

The Backbone of Our Country's Healthcare

MARCH 2022

The Community Health Center workforce is the cornerstone of the comprehensive, high-quality primary care received by nearly 30 million patients at 14,000 delivery sites nationwide. Over 40% of delivery sites are located in rural and frontier communities, and care provided at Community Health Centers saves the US health care system more than \$24 billion per year.¹

Dedicated care teams are the backbone of the Community Health Center program, which are comprised of physicians, nurses, dentists, optometrists, social workers, case managers, medical assistants, and others who are deeply committed to the health and well-being of the communities they serve.




According to a recent report by the National Academies of Sciences, Engineering, and Medicine (NASEM), entitled *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*,

"High-quality primary care is best provided by a team of clinicians and others who are organized, supported, and accountable to meet the needs of the people and the communities they serve. Team-based care improves health care quality, use, and costs among chronically ill patients, and it also leads to lower burnout in primary care."² Community Health Centers have embraced this approach and are leaders in team-based care.

Yet, like many health care providers, the Community Health Center workforce has experienced immense strain due to the COVID-19 pandemic. Continued federal investment in current primary care workforce programs is essential to respond to these challenges. There is also a need for policy changes that help to diversify and strengthen the current and future Community Health Center workforce.

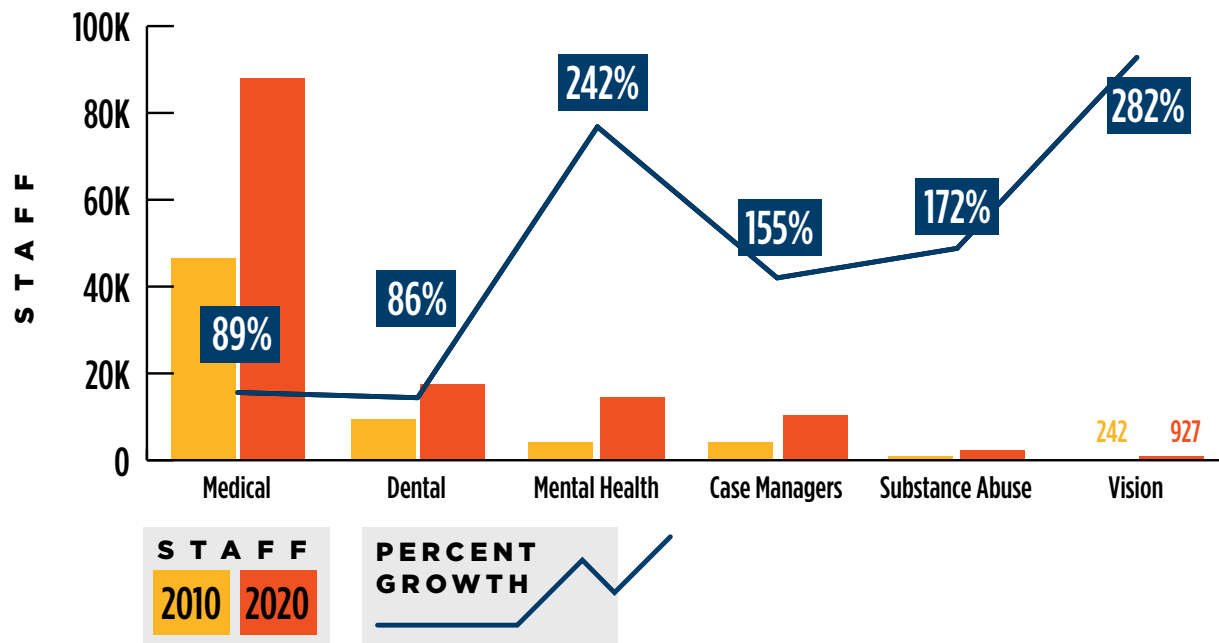
This brief explores some of those key programs and policy suggestions, but first explores the key staff roles within a health center, how the workforce has grown over time, and the important work that health centers have done throughout the past year.

Community Health Centers...

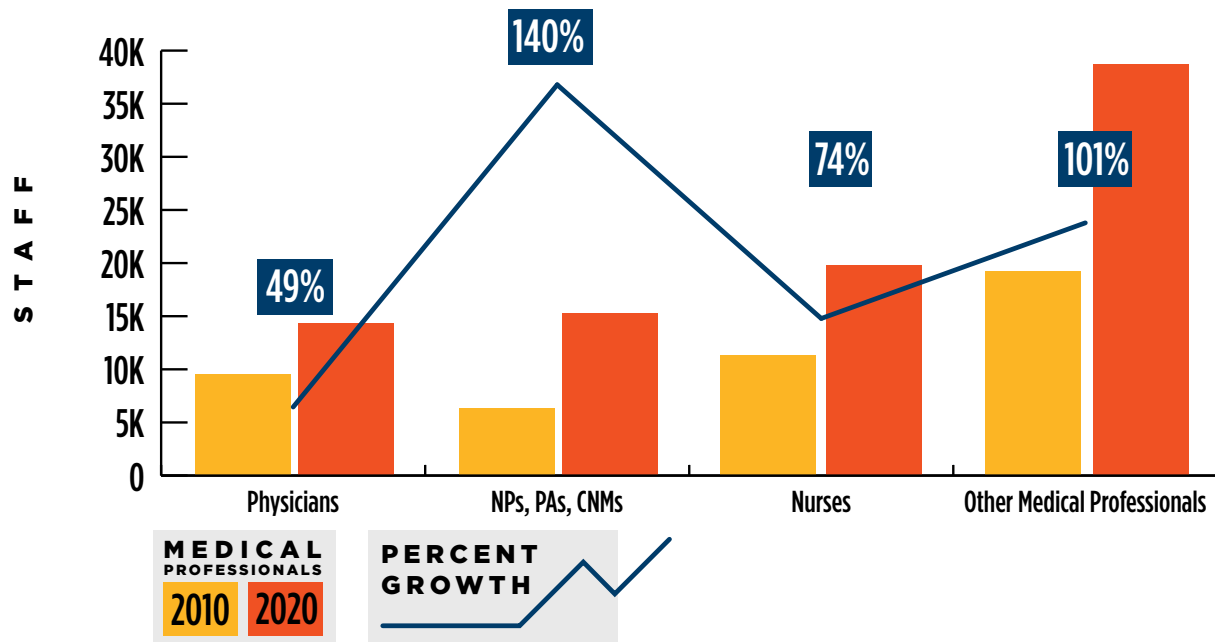
-  ...care for nearly **29 million** people annually...
-  ...and half of the **14,000 sites** are located in rural and frontier communities...
-  ...saving the health care system **\$24 billion.**



GROWTH IN HEALTH CENTER STAFF, 2010-2020



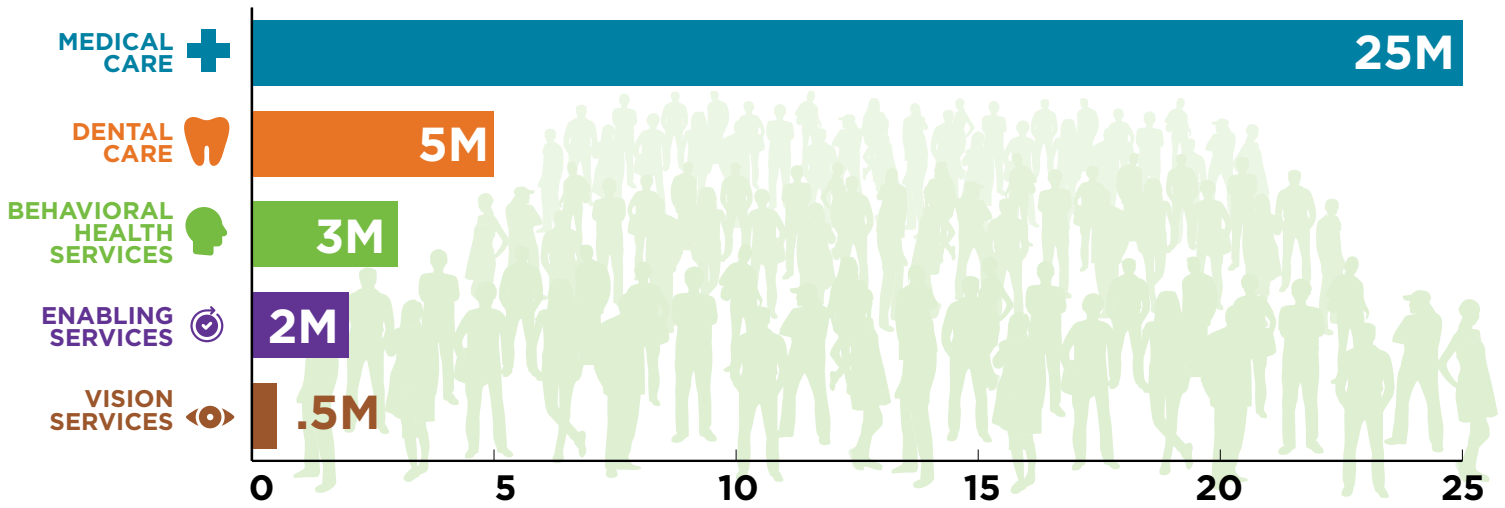
MEDICAL PROFESSIONALS' GROWTH OVER THE PAST DECADE



Community Health Center Workforce & Services Over the Past Decade

The Community Health Center workforce has expanded dramatically over the past decade from 132,000 staff in 2010 to 255,000 staff in 2020, which has allowed them to increase the number of patients they serve by almost 50% during this time. The Community Health Center workforce responded to pre-COVID public health crises such as the opioid epidemic with a 242% increase in behavioral health services and a

four-fold increase in the number of providers eligible to prescribe Medication Assisted Therapy since 2010. Community Health Centers also experienced a 282% increase in vision services provided during this time. These service expansions have enabled Community Health Centers to be a full medical home for their patients and address patients' health and wellbeing needs holistically.



SERVICES PROVIDED BY HEALTH CENTERS IN 2020

The overall growth of medical care professionals is comprised of a 50% growth in physicians, 140% growth in NPs, PAs, and CNMs, a 75% growth in nurses, and a 100% growth in other medical professionals.

Community Health Center Workforce & Services During the COVID-19 Pandemic

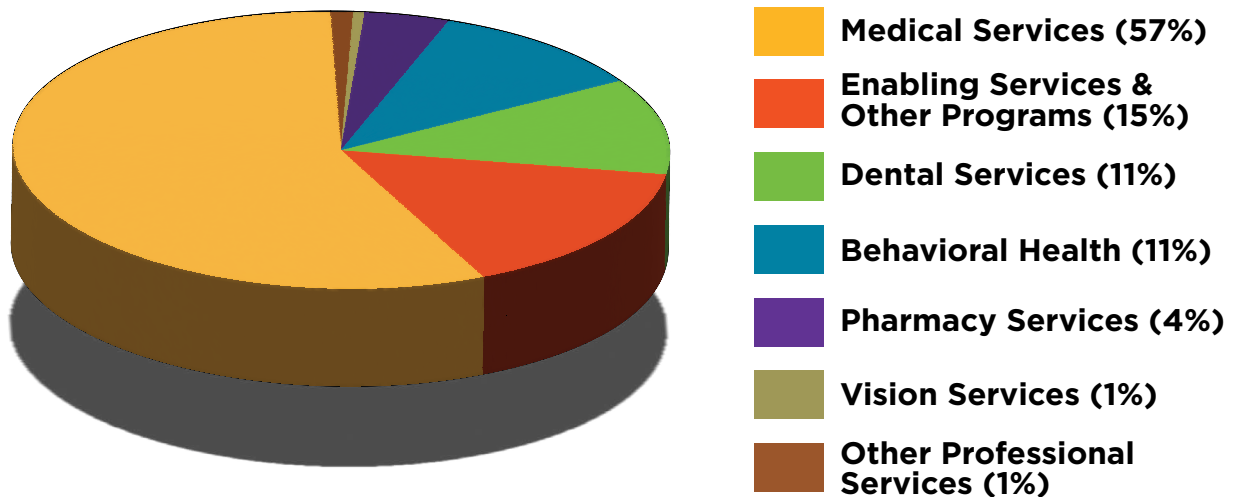
The Community Health Center workforce has been on the frontlines of the COVID-19 pandemic by testing, treating, and vaccinating hundreds of thousands of people each week. Despite demands of the pandemic as well as unprecedented rates of workforce attrition, Community Health Center personnel have still provided:

- Medical care to 25 million patients, which includes managing chronic conditions such as

- hypertension, diabetes and depression, pre-natal and post-partum services, and providing adults and children with prevention and wellness care,
- Dental care to 5 million patients, which includes oral exams, restorative care, and prevention services such as fluoride treatment for children,
- Behavioral health services to nearly 3 million patients, which includes substance use services, counseling, and primary care management of conditions such as anxiety and depression,
- Pharmacy services which include prescriptions and medication management,
- Vision services to half a million patients, and
- Enabling services such as interpretation, case management, transportation, and eligibility assistance and other services to address social determinants of health for 2 million patients.

HEALTH CENTER CARE TEAM STAFF PROVIDE A BROAD ARRAY OF SERVICES

Total Care Team: 155,595 Full-Time Equivalent (FTE)



The Community Health Center workforce enabled health centers to provide dental services at 82% of their locations, pharmacy services at 49%, and vision services at 26% of all health centers. This amounts to 25% more health centers providing pharmacy services and 50% more health centers providing vision services since 2010.

In 2020, the health center workforce grew by less than 1 percent from 2019. Driving this increase was a nearly 9% growth in staff dedicated to treating substance use disorders and a 7% increase in staff focused on mental health conditions. Behavioral health continues to be a significant need for communities served by health centers and these increases are reflective of that and the ongoing behavioral health challenges the country has faced due to the pandemic. For example, in the past year, health centers saw dramatic increases in the number of patients receiving Medication Assisted Treatment (MAT), the number of providers eligible to prescribe MAT, and the health centers providing MAT to patients.

Community Health Centers' Role Workforce Training and Development

Community Health Centers are a living example of Objective 3 of the National Academies of Sciences, Engineering, and Medicine (NASEM) report Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care to “Train primary care teams where people live and work”.

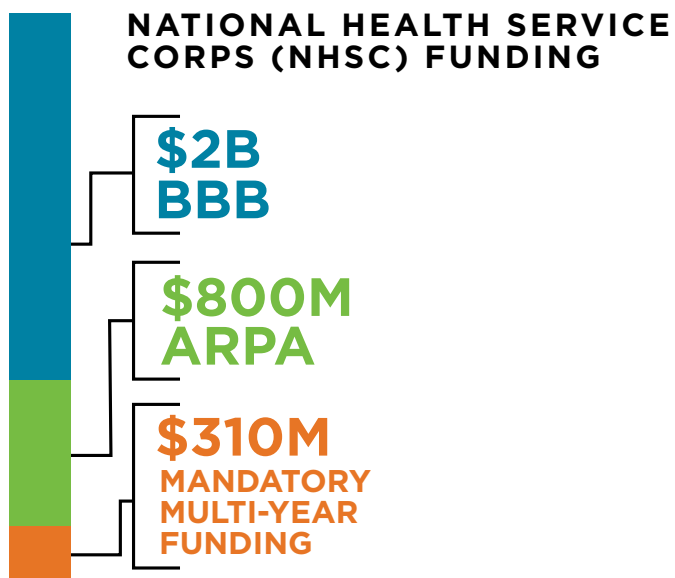
KEY PROGRAMS AND POLICY RECOMMENDATIONS

The future of Community Health Centers' workforce is uncertain. Amidst struggles related to the COVID-19 pandemic, the majority of health centers reported losing anywhere between 5-50% of their staff in 2021 and experienced the highest attrition rates among their nurses, administrative staff, and other medical staff.³

To incentivize more staff to join the health center workforce and to be able to support their growing patient population, we must invest in the following workforce programs and support other policies that will augment the health center workforce and ensure medically underserved communities across the country have access to care.

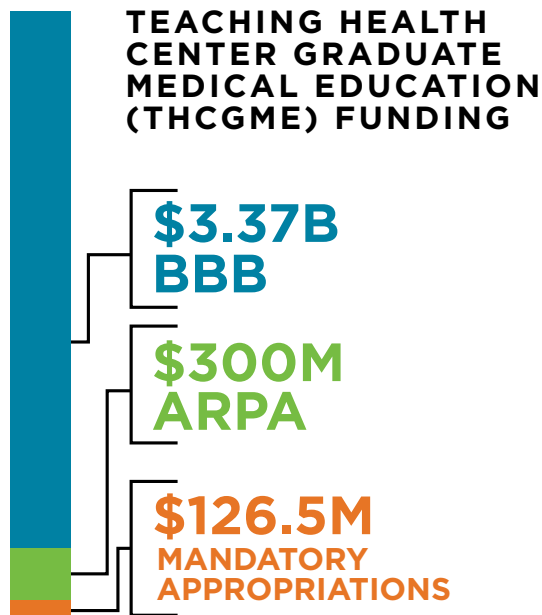
- The **National Health Service Corps (NHSC)** connects primary health care clinicians to people with limited access to healthcare in high-need areas. Their 19,000 clinicians serve at more than 10,000 community health centers, providing care to nearly 21 million patients, a third of which live in rural areas.

The **National Health Service Corps** has been funded in a variety of ways in recent years. Mandatory multi-year funding was established as part of the Community Health Center Fund. Congress most recently reauthorized the \$310 million in mandatory funding for fiscal years 2021-2023 as part of the FY2021 Consolidated Appropriations Act. This funding supplements an additional \$120 million in discretionary funding. Most recently, Congress provided \$800 million for the program through the American Rescue Plan Act (ARPA) in March 2021. An additional \$2 billion is under consideration as part of the Build Back Better Act (BBB), which has passed the House and is awaiting action in the Senate.



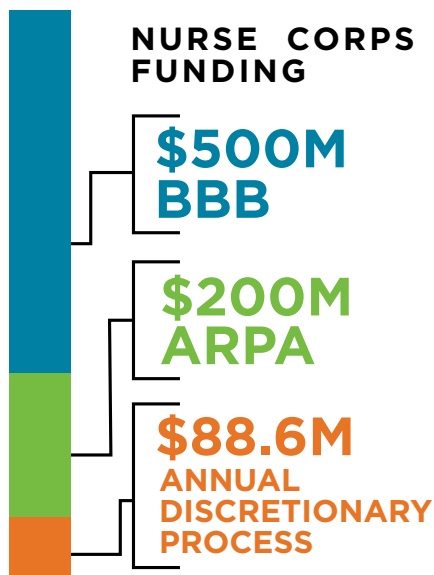
- The **Teaching Health Center Graduate Medical Education (THCGME)** supports primary care medical and dental residency programs in outpatient community settings, the majority of which are Community Health Centers in rural and/or medically underserved communities.⁴ Since 2011, this program has facilitated the training of 1,150 primary care physicians and dentists, and in 2020-2021, the program trained nearly 800 medical and dental residents at community-based sites in 25 states.

Similar to the NHSC, the **THCGME** program is funded through mandatory appropriations at \$126.5 million through 2023. THCGME received a \$330 million supplemental funding increase through the ARPA. Successful passage of BBB will include a program investment of \$3.37 billion.



- **Nurse Corps Scholarship Program** pays student tuition, fees, and other educational costs in exchange for a commitment to working at Critical Shortage Facilities such as Community Health Centers after graduation.⁵

Funding for the **Nurse Corps** typically only comes through the annual discretionary process, which is at \$88.6 million for the current fiscal year. Nurse Corps funding was increased by an additional \$200 million in the ARPA and will receive an additional \$500 million if BBB becomes law.



There are other important HRSA programs and funding sources that benefit the Community Health Center workforce. For example, HRSA recently began supporting Postgraduate Nurse Practitioner Residency programs - this training model was de-

veloped at a Community Health Center and there are now 250 programs in 42 states. The program provides an additional year of structured, intensive clinical training for nurse practitioners at Community Health Centers or other safety net providers. Experience to date shows high retention rates with jobs in similar settings upon completion of training in Community Health Centers or other safety net providers. Furthermore, HRSA's Title VII and Title VIII health professions education and training programs assist in the recruitment, training, and support of public health practitioners, nurses, geriatricians, mental health providers, and other front-line health care workers.

Other Federal and State Policy Options

While funding for existing federal programs is incredibly important, there are additional federal and state policy solutions to help alleviate short- and long-term workforce challenges facing health centers. Below are several options, some of which were contained in the NASEM report that could be explored on the federal levels.

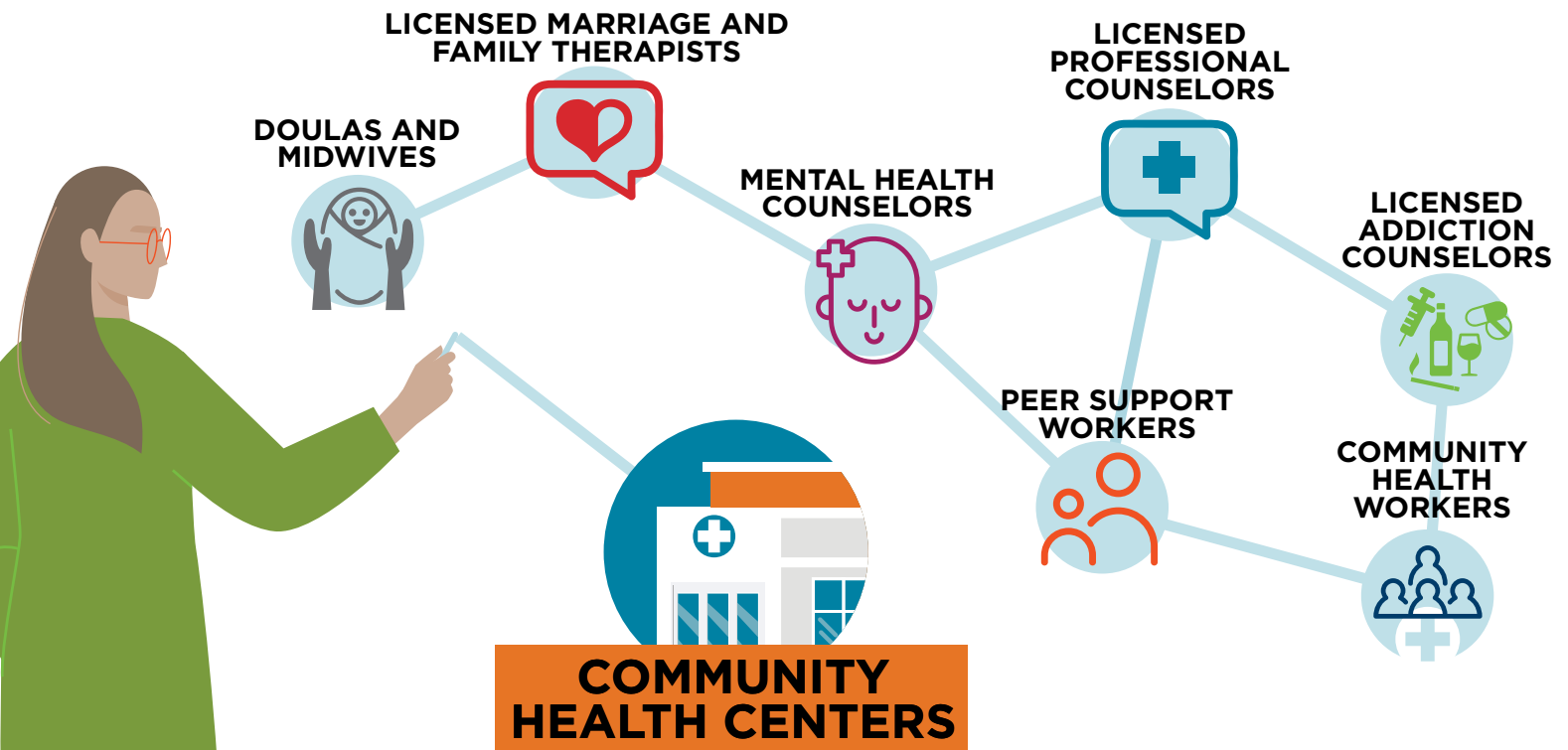
Redesigning Graduate Medical Education (GME)

NACHC agrees with the NASEM report's recommendation to redesign graduate medical education. In particular, the report states that the Department of Health and Human Services should do the following:

- Support training primary care clinicians in community settings.
- Expand the distribution of training sites to better meet the needs of communities and populations, particularly in rural and underserved areas.
- Prioritize effective HRSA models for existing GME funding redistribution and sustained discretionary funding.
- Modify GME funding to support training all members of the interprofessional primary care team, including nurse practitioners, pharmacists, physician assistants, behavioral health specialists, pediatricians, and dental professionals.

Implement Value-based Payment for Team-based Care

The NASEM report also calls upon the health care system to "Pay for primary care teams to care for people, not doctors to deliver services." NASEM report authors recognize the complexity of the current payment system, and it will likely take some time to develop and implement alternative payment models which fully recognize team-based care. In the interim, it will be important to expand the list of billable providers.



EXPANDING THE LIST OF BILLABLE PROVIDERS

Including additional provider types will help facilitate coordination with health care providers, connect patients with community-based services, address social determinants of health, and provide health education.

Expand List of Billable Providers on Integrated Care Teams

Community Health Centers depend upon a network of over 255,000 clinicians, providers, and staff to deliver on the promise of affordable and accessible health care. The currently limited list of reimbursable health care providers is a particular barrier for health centers, especially in behavioral and maternal health care, trying to serve medically underserved communities. Potential options include adding the following roles to the list of FQHC Core Providers:

- Licensed Marriage and Family Therapists
- Peer Support Workers
- Community Health Workers
- Licensed Addiction Counselors
- Licensed Professional Counselors
- Mental Health Counselors
- Doulas and Midwives

Recognizing these additional provider types will help facilitate care coordination with health care providers, connect patients with community-based services, and support Community Health Center efforts to address social determinants of health. In addition, reimbursement must recognize activities such as

interdisciplinary team training and other support services patients need to navigate complex and siloed care as well as connect with other community resources.

Strengthen Federal Support for State-Based Workforce Expansion Efforts:

States have a sizable ability to impact workforce policy priorities. Examples include easing state scope of practice laws and regulations to enable more allied health care providers – such as nurse practitioners, physician assistants and dental therapists – to provide more services to patients; establishing state Medicaid reimbursement for non-clinical staff like CHWs; and greater flexibility in laws and regulations related to interstate practice for various provider types. Congress and the Biden Administration should work to create stronger incentives through federal for states that choose to adopt these and other more flexible workforce policies.

Community Health Center Workforce Well-Being

A 2019 NASEM report noted that studies estimate between 35% and 54% of nurses and physicians have substantial symptoms of burnout, and the range

for medical students and residents is between 45% and 60%.⁶ These trends have worsened during the current pandemic, putting a new emphasis on health care workers' well-being. In addition to integrated team-based primary care, there are a number of policy solutions that can alleviate clinician burnout:

- Investments in programs like **Oregon Wellness** focus on the mental well-being of health care providers. The Oregon Wellness program offers eight one-hour therapy sessions a year to health care professionals.
- Funding for research and demonstration programs that are focused on health care workforce well-being as well as investments specific to the Community Health Center workforce.

Community Health Centers have made great strides in providing wraparound health care to medically underserved communities throughout the nation, largely due to their committed and innovative workforce. The Community Health Center workforce continues to provide high-quality care to nearly 29 million people annually, even in times of extreme duress such as the COVID-19 pandemic. To be able to continue caring for medically underserved populations, investment in workforce programs is crucial to ensure the Community Health Center workforce of the future.

Sources

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- 2 The National Academies of Sciences, Engineering, and Medicine (NASEM), Implementing High-Quality Primary Care, <https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care>
- 3 Responses gathered from 275 health centers to poll conducted on 11/21/2021.
- 4 HRSA. Teaching Health Center Graduate Medical Education Program. <https://bhw.hrsa.gov/funding/apply-grant/teaching-health-center-graduate-medical-education>
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- 6 Dyrbye, L. N., T. D. Shanafelt, C. A. Sinsky, P. F. Cipriano, J. Bhatt, A. Ommaya, C. P. West, and D. Meyers. 2017. Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC



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