

Community Based Health Care Program Annual Report 2019

Bureau of Health
Planning
Division of Health
Professions Development

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DEPARTMENT OF HEALTH

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Executive Summary

In May 2013, Act 10 of 2013 established the Community-Based Health Care Program within the Pennsylvania Department of Health (Department). The program is administered by the Bureau of Health Planning, Division of Health Professions Development.

The goals of the Community-Based Health Care Program are:

- ❖ to expand and improve health care access and services in underserved communities;
- ❖ to reduce unnecessary utilization of hospital emergency services; and
- ❖ to encourage collaborative relationships among community-based health care clinics, hospitals and other health care providers.

Grant funding is awarded in the following five categories:

- ❖ **Grant Category 1** - The development of a new community-based health care clinic
- ❖ **Grant Category 2** - The expansion of primary health services at an existing community-based health care clinic
- ❖ **Grant Category 3** - The addition or expansion of prenatal, obstetric, postpartum and newborn care services at an existing community-based health care clinic
- ❖ **Grant Category 4** - The development of alternate health care delivery systems at existing community-based health care clinics to improve services and access and to reduce hospital emergency room utilization
- ❖ **Grant Category 5** - The implementation of collaborative relationships to enhance transitions of care for patients to ensure timely follow-up care for health care clinic patients seen in or admitted to the hospital and to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospital and specialty clinics

Methods

Through a biannual request for applications (RFA) process, the Department solicits program applications from community-based health care centers located in or serving underserved communities to provide comprehensive primary health care services. For the purposes of the program, comprehensive primary health care services include basic primary and preventive health services related to the following specialties furnished by physicians and, where appropriate, physician assistants, nurse practitioners and nurse midwives who work in family medicine, internal medicine, pediatrics, obstetrics and gynecology. Services could include prenatal and perinatal services; cancer screening; well-child services; immunizations against vaccine-preventable diseases; screenings for elevated blood levels, communicable diseases and cholesterol; eye, ear and dental screenings; preventive dental services; family planning services; and referrals to other providers of medical services (including medical specialists and mental and substance abuse providers). In addition to the services provided by physicians, physician assistants, nurse practitioners and nurse midwives, the following services are also included as comprehensive primary health services: general dental services; behavioral and mental health services; pharmaceutical services; patient case management services; services that enable individuals to use health clinic services (such as transportation services and language interpreter services); patient health education services; and chronic care and disease management services. Comprehensive primary health care services do not include medical specialty services (such as, but not limited to, hospice, rehabilitation, oncology, rheumatology, endocrinology, gastroenterology and cardiology) or dental specialty services (such as, but not limited to, orthodontics, endodontics, periodontics or other dental specialty services).

The overall goal of the funding is to expand and improve community-based health care access and services. Funding through this program is for initial implementation or service expansion that would be sustained by the grantee beyond the grant period. Funding cannot be used to sustain existing operations. All grants awarded require a matching commitment of 25 percent in the form of cash or in-kind services to support the project.

Applicants to the program must meet the following eligibility criteria:

- a) All applicants must be a community-based health care clinic located in Pennsylvania that provides (or proposes to provide if applying to establish a new community-based health care clinic) comprehensive primary health services to all patients without regard for the patient's ability to pay.
- b) All applicants must be one of the following:
 - i. Federally qualified health center (FQHC) or FQHC Look-Alike
 - ii. Certified rural health clinic (RHC)
 - iii. Hospital health clinic: A clinic owned and operated by a hospital or health system that provides outpatient comprehensive primary health services
 - iv. Free health clinic (that provides services through volunteer and non-volunteer health care providers): This is a clinic that provides primary health services and does not accept reimbursement for health care services from any third-party payer, which would include reimbursement under any insurance policies or health benefits plans, including federal or state health benefits programs. The clinic does

- not charge patients for services provided based on the ability to pay or otherwise. The clinic may accept voluntary donations for the provision of services.
- v. Nurse managed health care clinic: A clinic that provides primary health services and is managed by a certified clinical nurse specialist, certified registered nurse anesthetist, certified registered nurse practitioner or a certified nurse midwife
- c) All applications must document that the proposed project site location where services will be delivered either:
- i. Is located within an area that has a current federal designation as defined by the U.S. Health Resources and Services Administration as a primary care (PC) health professional shortage area (HPSA); a medically underserved area/population (MUA/P) designation; a federally qualified health center (FQHC)/FQHC Look-Alike or certified rural health clinic (RHC) with a “facility PC HPSA designation”; or
 - ii. Served a minimum of 30 percent low-income patients at the location for a pre-defined 12-month period. Low-income patients include patients in the following categories: Medicaid patients, discounted/sliding fee scale patients and no pay patients.

All eligible applications are reviewed and scored by evaluation committees comprised of industry executives and Department personnel. Scores are based upon established evaluation criteria used for all applicants:

- ❖ Demonstration of understanding and intent of the RFA
- ❖ Soundness of approach
- ❖ Feasibility
- ❖ Budget and budget justification

Following the above review, final scores are determined for each applicant, and applications are ranked in order from highest to lowest scores.

Award Methodology

Grant awards are made based on the amount of available funding and the methodology defined by Act 10 of 2013 (Act), which allows funding discretion where there are insufficient or unqualified grant applications received in a category. The Act specifies the following distribution:

- ❖ Not more than 50 percent of available funding may be awarded for expansion of existing community-based health care clinics and the development of new community-based health care clinics.
- ❖ Not more than 25 percent of available funding may be awarded for improvements in prenatal, obstetric, postpartum and newborn care.
- ❖ Not more than 20 percent of available funding may be awarded for improved access to care and reduction of utilization of hospital emergency room services.
- ❖ Not more than 5 percent of available funding may be awarded for the establishment of collaborative relationships among community-based health care clinics, hospitals and other health care providers.

Program History

Five RFA procurements have been completed prior to the start of the 2018-2019 state fiscal year. The Annual Report for 2017 reported on RFA 67-26, RFA 67-28 and RFA 67-34. The Annual Report for 2018 reported on RFA 67-46.

RFA 67-64 was issued Sept. 13, 2017, with applications due Oct. 25, 2017, for grants in the 2018-2019 and 2019-2020 state fiscal years. The amount of grant funding per category is outlined below:

- ❖ **Grant Category 1** - Up to \$600,000 award over two years
- ❖ **Grant Category 2** - Up to \$300,000 award over two years
- ❖ **Grant Category 3** - Up to \$300,000 award over two years
- ❖ **Grant Category 4** - Up to \$300,000 award over two years
- ❖ **Grant Category 5** - Up to \$100,000 award over two years

Using the methodology of the Act, 11 grants were funded with the following breakdown by category:

Table 1: RFA 67-46 Award Summary

Category	Number of Applications	Number of Awards	Funding Amount by Category
Category 1	8	3	\$1,799,904.00
Category 2	15	4	\$1,043,050.26
Category 3	8	3	\$893,308.80
Category 4	2	1	\$300,000.00
Category 5	1	0	\$0.00
Total	34	11	\$4,036,263.06

Table 1 shows total funding of \$4,036,263.06 for RFA 67-64 was awarded over the 24-month period of July 1, 2018, through June 30, 2020. Appendix 1, pages 9 and 10, provides the project category, names of grantees, county location, organization type, award amount per fiscal year, total award amount, use of grant funding and the reported number of new patients.

Findings

Impact and Benefits Assessment

Since the inception of the program, the Department has released four RFAs and has awarded a total of 106 grants. The program bases performance on the grantee's ability to increase access to care in terms of acquiring new patients and increasing capacity to provide services in the targeted underserved population.

For this RFA cycle, only 11 grants were awarded due to a significant reduction in funding for this program. Of the 11 grantees, eight were FQHCs or Look Alikes, two were hospital health clinics, and one was a free clinic. This funding reduction has resulted in a very competitive procurement favoring FQHCs and hospital health clinics that have more financial resources for grant writing and development staffing. Although the mission of free clinics closely aligns with this program's intent and free clinics have a great need for this funding, the evaluation scores of many of their applications were not high enough for an award compared to FQHCs and hospital health clinics.

Among the five organizational types, most applicants are FQHCs, hospital health clinics, and free clinics. Very few, if any, rural health clinics or nurse-managed clinics apply for funding. Grantees' available resources to sustain projects beyond the grant period may be the cause for differences in new patient statistics among different types of organizations.

For the July 1, 2018, through June 30, 2019, grant cycle, grantees reported a total of 13,176 new patients. This is a significant decrease in number of new patients served by this program funding compared to the previously posted RFAs.

Challenges and Recommendations

Throughout the grant period, grantees were required to report quarterly on challenges and problems encountered during the implementation of the grant project. Some of the most prominent challenges are listed below.

Availability of qualified medical personnel:

The availability of qualified medical personnel continues to be a challenge in the state as well as nationwide. According to the federal Health Resources and Services Administration (HRSA), 511,192 Pennsylvanians live in designated primary care health professional shortage areas (HPSAs) as of June 30, 2019. For the same period, 1,987,740 residents of Pennsylvania lived in dental HPSAs, and 1,710,580 residents lived in mental health HPSAs.

A contributing trend to this professional shortage is that fewer and fewer medical and dental schools are requiring clinical rotations in underserved areas as part of their curriculum.

Recommendation: The Department's Bureau of Health Planning, Division of Health Professions Development, has multiple programs in place to address medical shortage areas in the commonwealth, including primary care loan repayment; J-1 visa waiver; assistance to organizations applying for certification by the National Health Service Corps; programs for the development of the pipeline of individuals interested in health care careers; support for a career center linking health care professionals to openings in areas of need; support for expanded physician residency positions in a number of residency programs; and analysis of areas to recommend as HPSAs or medically underserved areas by HRSA. It is recommended that funding for these programs continues to address shortages of qualified medical personnel.

Inability to fully utilize funding:

Grantees' inability to fully utilize funding has resulted in program dollars being returned to the general fund each fiscal year. The inability to hire and retain qualified providers discussed above is the main reason for underutilizing available funding.

The Department's procurement policies may impact applicants in thorough and timely planning of proposed projects. The RFA documentation is submitted 12 months prior to its release for review and approval and posted nine months prior to the start of the grant period. With this policy, grantees have reported the project timeline to be too far into the future to accurately and completely plan future projects. Proposed projects rely on other funding sources which affects project planning as well.

Recommendation: The Bureau of Health Planning is investigating options to award grants to organizations most likely to use grant funding. One possible method is to assess past performance of each grantee and reduce the total award amount based upon past funding utilization. Funds saved through these reductions could be distributed to other organizations more likely to use them.

Decreased program impact:

The reduction in state funding for this program has greatly impacted the Department's ability to increase access and improve primary care services to the commonwealth's underserved populations. Annual funding for the initial three RFA procurements ranged from \$4 to \$6 million. The appropriation was reduced in state fiscal year 2016-17, requiring the Department to reduce funding amounts for all program grantees by 16 percent. For the 2018-19 fiscal year, there were not enough funds to conduct another RFA procurement. Currently, \$2.1 million in annual funding allows the Department to post an RFA document every two years and award 10 to 12 grants per 24-month period.

Recommendation: The Department recommends that funding be restored to its original level of support. In addition, the Bureau of Health Planning, Division of Health Professions Development will continue to investigate methods to ensure maximum utilization of funds made available.

Appendix 1: RFA 67-64

Grant Period of July 1, 2018, through June 30, 2020
State Fiscal Year 2018-19

Category	Grantee Name	County	Organization Type	SFY 18-19 Funding Amount	SFY 19-20 Funding Amount	Total Funding	Description of Project	Total New Patients
1	Community Health and Dental Care, Inc.	Chester	FQHC	\$ 300,000.00	\$ 299,904.00	\$ 599,904.00	Open a new community-based health care clinic	2,235
1	Esperanza Health Care Center, Inc.	Philadelphia	FQHC	\$ 300,000.00	\$ 300,000.00	\$ 600,000.00	Open a new community-based health care clinic	0
1	Primary Health Network	Cambria	FQHC	\$ 300,000.00	\$ 300,000.00	\$ 600,000.00	Open a new community-based health care clinic	1,057
Category 1 Totals				\$ 900,000.00	\$ 899,904.00	\$ 1,799,904.00		3,292
2	Berks Community Health Center	Berks	FQHC	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	Expand primary health care to increase patient chronic disease management	4,759
2	Project HOME	Philadelphia	FQHC	\$ 110,161.93	\$ 100,411.52	\$ 210,573.45	Expand health care services by increasing hours at the 16th and JFK Boulevard Suburban Station	714
2	University of Pittsburgh Physicians	Allegheny	Free Clinic	\$ 124,239.97	\$ 108,236.84	\$ 232,476.81	Implement a chronic disease care and management program at the Birmingham Free Clinic	788

Category	Grantee Name	County	Organization Type	SFY 18-19 Funding Amount	SFY 19-20 Funding Amount	Total Funding	Description of Project	Total New Patients
2	WellSpan Health	Lebanon	Hospital Health Clinic	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	Expand primary health care services by increasing clinic hours and hiring additional staff, an interpreter and a health coach	521
Category 2 Totals				\$ 534,401.90	\$ 508,648.36	\$ 1,043,050.26		6,782
3	Delaware Valley Community Health, Inc.	Philadelphia	FQHC	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	Expand prenatal, obstetric, postpartum and new born care	666
3	East Liberty Family Health Health Care Center, Inc.	Allegheny	FQHC	\$ 149,988.80	\$ 149,988.80	\$ 299,977.60	Expand prenatal, obstetric, postpartum and new born care	195
3	La Comunidad Hispana, Inc.	Chester	FQHC	\$ 143,331.20	\$ 150,000.00	\$ 293,331.20	Expand prenatal, obstetric, postpartum and new born care	930
Category 3 Totals				\$ 443,320.00	\$ 449,988.80	\$ 893,308.80		1,791
4	WellSpan Health	Lebanon	Hospital Health Clinic	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	Increase acces to health care and improve services to decrease usage of emergency room services	1,311
Category 4 Totals				\$ 150,000.00	\$ 150,000.00	\$ 300,000.00		1,311
5	N/A	N/A	N/A	\$ -	\$ -	\$ -	N/A	
Totals				\$ 2,027,721.90	\$ 2,008,541.16	\$ 4,036,263.06		13,176