

Community Based Health Care Program Annual Report 2023

**Pennsylvania Primary
Care Office**

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pennsylvania
DEPARTMENT OF HEALTH

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Executive Summary

In May 2013, the Community-Based Health Care Act (Act) was enacted. This Act established the Community-based Health Care Program within the Pennsylvania Department of Health (Department). The program is administered by the Department's 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; 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 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 is either:
- i. 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) ; 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: patients insured by Medicaid, patients receiving either discounted/sliding fee scale or no pay.

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 the 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

RFA 67-123 was issued October 28, 2021, with applications due December 2, 2021, for grants in the 2022-23 and 2023-24 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, as noted in the “Challenges and Recommendations section, 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 which resulted in an award of 16 grants for the program for the 2020-21 and 2021-2022 state fiscal years. The award amounts for each category remained the same for RFA 67-123. No programmatic changes were made to RFA 67-123.

Using the methodology of the Act, 15 grants were funded with the following breakdown by category:

Table 1: RFA 67-123 Award Summary

Category	Number of Applications	Number of Awards	Funding Amount by Category
Category 1	6	5	\$1,405,225.81
Category 2	13	8	\$1,888,246.40
Category 3	1	1	\$220,982.58
Category 4	2	1	\$197,510.34
Category 5	0	0	\$0.00
Total	22	15	\$3,711,965.13

Of the 24 applications received, 22 were reviewed and scored. The Office of Procurement rejected two applications due to improper submission by the applicant organizations.

Appendix 1 pages 13-14, provides the Grant Category, Applicant Name, County, Organization Type, SFY 22-23 Funding Amount, SFY 23-24 Funding Amount, Total Funding, project description, new patients and Low-income Patients Visits data.

Findings

Impact and Benefits Assessment

Since the inception of the program, the Department has released seven RFAs and has awarded a total of 148 grants since January of 2014. The program bases performance on the grantee's ability to increase access to care by hiring additional health care professionals and increasing capacity to provide services to the targeted uninsured and underserved populations.

Of the 15 grantees receiving awards for the period July 1, 2022 through June 30, 2024, 12 are FQHCs or Look-alikes (80%), two are free clinics (13.3%) and one is a nurse-managed clinic (6.6%).

Among the five organizational types, historically most applicants for this program are FQHCs, hospital health clinics, and free clinics. Very few, if any, rural health clinics or nurse-managed clinics apply for funding. For this cycle, there were no hospital health clinics receiving awards.

For the period of July 1, 2022, through June 30, 2023, grantees awarded through RFA 67-123 reported a total of 7,150 new patients and 10,833 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.

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), 621,346 Pennsylvanians live in designated primary care health professional shortage areas (HPSAs) as of September 30, 2023. For the same period, 1,979,486 residents of Pennsylvania lived in dental HPSAs, and 2,042,384 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 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.

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.

Grantees tend to apply for the full amount of funding without proposing well-planned projects. Some applicants request the full amount of funding when the proposed projects do not begin when the grant period begins.

Recommendation: The Primary Care Office would like to explore the possibility of reducing the total award to certain grantees based upon past performance and grant funding utilization. Funds saved through these reductions could be distributed to other organizations more likely to use them. It is estimated that at least one, possibly two, additional grant awards could be made if applicants submitted more realistic funding requests with their applications

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 between \$4-6 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 RFA 67-123 Grant Period July 1, 2022 through June 30, 2023
State Fiscal Years 2022-2023**

Category	Applicant Name	County	Organization Type	SFY 2022--23 Funding	SFY 2023-24 Funding	Total Funding	Description of Project	Number of New Patients SFY 2022-2023	Number of Low-Income Patient Visits SFY 2022-2023
1	Cornerstone Care	Washington	FQHC	\$ 85,682.69	\$ 119,547.41	\$ 205,230.10	Expand primary dental services in Washington County	0	0
1	Hyndman Area Health Center	Cambria	FQHC	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	Open a new clinic in Cambria County	0	0
1	Susquehanna Community Health and Dental	Clinton	FQHC	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	Open a new clinic in Clinton County	6	14
1	The Wright Center Group	Lackawanna	FQHC	\$ 149,996.96	\$ 149,998.75	\$ 299,995.71	Open a new clinic in Lackawanna County	368	553
1	Valley Health Partners Community Health Center	Lehigh	FQHC	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	Open a new clinic in Lehigh County	1506	1943
			TOTAL	\$ 685,679.65	\$ 719,546.16	\$ 1,405,225.81		1880	2510
2	Berks Community Health Center	Berks	FQHC	\$ 100,000.00	\$ 100,000.00	\$ 200,000.00	Develop a cancer screening program	0	0
2	Caring Community Health Center	Luzerne	FQHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Expand behavioral health services	183	353
2	Centerville Clinics	Fayette	FQHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Increase access to primary health care by hiring a Community Health Worker	711	1482

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Category	Applicant Name	County	Organization Type	SFY 2022--23 Funding	SFY 2023-24 Funding	Total Funding	Description of Project	Number of New Patients SFY 2022-2023	Number of Low-Income Patient Visits SFY 2022-2023
2	Centre Volunteers in Medicine	Centre	Free Clinic	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Expand primary dental services	199	1518
2	Community Volunteers in Medicine	Chester	Free Clinic	\$ 90,661.60	\$ 105,184.80	\$ 195,846.40	Expand primary care services by offering telehealth services	151	415
2	Philadelphia, City of	Philadelphia	FQHC	\$ 125,000.00	\$ 117,400.00	\$ 242,400.00	Expand pediatric health care services	204	447
2	The Primary Health Network	Clarion	FQHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Expand primary care services by offering telehealth services	2657	1758
2	Wayne Memorial	Wayne	FQHC	\$ 125,000.00	\$ 125,000.00	\$ 250,000.00	Expand behavioral health services	393	1529
TOTAL				\$ 940,661.60	\$ 947,584.80	\$ 1,888,246.40		4498	7502
3	Maternal and Family Health Services	Lackawanna	Nurse-Managed Health Clinic	\$ 95,982.67	\$ 124,999.91	\$ 220,982.58	Expand women's health care services, family planning and perinatal care	623	689
TOTAL				\$ 95,982.67	\$ 124,999.91	\$ 220,982.58		623	689
4	Public Health Management Corporation	Philadelphia	FQHC	\$ 98,132.72	\$ 99,377.62	\$ 197,510.34	Reduce emergency room utilization	149	132
TOTAL				\$ 98,132.72	\$ 99,377.62	\$ 197,510.34		149	132
5	No Applicants	N/A	N/A	\$ -	\$ -	\$ -	N/A		
TOTAL FUNDING				\$ 1,820,456.64	\$ 1,891,508.49	\$ 3,711,965.13		7150	10833
TOTAL FUNDING				\$ 1,820,456.64	\$ 1,891,508.49	\$ 3,711,965.13			