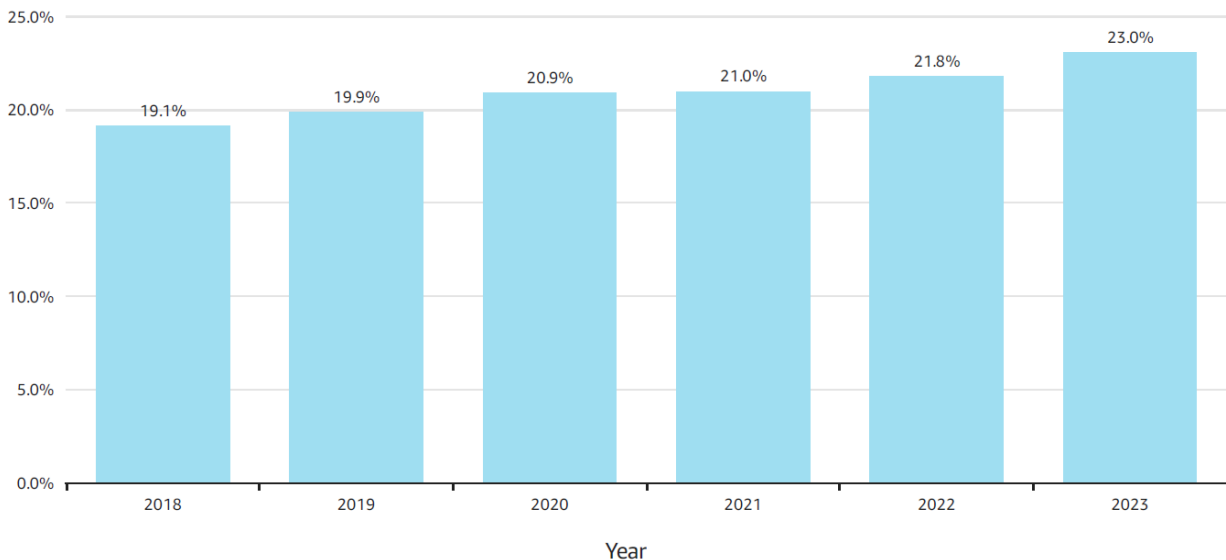
Population Served: Mean Percent of Patients by Race/Ethnicity Category Among Federally Qualified Health Centers (FQHCs)

Asian Black Hawaiian Pacific Hispanic/Latino North American Native White/Unknown



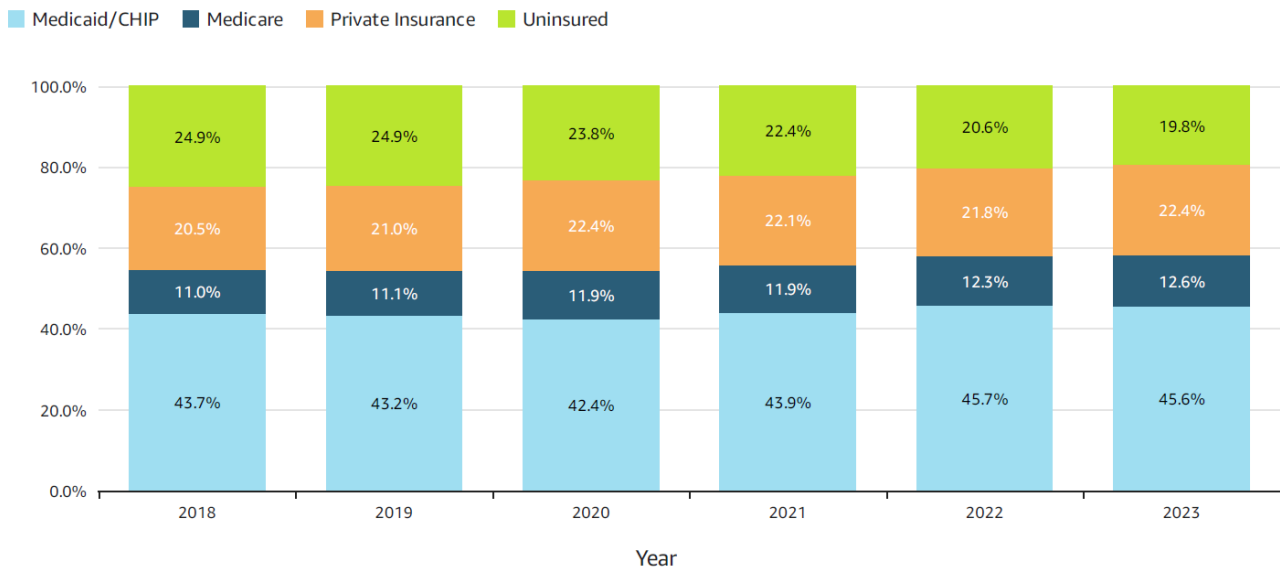
Federally Qualified Health Centers are also experiencing an increase in their mean percentage of clients who are best served in a language other than English. The mean percent across FQHCs has increased from 19.1% in 2018 to 23.0% in 2023.

Population Served: Mean Percent of Patients Best Served in Another Language Among Federally Qualified Health Centers (FQHCs)



Federally Qualified Health Centers are experiencing an increase in clients with private insurance (20.5% mean in 2018 to 22.4% mean in 2023), Medicaid/CHIP coverage (43.7% mean in 2018 to 45.6% mean in 2023) and Medicare coverage (11.0% mean in 2018 to 12.6% mean in 2023), resulting in a notable decrease in clients who are uninsured (24.9% mean in 2018 to 19.8% mean in 2023).

Insurance: Mean Percent of Patients by Insurance Type
Among Federally Qualified Health Centers (FQHCs)



DISCUSSION

FQHCs have continued to provide important primary care services to their clients through a variety of clinics. Often operated as a safety net provider, these centers have experienced an increase in the percentage of clients who are insured, the percentage of clients who self-identify as belonging to a racial/ethnic minority, and the percentage of clients who are best served in a language other than English. At the start of the pandemic, FQHCs experienced a temporary decline in the number of patients but quickly returned to pre-pandemic volumes that have steadily risen as vaccines and effective treatment protocols were developed and implemented widely.

We believe it is useful to conduct research on the challenges of serving health center patients with chronic conditions. Based upon our decades of experience with care management and utilization management, we believe that it is important to consider the granularity of the data that are available from HRSA. By enabling researchers to gain access to de-identified person-level data, analysts could assess quality, costs, and utilization for distinct populations, such as those who lack insurance, are homeless, or are recently incarcerated. Expansion of which UDS data are publicly available would enable consideration of procedures, diagnoses, and outcomes, including patient satisfaction data.

Through geocoding or inclusion of additional external data such as the HRSA data on providers (i.e., Area Health Resource File), vulnerability indices (e.g., Area Deprivation Index, Environmental Justice Index), and data from other primary care providers, researchers and providers can better understand health system dynamics and factors associated with health care utilization and quality. For instance,

using claims data from the Oklahoma Medicaid program, Telligen analyzed the member, provider, and area level characteristics associated with high utilization costs among the pediatric population. Were additional data and/or competitive research grants made available to researchers, these resources may facilitate the development and dissemination of additional insights regarding access for vulnerable populations and continuity of care.

Telligen will continue to conduct targeted analysis and problem-solving for our clients and invite you to let us know how we might provide you with richer insights to support your organization in its quality-related efforts.