

Growing Community Health Centers Across New York State

December 2018





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Background

With the passage of the Affordable Care Act (ACA) in 2010, NYSHealth recognized that successful implementation of federal health reform would require expanded primary care capacity to both care for the influx of newly insured people and ensure a strong safety net for those who remained uninsured. It was estimated that 1.2 million more New Yorkers statewide would gain coverage as a result of the ACA, whereas 1.4 million could remain uninsured—many of whom would rely on community health centers (CHCs) for their primary care needs.

Ranging from storefront clinics to large-scale operations running facilities across multiple sites in a region, CHCs can yield substantial cost savings to the health care system by reducing emergency department visits, hospitalizations, and other avoidable, costly care. Those that are federally qualified health centers (FQHCs) are meeting high standards in quality of care and services offered, including primary care and dental, behavioral health, and preventive care services. CHCs were a cornerstone of the ACA's plan to develop primary care capacity, allocating \$11 billion over five years to double CHC capacity nationally after the ACA was passed. But as the new health care law went into effect, many CHCs were already laboring with low margins and limited funding. The growing demand expected under the roll-out of the ACA would add to these struggles if CHCs did not take measures to grow their services, staff, or physical capacity. In New York State alone, there were approximately 60 FQHCs serving more than 1.4 million patients annually when the ACA was passed in 2010. By 2016, CHC patient volume increased 37% nationally and 54% in New York State (about 1.5 times the national rate).

Growth in FQHC Patient Volume 2010–2016¹

	Unites States	New York State
2010	19,469,467	1,417,414
2013	22,794,925	1,739,252
2016	26,598,703	2,178,416
Percentage Change	37%	54%

Note: Data provided by Community Health Care Association of New York State.

To meet this growing need by the newly insured for access to primary care services, NYSHealth issued two Requests for Proposals (RFPs), in 2011 and 2012, to support CHCs in New York State to take practical steps to care for more patients, expand existing sites, establish new sites,

¹ 2013 and 2016 values include patients at look-alike sites (organizations that meet all of the requirements for—but do not yet receive—federal grant funding), but look-alike sites did not report the number of patients in 2010. Nationally, there were between 750,000 and 1 million look-alike patients in 2013 and in 2016.



Background (continued)

and/or increase the range of services provided, including behavioral health, dental, optometry, and pharmacy. Through these RFPs, titled "Promoting and Managing Growth at Primary Care Centers," grants of up to \$100,000 were made available to FQHCs, FQHC look-alikes (organizations that meet all of the requirements for, but do not yet receive, federal grant funding), and comprehensive diagnostic and treatment centers in medically underserved regions of the State. By January 2013, NYSHealth had awarded 16 grants totaling \$1.6 million through both RFPs to CHCs statewide.



Overview of Grant Projects

NYSHealth set out to support projects that would grow the volume or scope of services to serve more patients. The RFPs also offered something different—they would allow funding to go to costs for which there are usually no sources: real estate consultants, architects, signage and advertising, recruitment, legal and regulatory services, and business planning.

Given that the CHC grantees had different needs and populations they served, their solutions to the growing demand for primary care services also varied. While many of the projects aimed to build new clinics in areas lacking health care providers, some sites sought to build capacity of their existing clinic networks. Others set out to provide basic services to address specific population needs, like dental care or OB-GYN services, previously unavailable to the community. And some CHCs wanted to make care more convenient for their patients, like providing adult care at a center that previously only served children. For example, although both Oak Orchard Community Health Center and Cornerstone Family Healthcare used grant funds to build new clinics, Oak Orchard specifically addressed pediatric needs, whereas Cornerstone focused on an aging population's geriatric health concerns.

Overall, many of the CHCs hired new physicians, added additional exam rooms, or conducted targeted community outreach. Although the 16 grant projects ranged in scope and specificity, all were focused on improving the care provided to some of New York's most vulnerable populations, with a large reach across the State (see map on page 5). In total through this initiative, an additional 57,892 patients were reached in 2016 as compared with 2012—a 123% increase in the number of patients served by these CHCs across the State.

NYSHealth Community Health Center Grantees		
Grantee	Project Overview	Grant Amount
Cornerstone Family Healthcare (formerly Greater Hudson Valley Family Health Center)	<ul style="list-style-type: none"> Undertake planning effort to explore opportunities for a health center site in a six-county region. Enlist stakeholders to collaborate on a community needs assessment for primary care, geriatric, dental, behavioral health, and transportation services in the region. 	\$100,000
East Hill Family Medical	<ul style="list-style-type: none"> Improve patients' access to comprehensive care by expanding its diabetes and substance use services. 	Original grant award: \$90,645 Final grant amount: \$18,252
Family Health Network of Central New York, Inc.	<ul style="list-style-type: none"> Open a new dental practice site. Hire a dentist, dental hygienist, and dental assistant to staff the new site. 	\$100,000

continued ▶



Overview of Grant Projects (continued)

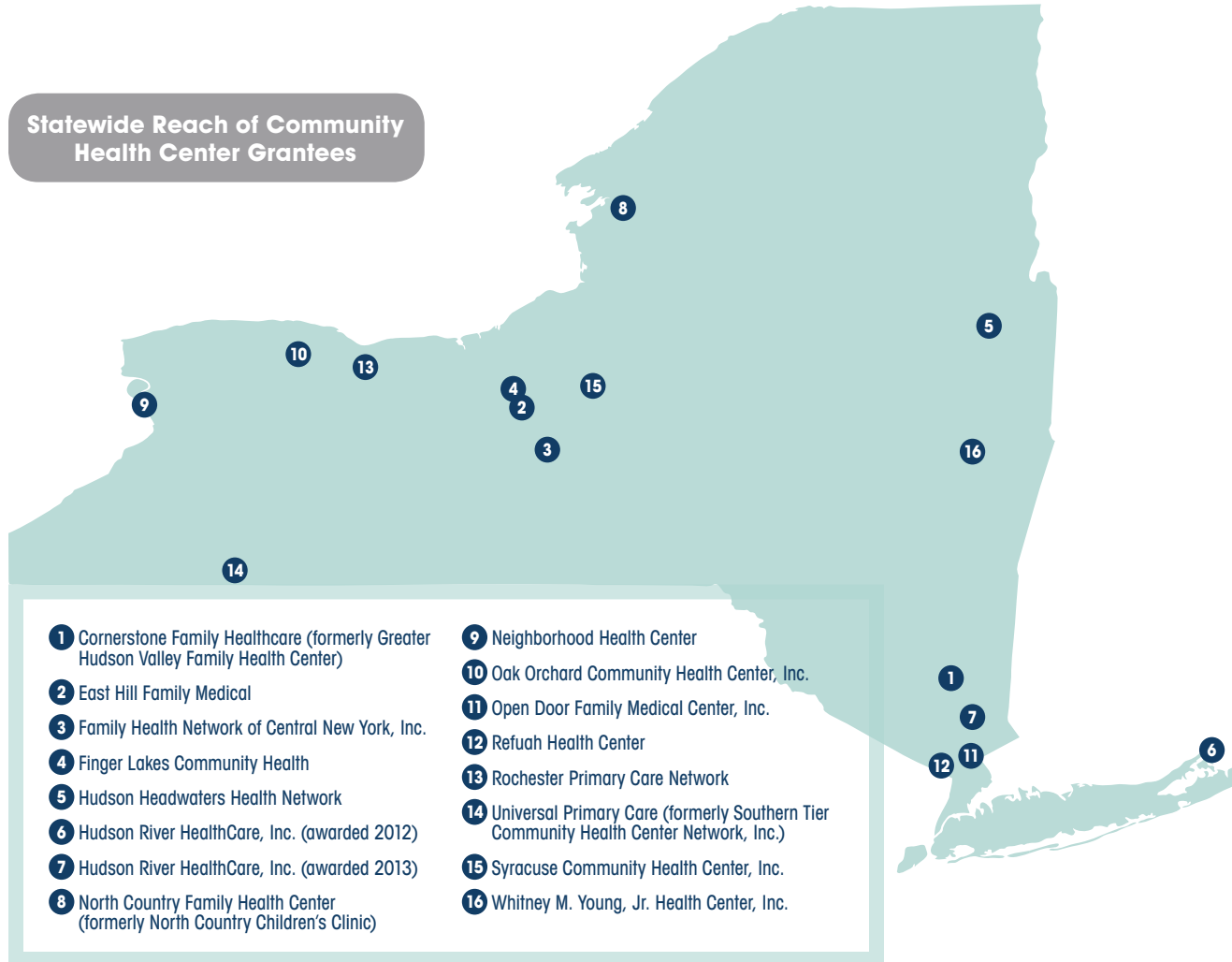
NYSHealth Community Health Center Grantees <small>(continued)</small>		
Grantee	Project Overview	Grant Amount
Finger Lakes Community Health	<ul style="list-style-type: none"> Implement a planning strategy for major site expansions in the region, including recruitment, coordination of services among the different sites, and effective deployment of health care services using limited space and staff. 	\$69,831
Hudson Headwaters Health Network	<ul style="list-style-type: none"> Partner with primary care physician to convert practice into a new CHC. Partner with an existing OB-GYN practice to expand services to new patients. 	\$100,000
Hudson River HealthCare, Inc. (awarded 2012)	<ul style="list-style-type: none"> Take over operations of a county-owned CHC that was closing to preserve access to care. Expand primary care services at the acquired CHC to include dental and mental health services. 	\$95,031
Hudson River HealthCare, Inc. (awarded 2013)	<ul style="list-style-type: none"> Acquire a hospital clinic to expand services and install full-time physicians. 	\$100,000
North Country Family Health Center (formerly North Country Children's Clinic)	<ul style="list-style-type: none"> Expand its pediatric primary care services to provide adult patients with primary care, mental health, and dental services at the same location. Expand clinic hours to meet the needs of low-income working adults. 	\$100,072
Neighborhood Health Center	<ul style="list-style-type: none"> Expand services at a primary care clinic it had acquired and reopened after the original clinic closed. 	\$100,000
Oak Orchard Community Health Center, Inc.	<ul style="list-style-type: none"> Take over a county-owned pediatric clinic that was closing to preserve access to care. Expand adult primary care and dental care services at the clinic. 	\$100,000
Open Door Family Medical Center, Inc.	<ul style="list-style-type: none"> Establish permanent dental practices at two locations, which would also serve as dental residency training sites. Integrate primary care and behavioral health services at the two sites. 	\$100,000
Refuah Health Center	<ul style="list-style-type: none"> Build a new CHC to serve as a central hub for health care and social services for the community. 	Original grant award: \$100,000 Final grant amount: \$36,750
Rochester Primary Care Network	<ul style="list-style-type: none"> Undertake planning and site review to increase capacity, productivity, and efficiencies at an existing CHC. Develop strategies for maximizing staffing, patient mix, billing, service mix, and reimbursement streams. 	\$99,993
Universal Primary Care (formerly Southern Tier Community Health Center Network, Inc.)	<ul style="list-style-type: none"> Support existing center's move to an expanded site to increase capacity and lessen wait time for new patient appointments. 	\$100,000

continued ▶



Overview of Grant Projects (continued)

NYSHealth Community Health Center Grantees (continued)		
Grantee	Project Overview	Grant Amount
Syracuse Community Health Center, Inc.	<ul style="list-style-type: none"> Conduct architectural and engineering work to support construction of a new, expanded headquarters. Recruit new clinical staff and acquire private physician practices to expand base of providers. 	\$100,004
Whitney M. Young, Jr. Health Center, Inc.	<ul style="list-style-type: none"> Use social workers, group therapy, and self-management care plans to help patients manage chronic health problems. Bring primary care services on-site at two of its addiction programs to engage with patients and manage their overall health. 	\$100,000





Project Highlights

CORNERSTONE FAMILY HEALTHCARE (formerly Greater Hudson Valley Family Health Center)

With NYSHealth funding, Cornerstone Family Healthcare was able to lay the groundwork to establish an FQHC in a six-county region with limited primary care medical providers and no FQHCs. Prior to this, health care services had been inaccessible to many low-income residents in the region. Cornerstone used NYSHealth grant funds to conduct a feasibility study and planning process, hold sessions with the community, and engage with political and local stakeholders to gather support. The feasibility study positioned Cornerstone to apply and be selected for a competitive federal New Access Point (NAP) grant, which provides operational support for new primary health care delivery sites as a way to improve the health of underserved and vulnerable populations. With NAP funding, Cornerstone opened a new health center at a low-income housing complex in Binghamton in February 2016—the first of its kind in Broome County.

NYSHealth made a subsequent grant to Cornerstone in 2016 to help further expand the center. Although the new Binghamton center had the capacity to serve approximately 1,400 patients (when fully operational), a need persisted to meet the primary care demands of the entire underserved community of Broome County. The second NYSHealth grant helped Cornerstone recruit and hire an additional doctor for the center, as well as to plan for further expansion in Broome County. In June 2017, Cornerstone's Binghamton site received a multimillion dollar federal grant to expand to two additional locations: another facility in Binghamton and one in Orange County.

A Binghamton resident had been seeing the same doctor her entire life, since she was a child. When she became uninsured after losing her job, she was informed by office staff that she could no longer use their services and was referred to a free clinic that was only open two nights a week. With the opening of the Cornerstone's Binghamton CHC, she now has access to primary care services. She has since become an advocate of the clinic and actively encourages friends and neighbors to obtain care there.

FAMILY HEALTH NETWORK OF CENTRAL NEW YORK

NYSHealth awarded Family Health Network of Central New York (FHN) a grant to bring dental services to its Moravia clinic in Cayuga County. Previously, the closest dental practice serving the uninsured with a sliding-scale payment system was more than 30 miles away, and there was no dentist in the county accepting Medicaid patients. At the time of the grant, Cayuga County



Project Highlights (continued)

had the highest rate of children with cavities in the region, with 72% of third-graders reporting at least one cavity. FHN used NYSHealth funding to acquire needed dental equipment for its site and hire a dentist and dental hygienist; by 2016, it had seen 1,500 dental patients.

Since the close of the NYSHealth grant, FHN has integrated dental services beyond its Moravia clinic and into local schools. FHN's school health program dental hygienist spends six weeks on-site at the town's elementary and middle schools, providing comprehensive dental care for children in kindergarten and second, third, and sixth grade.

For one patient, dental visits had previously been a negative experience and source of anxiety, inducing panic attacks in some cases. However, under the care and attention of the new dentist at the Moravia clinic, the patient has since become more comfortable in seeking dental services. "For the first time in my life, I'm excited for my next visit so I can finally get my teeth fixed," said the patient. Reports of the dentist's care also reached Moravia's mayor, who told FHN's CEO that community members were very happy with the new dental office and that the dentist was especially good with the child patients.

HUDSON HEADWATERS HEALTH NETWORK

Hudson Headwaters Health Network (HHHN) used NYSHealth funds to expand health care access in the North Country, one of the most remote regions of the State. At the time of the grant, there was only 1 primary care doctor for 1,200-square miles, based in the town of Champlain. HHHN worked with that doctor to join its network, converting his practice into a new FQHC site and bringing additional doctors into the region. HHHN found and secured a bigger location, which saw the site go from a 4,000-square-foot office space to a 26,000-square-foot full-service health center serving the region. In 2013, the practice saw 3,315 patients; by 2016, the new CHC had 4,844 patients, with projections that the facility would grow to 7,500–8,000 patients and have 25,000–30,000 annual visits in the next 3 years.

HHHN also expanded OB-GYN services in the Glens Falls region. In this community, more than half of childbirths were covered by Medicaid, but this special Medicaid coverage was typically limited to six weeks after delivery, and local doctors could not afford to care for the mothers as uninsured patients beyond that period. HHHN used NYSHealth funds to acquire and expand an existing OB-GYN practice. In 2013, the OB-GYN practice saw 4,443 patients through 9,602 visits. In 2016, after being acquired by HHHN and expanded to four of its sites, the practice saw 11,131 patients through 25,738 visits. The practice now manages slightly more than 50% of the deliveries at Glens Falls Hospital.



Project Highlights (continued)

HUDSON RIVER HEALTHCARE

Hudson River HealthCare (HRHCare) is an FQHC that operates nearly 30 health centers serving more than 185,000 patients in the Hudson Valley region and on Long Island. It has offered primary and preventive care services to low-income communities in these regions for more than 40 years.

Through NYSHealth's 2011 RFP, HRHCare was awarded a grant to help preserve primary care capacity on Long Island. The Elsie Owens North Brookhaven County Health Center in the town of Coram had been a county-owned CHC that served a low-income population; 85% of the center's 8,000 patients were uninsured or covered by Medicaid. Suffolk County budget cuts led Elsie Owens Health Center to reduce patient visits by almost 30%, despite increasing demand. In 2011, Suffolk County proposed closing the site. Concerned that closure would create severe access issues for the local population, the New York State Department of Health recommended that HRHCare assume operations of the site. With funding from NYSHealth, HRHCare took over the Elsie Owens Health Center—bringing additional services and resources (including dental and mental health services and electronic health records), expanding the number of patients served, and preserving access to care for the community.

HRHCare received another NYSHealth grant under the 2012 RFP to preserve access to care—in this case, to transition a hospital-based outpatient care center in the Hudson Valley to HRHCare's network of FQHCs. During the project, the center, which had provided prenatal and episodic care using hospital physicians on a rotating basis, became a patient-centered medical home. HRHCare has since moved the center to a new, larger location in Poughkeepsie that allows it to serve significantly more patients. The new center offers comprehensive primary care and preventive services, including oral health, behavioral health, nutrition/WIC, and family planning, along with linkages and referrals to nearby diagnostic imaging and surgery.

NEIGHBORHOOD HEALTH CENTER

Neighborhood Health Center (NHC) used NYSHealth grant funds to expand primary care access to thousands of residents in the City of Buffalo and surrounding communities. Funding directly supported expansion of services at existing sites, as well as the addition of a third site in one of the city's historically underserved communities on the lower West Side. Through this expansion, NHC was able to increase its patient count from 13,546 in 2011 to 19,802 patients with more than 73,000 visits in 2016.

The new site, NHC Mattina, acts as an anchor institution in the community. Its location is of particular importance to patients and the surrounding community, as Kaleida Health, Western



Project Highlights (continued)

New York's largest hospital system, had previously operated an outpatient primary care clinic in Mattina. But in 2011, Kaleida Health's clinic closed as a result of financial struggles—leaving more than 3,000 patients without the prospect of regular primary care. NYSHHealth funds allowed NHC to reopen the site under its own network within eight business days of the initial Kaleida Health closure. As a result, the residents of this community were able to maintain continuous access to care, including adult medicine, pediatrics, OB-GYN, podiatry, nutrition, behavioral health, and social services navigation support. NHC Mattina now serves more patients, provides more medical services and coverage to uninsured patients, and hires more employees within the surrounding community than when previously operated by the hospital system.

A new milestone was reached in early 2017 when NHC expanded operations to a fourth clinic site with the support of a federal NAP award. NHC's success with the NYSHHealth-funded Mattina expansion was key to it securing the NAP funding by demonstrating its ability to manage a project in a new area.

NORTH COUNTRY FAMILY HEALTH CENTER **(formerly North Country Children's Clinic)**

North Country Children's Clinic (now North Country Family Health Center, or NCFHC) in Watertown applied for NYSHHealth funding because of the lack of primary care services in the area for the parents of its child patients. The clinic expanded its primary care, mental health, and dental care services to adults, addressing the health care needs of adult patients within a 75-mile radius of the clinic. It also extended its hours to better accommodate the schedules of low-income, working adults.

NYSHHealth funding also positioned NCFHC to achieve recognition as an FQHC and subsequently win a federal NAP award. However, during a period of some financial instability, the clinic faced closure in 2013. NYSHHealth provided additional funds to stabilize the clinic and help NCFHC develop a sustainable, long-term solution for continued operation. As a result, NCFHC's medical and behavioral health services for adults grew from 381 patients and 562 visits in 2012 to 25,000 patients and more than 50,000 visits in 2015.

Lori, a mother of two, could not afford health insurance. Luckily, her children were able to qualify for low-cost health insurance—with the help of NCFHC, she enrolled them in Child Health Plus, which helped pay for doctor's visits, dental visits, and prescriptions. Prior to NCFHC's expansion, Lori's only access to health services for herself was through costly urgent care visits. "It was expensive," said Lori, "so I would put it off as long as I could and hoped I would just get better."



Project Highlights (continued)

On a visit back to the pediatric office with her daughter, Lori was sick and coughing. Much to Lori's relief, the nurse shared news of the clinic's expansion and helped her make an appointment for the same day. "They didn't care that I didn't have insurance, and they didn't care that I didn't have enough to pay for my appointment," Lori said. "They just wanted to help me feel better."

OAK ORCHARD COMMUNITY HEALTH CENTER

As the only FQHC between Rochester and Buffalo, Oak Orchard Community Health Center set out to address the lack of primary care in Wyoming County, a primary care health professional shortage area where many residents lived in poverty and were uninsured. The county also lacked dentists willing to serve residents with Medicaid or Child Health Plus insurance coverage. Oak Orchard sought to preserve access to pediatric services when the county planned to close a pediatric hospital outpatient clinic. Soon after receiving the NYSHealth grant, Oak Orchard was also awarded a federal NAP grant—enabling it to build a larger clinic in the town of Warsaw, hire the first pediatrician in the area, and offer expanded medical and dental care. It opened the new Warsaw site in October 2013, just in advance of health insurance open enrollment. In 2016, the clinic had more than 7,000 patient visits. Oak Orchard has continued to fill a critical gap in health care provider shortages in the region; when two other primary care offices closed, many of those patients turned to Oak Orchard for services. And it has since hired a second dentist at its Warsaw site.

During this grant period, Oak Orchard also received technical assistance from CohnReznick, as part of another NYSHealth project to help FQHCs with a high number of uninsured patients position themselves for financial survival and growth after the ACA went into effect. CohnReznick discovered a recurring Medicaid billing rate error, and subsequently filed a successful rate appeal that brought an additional \$750,000 per year in Medicaid reimbursements for Oak Orchard—conferring it greater financial stability.

OPEN DOOR FAMILY MEDICAL CENTER

Open Door Family Medical Center is one of the largest FQHCs providing health care for low-income patients in Westchester and Putnam counties, with 10 sites annually serving more than 40,000 patients—many of them vulnerable immigrants, women, and children. With 93% of its patients living at or below 200% of the federal poverty line and half of patients without health insurance, Open Door is a critical health care safety net in the region. In the Mt. Kisco and Brewster areas, few other providers are willing to see Medicaid or other low-income patients.



Project Highlights (continued)

With NYSHealth funding, Open Door was able to improve its capacity to deliver oral and behavioral health care services and increase access to care in the region. It opened a new site in Brewster in 2013, developing a collaborative behavioral health care model that was integrated into its primary care services. It subsequently added dental services. The Brewster site now serves more than 5,500 patients, with 22,077 visits in 2016.

“As the first permanent federally qualified health center in Putnam County serving the area’s most vulnerable residents, we knew these services were essential and needed,” said Lindsay C. Farrell, President & CEO Open Door Family Medical Center. “Each important in their own right, we have expanded these services every year. The early support from the Foundation made a world of difference in Putnam and the response from the community has been positive and strong.”

UNIVERSAL PRIMARY CARE **(formerly Southern Tier Community Health Center Network)**

Universal Primary Care (UPC) serves a vulnerable community with significant primary care shortages—more than 35% of its target population lives below 200% of the federal poverty line and a substantial proportion is uninsured. As the only CHC in its two-county region, UPC’s services were in high demand. A grant from NYSHealth helped UPC find and open a new site to more fully serve the community. It used funds to hire an architect to design a space and expand into a 10,000-square-foot site in the town of Olean. The clinic was able to increase the number of exam rooms from 10 to 19, as well as add another treatment room; a care management area for nurses to conduct disease management and patient education; a space for an outreach/enrollment coordinator; and a private area for behavioral health services.

Located in Olean’s downtown, the site is now accessible to more patients—especially the vulnerable and the elderly who are able to walk to the clinic. It is in within a one-mile radius of four low-income housing projects, two homeless projects, the county’s sole soup kitchen, a legal services provider for civil action, and a mental health treatment facility. A community college is also less than a block away, with a student population of which many are uninsured, including adults who have returned to school or older, single mothers. After its expansion, the Olean clinic was able to send its outreach and enrollment coordinator to the college to help these students make health appointments, pay using a sliding-fee scale, and apply for Medicaid if eligible. In 2015, the coordinator helped nearly 100 students apply for Medicaid.



Project Highlights (continued)

At the end of NYSHHealth's grant period, UPC's clinic had 6,525 patients; as of 2015, it reported 8,684 patients and more than 31,000 visits—a 33% growth in patients served. It has further expanded in the region by adding oral health services to its Houghton site and opening a new clinic in Salamanca. In 2016, UPC received a \$1 million federal award through the Health Infrastructure and Improvement Program to double the Olean site by adding an additional 10,000 square feet for new exam rooms, laboratory space, and an enhanced obstetrical testing space. UPC also subsequently received two NAP awards and twice won Health Resources and Services Administration's National Quality Award.

WHITNEY M. YOUNG, JR. HEALTH CENTER, INC.

As the only FQHC in Albany County, Whitney M. Young, Jr. Health Center (WMY) is an integral part of the health care safety net, providing comprehensive primary care, dentistry, and behavioral health services. In 2012, adult primary care services at WMY's Albany location had reached full capacity, in part because of frequent use by chronically ill patients. As a result, new patients faced a six-week wait for an appointment. With the NYSHHealth grant, WMY was able to expand primary care services at its Dewitt Street location and open a new site in Watervliet. The new Watervliet site opened in May 2016—expanding services to new patients and providing a more convenient location for patients who previously received services at a different WMY location.

The project also focused on shifting patients from using primary care appointment times to slots for services best addressed by a behavioral health provider, thereby allowing for more primary care visits. In the first five months of 2017, WMY's mental health visits at its Albany site increased 44% as compared with the same time period in 2016.

One highlight since the grant period ended has been the shift in WMY patients' ability to access health insurance. In 2016, WMY served 19,759 patients (up from 18,793 in 2014): 14% were uninsured (down from 23% in 2014) and 62% had Medicaid (up from 56% in 2014).



Lessons Learned

Along with the many successes of the initiative, the CHCs also faced obstacles in implementing their projects—learning many important lessons over the course of the grant period. During the process, some of the sites found that stakeholder and community buy-in was not what they had expected. For example, Cornerstone and Oak Orchard discovered that, despite having worked in the community for many years, establishing a new site was still difficult. Vast geographical distances between their headquarters and the new site locations made it a challenge to gain community input or led some to deem them as outsiders. Other CHCs faced issues such as under-estimating the costs of projects and changing leadership during project implementation. And after integrating primary and behavioral health care services, one clinic faced a higher-than-expected demand for such services that led to a backlog.

Although the majority of the CHCs were able to navigate through hurdles, two grantees were ultimately unable to complete their projects. NYState awarded a grant to the East Hill Family Medical to expand its diabetes and substance use services. However, East Hill struggled to find a certified diabetes educator and substance abuse counselor and was unsuccessful in hiring anyone for those positions. As a result, East Hill was unable to complete all of its grant activities, resulting in early closure of the grant.

Refuah Health Center planned to use its NYState grant to expand its services in Sullivan County, which at the time was ranked 61st out of New York's 62 counties on overall health outcomes, last for mortality, and 58th for morbidity. Focusing on the town of South Fallsburg, Refuah intended to create a central hub to provide health care and social services by building a new CHC facility. It purchased a former high school, with plans to renovate the 36,000-square-foot building. Refuah then determined that it was more feasible to demolish the building and build a new one; however, it experienced delays with the State Office of Historic Preservation over the demolition. As a result, Refuah decided not to proceed with the South Fallsburg site. Instead, it explored options for opening a new CHC in the town of Monticello, but was unsuccessful in its search. After some time, without a specific plan from Refuah to deploy the funds for a new site, NYState made the decision to close out this grant.



Looking Ahead

CHCs are part of the safety net's backbone. These centers provide necessary services to thousands of New Yorkers who require primary care. Federal attention to CHCs has emphasized their contributions and ensured renewal of federal grant funding for the centers.

As noted above, many of these organizations funded by NYSHealth have since gone on to further expand their services, as demand continued to grow and their role in the community deepened.



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