



## Health Equity Proposal for Community Health Center Funding

*June 2022*

### **Mobile Health Clinics \$5,000,000**

DHS grants to hospitals or other health care facilities to establish, expand or upgrade the use of mobile health clinics to increase access to health care services in medically underserved communities or to medically underserved population. This would include primary health services, substance use disorder services, and mental health counseling. Funds would be used to support or leverage existing dollars and program capacity to ensure equitable access to services. Eligible entities would be required to document how they will document differences in clinical outcomes due to funding. Eligible uses of funds would include:

- Purchases, maintenance and upgrade of mobile medical health care service vehicles.
- Hiring/professional development of casework staff, physicians, practitioners, pharmacists, nursing personnel, or similar medical professionals.
- Hiring/professional development of administrative, oversight, clerical, or other support staff managing the operations or care provided by mobile medical health care service vehicles.
- Distributing or dispensing prescriptions.
- Advancing the use of information technology for treatment purposes, including the employment of appropriate staff required for maintenance to ensure the secure and stable operations of computers, servers, and other appropriate information technology infrastructure.
- Provide access to health education.

### **Background:**

#### **Pennsylvania Association of Community Health Centers (PACHC)**

As the state primary care association (PCA), PACHC represents and supports the largest network of primary health care providers in the commonwealth. This network of health centers includes 51 Community Health Centers (FQHCs and FQHC Look-Alikes), Rural Health Clinics and other like-mission providers serving more than 917,000 patients annually at 350-plus sites in underserved rural and urban areas throughout Pennsylvania. The majority of health center patients (87%) are at 200% of the Federal Poverty Level or lower. Pennsylvania's Federally Qualified Health Centers (FQHCs) are unique nonprofit primary care facilities that provide a wide array of services to Pennsylvanians in underserved areas of the state, both rural and urban including physical health, behavioral health, dental health, vision services, substance use disorder services, enrollment assistance and pharmaceutical services. FQHCs are unique in that they are required to care for anyone who requires care no matter their ability to pay. FQHCs offer a sliding fee scale based on a patient's ability to pay. FQHC are community governed, meaning at least 51% of an FQHCs Board of Directors must be patients of the center. FQHCs in Pennsylvania, unlike the majority of states across the country, do not receive any direct, line-item funding from the state to support the significant role they play in enhancing health access and equity.

#### **Publicly Reported Data**

Health Center Program awardees and look-alikes are required to report on a core set of measures each calendar year as defined in the Uniform Data System (UDS), a standardized reporting system. HRSA uses UDS data to assess the impact and performance of the Health Center Program, and to promote data-

driven quality improvement. Data for each FQHC in Pennsylvania is publicly available on the UDS website at <https://data.hrsa.gov/tools/data-reporting/program-data>. The website also offers statewide data at <https://data.hrsa.gov/tools/data-reporting/program-data/state/PA>. Data includes demographic information on who we serve, staffing and utilization, payer information, special populations, etc. This public data reporting will allow FQHCs to *document differences in clinical outcomes due to funding*.

## Proposal

Pennsylvania's FQHCs are uniquely qualified to deliver health care services to medically underserved communities across the Commonwealth, particularly those communities most impacted by the pandemic. All FQHCs are located in Medically Underserved Areas (MUA) as designated by the Federal government and our primary mission is to ensure access to high quality health care in those communities. Below are several options of how FQHCs can assist the state in meeting its goals using the resources available. We recommend that FQHCs be eligible to use the funding for any and all of the following:

- 1) **Mobile Units:** About 50% of FQHCs in Pennsylvania currently operate mobile units or are in the process of purchasing mobile units. Many of the FQHCs currently without mobile units are exploring opportunities to purchase or lease these units to meet community needs. Funds are needed to offset the costs of operating the mobile unit—maintenance, fuel and annual insurance. The largest cost of operating the units is staffing. For those FQHCs currently without mobile units, funds are needed to invest in securing a unit for the facility and cover start-up costs.
- 2) **Workforce:** FQHCs have a staff committed to the mission of the organizations and the patients we serve, but the pandemic has had a tremendously negative impact on our ability to retain and recruit workforce. It is the largest impediment to providing health care services to the medically underserved communities that we serve. Funds would be used to address the following areas for workforce:
  - a) **Staff Recruitment, Development and Retention:** FQHCs have always struggled to compete with other health care providers for professional and front-line staff. This has been further exacerbated by funding recently received by hospitals, which has increased those pay inequities. Funds will be used to recruit, develop and retain casework staff, physicians, practitioners, pharmacists, nursing personnel, or similar medical professionals. Funds would also be used to hire, develop and retain administrative, oversight, clerical, or other support staff managing the operations or care provided by mobile medical health care service vehicles.
  - b) **Community Health Workers:** Funds would be used to provide support staff who are with patients in their home during telehealth, deliver medications to patients in their communities, or staff to assist with screening for Social Determinants of Health.
  - c) **Non-Traditional Office Hours:** Funding would be used to assist in covering expenses for staff and other expenses for special evening and/or weekend hours, along with pop-up clinics at under-served agencies and facilities throughout the communities.
- 3) **Breaking Down Barriers:** Funds would be used to break down the following community barriers to care:
  - a) **Structural Barriers** – i.e., deploying the mobile unit to under-resourced communities in rural and urban areas. Examples, going to low-income housing units, school campuses, homeless camps, LGBTQ+ events, etc.
  - b) **Behavioral Barriers** – i.e., work with trusted community partners and trusted messengers to overcome barriers to behavioral healthcare services. Endorsements from peers in one's own social network can help spread credible information.
  - c) **Informational Barriers** – i.e., Using health literacy, bilingual staff, and outreach/marketing to reach these vulnerable populations. For example, one FQHC used geotargeting/geofencing to target the cell phones of individuals to send targeted messages, and the information on where these individuals congregate came from the trusted community partners.

## **Funding Recommendations**

There are 51 FQHC and FQHC Lookalikes in Pennsylvania, all serving MUAs. To ensure that all communities are served and there is equitable distribution of funds, we would recommend that a “base plus” funding model is used. This funding model was used by the Health Resources and Services Administration (HRSA) and the Pennsylvania Department of Health when distributing ARPA funds. Each FQHC or FQHCLAL would receive a base amount of funding to ensure that each receives a meaningful appropriation. The “plus” would augment this base to each FQHC based on their publicly reported number of patients served. We would recommend that all funding be exclusively for FQHCs to ensure the funding is going to MUAs and populations and that it has the maximum impact.

PACHC would recommend that, like with previous COVID funding distributed by the Pennsylvania Department of Health to FQHCs, PACHC enter into an agreement with the state entity responsible for managing the funds. PACHC would secure MOAs with the participating FQHCs and FQHCLALs based upon the agreed to funding formula. PACHC would also be responsible for collecting all receipts and/or invoices and submitting them to the state for payment. From our previous experience, this process gets the funding distributed and working more quickly and makes administration of the funding easier for the state.

Thank you for this opportunity to submit this proposal. Please let us know if you have any questions or need any clarification.

## **Contacts**

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