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# Fact Sheet

# Evaluating the Effectiveness of Policies to Improve Primary Care Access for Underserved Populations

*Funding for this project was provided by the National Institute for Health Care Reform.*

## For More Information

Read the set of five fact sheets summarizing the evidence on policy initiatives in each dimension of primary care access. Or read the complete report, *The Effectiveness of Policies to Improve Primary Care Access for Underserved Populations: An Assessment of the Literature.*

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## Part 2: Bringing Outpatient Clinics into Communities

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About 84 million people live in primary care health professional shortage areas and find it challenging to get to and from hospitals or physician's offices for primary care. This fact sheet summarizes the state of the evidence supporting policy interventions that bring more outpatient clinics offering ambulatory primary care into underserved communities and play a vital role in bridging the primary care access gap.

**Primary care is a critical tool to prevent illness and death and improve equitable distribution of health in populations. However, access to this important source of care is lacking, especially for many underresourced communities, such as communities of color and those in rural areas. Attempts to improve access to primary care for these populations can be divided into five interrelated dimensions: 1) availability of primary care clinicians; 2) accessibility of primary care services geographically; 3) accommodation of primary care services in terms of appointment availability and hours; 4) affordability; and 5) acceptability in terms of comfort and communication between patient and clinician.**

### *Ensuring that Federally Qualified Health Centers and Rural Health Clinics are Achieving the Maximum Impact on Access*

- ***What Has Been Attempted?*** The federal government has created and supported two primary types of designated safety net providers: federally qualified health centers (FQHCs), which are required to offer care in medically underserved areas or to underserved populations, and rural health clinic (RHCs), which are primarily designed to provide care to Medicare patients in rural areas. FQHCs receive federal support in the form of grants, and both types of facilities receive enhanced Medicare and Medicaid payment. FQHCs see about 28 million people and RHCs about 7 million. Federal legislation signficantly boosted funding for FQHCs in 2009 and 2010.
- ***How Has It Worked?*** Significant evidence shows that FQHCs and RHCs improve access to primary care. Both models provide appointments more quickly than physician's practices. Further, FQHCs tend to have a higher and growing percentage of racially and ethnically diverse patients than private physician offices. Still, over 17 million people live in rural counties without a RHC and over 15 million live in rural counties without a FQHC. Recent studies show that newer FQHCs are less likely to be located in rural areas, high poverty areas, and areas with a high percentage of minority residents. Current federal policy may

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not be sufficiently incentivizing new health centers to locate in areas with the greatest need.

***Scaling Up the School-Based Health Center (SBHC) Model.*** SBHCs provide access to primary care and other health services to 10,629 schools and over 6.3 million students, and predominantly serve rural and urban communities. SBHCs help children and their families overcome transportation, time, and cost barriers that may otherwise prevent them from receiving essential health care services. Extensive research links SBHCs with healthy eating, active living, increased school attendance, and improved health-related quality of life.

- ***What Has Been Attempted?*** Thanks to foundation funding, state funding for demonstration projects, and expansion of federal support for FQHCs, the number of SBHCs doubled between 1999 and 2017. About half of SBHCs are sponsored by FQHCs, a fifth by hospitals, and the rest by nonprofit organizations, local health departments, and school systems.
- ***How Has It Worked?*** Despite the rapid two-decade expansion, SBHCs currently serve only approximately 10% of US public schools. There is limited literature on the ways that policymakers and communities can best support the expansion of the SBHC model absent centralized leadership and funding. One case study demonstrated the importance of first creating community awareness about the benefits of the model and found that SBHCs were more sustainable when sponsored by FQHCs because of their ability to receive enhanced Medicaid payments. Community support and trust were built more easily when the SBHC was staffed by people from the community and the sponsoring FQHC had strong community ties prior to the creation of the SBHC.

***Finding State-Level Solutions to Bring More Retail Clinics to Underserved Areas.*** Retail clinics located in pharmacies and grocery stores offer basic medical care for a wide range of common issues. They are usually open in the evenings and weekends, and prices are fixed and generally reasonable. Some primary care professionals have raised concerns that these clinics do not provide the same quality of services or care coordination delivered by traditional physician practices. Yet, these concerns about quality have not been borne out by the evidence. A RAND study found that retail clinics are more likely to be located in higher-income urban and suburban settings, with higher concentrations of white residents and fewer Black and Hispanic residents. Only 12.5% of retail clinics was located in medically underserved areas.

- ***What Has Been Attempted?*** Idaho and Illinois both allow their Medicaid beneficiaries to use retail clinics but require prior authorization from their primary care provider. Massachusetts has tried to encourage community health centers to open retail clinics but as of 2013, none had done so.
- ***How Has This Worked?*** Retail clinic operators cited prior authorization requirements as a significant barrier for operating in underserved areas; where there is a higher proportion of Medicaid beneficiaries. The Massachusetts League of Community Health Centers said that any retail clinic they operated would need to receive enhanced Medicaid payment rates to be viable.