

Community Based Health Care Program Annual Report 2021

**Pennsylvania Primary
Care Office**

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pennsylvania
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 Pennsylvania Primary Care Office (formerly known as 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; vision, hearing and dental screenings; preventive dental services; family planning services; and referrals to other providers of medical services (including medical specialists and mental and substance use disorders 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, physical 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 qualified 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

The Award Summary for RFA 67-90 is repeated in this report and grant statistics for the 2020-2021 fiscal year are reported in Appendix 1. Pages 10 through 12 of Appendix 1 provide the project category, names of grantees, county location, organization type, award amount per fiscal year, total award amount, use of grant funding, the reported number of new patients and the reported number of low-income new patient visits.

RFA 67-90 was issued December 5, 2019, with applications due January 7, 2020, for grants in the 2020-21 and 2021-22 state fiscal years. The amount of grant funding per category is outlined below:

- ❖ **Grant Category 1** - Up to \$300,000 award over two years
- ❖ **Grant Category 2** - Up to \$250,000 award over two years
- ❖ **Grant Category 3** - Up to \$250,000 award over two years
- ❖ **Grant Category 4** - Up to \$200,000 award over two years
- ❖ **Grant Category 5** - Up to \$50,000 award over two years

It was noted in previous annual reports that decreased funding had significantly impacted the program. The program went from an all-time high of 40 awards down to 11 grant awards for RFA 67-64 posted in 2017. In an attempt to increase the number of grant awards per RFA cycle, the decision was made to decrease the funding amount per award in each category for RFA 67-90.

The decision was also made to limit one award per organization regardless of category entered. Applicants were permitted to apply for more than one category but would receive an award for the application with the highest evaluation score if more than one application was eligible to receive funding based upon the award methodology.

A third programmatic revision was to limit the amount of funding that could be used for site renovations. Some grantees used the entire funding amount for renovations and therefore had no new patients, no patient visits or improved health outcomes to report. Funding for renovations in Category 1 was limited to 50 percent of total funding and for all other categories, renovation funding was limited to 30 percent.

Using the methodology of the Act, 16 grants were funded with the following breakdown by category:

Table 1: RFA 67-90 Award Summary

Category	Number of Applications	Number of Awards	Funding Amount by Category
Category 1	4	3	\$900,000.00
Category 2	15	10	\$2,370,147.44
Category 3	0	0	\$0.00
Category 4	4	3	\$750,000.00
Category 5	1	0	\$0.00
Total	24	16	\$4,020,147.44

Table 1 shows total funding of \$4,020,147.44 for RFA 67-90 was awarded over the 24-month period of July 1, 2020, through June 30, 2022.

RFA 67-123 was posted on October 28, 2021. No programmatic changes were made to the RFA. The award amounts for each category remained the same. Grant awards resulting from this RFA are expected to begin July 1, 2022 for a 24-month grant period ending June 30, 2024.

Appendix 1 provides the names of the current grantees, total funding awarded, description of the project, number of new patients for the period July 1, 2020 through June 30, 2021. A column was added to the Appendix to report the total number of low-income patient visits reported by grantees for the period July 1, 2020 through June 30, 2021.

Findings

Impact and Benefits Assessment

Since the inception of the program, the Department has released six RFAs and has awarded a total of 133 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 the 2019 RFA cycle, 16 grants were awarded. With the same amount of funding as the previous year but a reduction in award per each category, the Department was able to increase the number of grants from 11 to 16. Of the 16 grantees, 11 are FQHCs or Look-alikes (68%), three are hospital health clinics (18%), and two are free clinics (12%).

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 period of July 1, 2020, through June 30, 2021, grantees reported a total of 18,776 new patients and 83,363 low-income patient visits.

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.

COVID-19

Most grantees reported the inability to start their community-based projects due to staffing challenges and patients not scheduling or attending appointments. Some provider staff were not working because of health concerns while others were required

to stay home with young and school-age children due to child care center and school closures. There were also delays in receiving supplies and equipment.

Recommendation: The Department's Primary Care Office was flexible during this period in allowing grantees to substitute personnel and reallocate personnel funding for available providers. As COVID-19 remains a factor in implementing the community-based projects, it is recommended that programmatic flexibility continue.

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), 495,949 Pennsylvanians live in designated primary care health professional shortage areas (HPSAs) as of September 30, 2021. For the same period, 1,875,148 residents of Pennsylvania lived in dental HPSAs, and 1,703,246 residents lived in mental health HPSAs.

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

Recommendation: The Department's Primary Care Office 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.

Clinical providers were overwhelmed with COVID-19 clinical care and in many cases did not have the personnel required to care for COVID-19 patients and begin implementation of the community-based projects. In addition, grantees reported it was difficult to retain the staff they had. Patients chose to delay care if possible due to concerns related to COVID-19.

The Department's procurement policies may impact applicants' ability to provide 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.

Impacts from the COVID-19 pandemic have affected the program's ability to post the next RFA. Pandemic-related procurements have taken priority over regular public health programs.

Recommendation: The Primary Care Office 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 2018-2019 fiscal year, there were not enough funds to conduct another RFA procurement. Currently, \$2 million in annual funding allows the Department to post an RFA document every two years and award 12 to 16 grants per 24-month period.

Recommendation: The Department recommends that funding be restored to its original level of support. In addition, the Primary Care Office will continue to investigate methods to ensure maximum utilization of funds made available.

Appendix 1

Grant Period of July 1, 2020, through June 30, 2022 State Fiscal Years 2020-21 and 2021-22

Category	Applicant Name	County	Organization Type	SFY 2020-21 Funding	SFY 2021-22 Funding	Total Funding	Description of Project	Number of New Patients SFY 2020-21	Number of Low Income Patient Visits SFY 2020-21
1	Community Health and Dental Care, Inc.	Berks	FQHC	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	Open a new community-based health care clinic to serve Berks County residents	226	1,746
1	Hyndman Area Health Center Inc.	Cambria	FQHC	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	Open a new community-based health care clinic in Johnstown, Pa and hire staff	2,288	753
1	The Wright Center Medical Group, P.C. dba the Wright Center for Community Health	Wayne	FQHC	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	Open a new community-based health care clinic in Wayne County	253	268
Total				\$ 450,000.00	\$ 450,000.00	\$ 900,000.00		2,767	2,767
2	Abington Memorial Hospital	Montgomery	HHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Expand access to health care by expanding space and hiring additional staff	570	3,873
2	Berks Community Health Center, Inc.	Berks	FQHC	\$ 93,750.00	\$ 93,750.00	\$ 187,500.00	Expand primary health care services by adding a pediatric dental exam room	328	312
2	B-K Health Center, Inc. dba NEPA Community Health Care	Lackawanna	FQHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Expand access to health care by providing dental services to adult and pediatric patients	95	1
2	Carbon-Schuylkill Community Hospital dba St. Luke's Hospital-Miners Campus	Schuylkill	HHC	\$ 125,000.00	\$ 124,999.98	\$ 249,999.98	Expand access to dental health care services	252	764

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2	Centre Volunteers in Medicine	Center	Free	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Expand access to behavioral health care services to improve mental health outcomes and chronic disease management	98	888
2	Community Volunteers in Medicine	Chester	Free	\$ 113,735.20	\$ 93,912.26	\$ 207,647.46	Expand dental health care services at the main clinic site and one satellite clinic	656	5,628
2	Family First Health	Lancaster	FQHC	\$ 125,000.00	\$ 100,000.00	\$ 225,000.00	Expand dental health care services by hiring a dentist for the Columbia, Pa clinic	1,511	2,818
2	Lancaster Health Center	Lancaster	FQHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Expand primary health care services by hiring a FT physician	10,840	55,425
2	Philadelphia Department of Health	Philadelphia	FQHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Expand dental services by hiring a PT dentist and PT dental hygiene practitioner	2	1
2	Wayne Memorial Community Health Centers	Wayne	FQHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Expand primary health care services by hiring a FT physician at the Honesdale, Pa clinic	770	6,018
Total				\$ 1,207,485.20	\$1,162,662.24	\$ 2,370,147.44		15,122	75,728
3	No Applicants			\$ -	\$ -	\$ -			
4	Centerville Clinics Inc.	Washington	FQHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Decrease hospital re-admission rates by providing home-based health care services to homebound clinic patients	329	167

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4	Delaware Valley Community Health Inc.	Philadelphia	FQHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Decrease emergency room utilization by expanding walk-in clinic hours and hiring mid-level medical staff	0	0
4	WellSpan Health	York	HHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Decrease emergency room utilization by expanding walk-in clinic hours	558	4,701
Total				\$ 125,000.00	\$ 125,000.00	\$ 250,000.00		887	4,868
5	No Applicants			\$ -	\$ -	\$ -			
Total	ALL GRANTS			\$ 2,032,485.20	\$1,987,662.24	\$ 4,020,147.44		18,776	83,363