

Massachusetts Community Health Centers

Get the Facts

What is a community health center?

Community health centers are non-profit organizations that provide primary, preventive and dental care, as well as mental health, substance abuse and other community-based services to anyone in need regardless of their insurance status or ability to pay. Massachusetts community health centers provide 3.6 million visits to more than 760,000 state residents.

How did community health centers get started?

Massachusetts is home to the first community health center in the nation founded at Columbia Point, Dorchester in 1965. Sponsors of the first health center sought to demonstrate what community-based medicine could achieve for health access and the quality of care in urban and rural neighborhoods. Investing control and policy-making authority in the community, the organizers formed a board of directors that included consumers of the health center's services.

Where are community health centers located?

Community health centers have grown in number and scope over the last five decades. Across Massachusetts, 52 community health centers provide a broad range of health care and social services through more than 280 sites, serving one out of every nine state residents. Nationally, 1,200 health centers serve 20 million people through 7,000 sites located in all the 50 states, Puerto Rico, the District of Columbia, the U.S. Virgin Islands and Guam. To find a Massachusetts health center near you, go to massleague.org/CHC/FindHealthCenter.

Who provides services at community health centers?

Board-certified physicians along with physician assistants, nurse practitioners and registered nurses lead highly skilled medical staffs at community health centers. Health center physicians are trained in a range of primary care disciplines, including internal, pediatric and family medicine, as well as gynecology and obstetrics. Health centers also employ social workers, dentists, optometrists, certified nurse midwives, community health workers, nutritionists, counselors and other health professionals to help improve health outcomes for their patients. In addition, health centers have strong referral relationships with their local hospitals and, in many cases, have specialists on staff such as dermatologists, psychiatrists, podiatrists, and ophthalmologists.

What is "the League"?

Established in 1972, the Massachusetts League of Community Health Centers ("the League") is a statewide association representing and serving the needs of the state's 52 community health centers through grassroots advocacy; technical assistance with state and federal health regulatory and policy issues; training and education for administrators, clinicians and board members; help with health center information technology development; and work with local health and advocacy organizations seeking to open health centers in their communities. The League also serves as an information source on community-based health care to policymakers, opinion leaders and the media.



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Health Centers Outside of Boston

Baystate Medical Center Health Centers, Springfield
 Brockton Neighborhood Health Center
 Cambridge Health Alliance Health Centers,
 Cambridge, Somerville, Malden and Revere
 Community Health Center of Cape Cod,
 Falmouth, Mashpee and Bourne
 Caring Health Center, Springfield
 CHP Health Center, Great Barrington and Pittsfield
 Community Health Center of Franklin County,
 Turners Falls and Orange
 Community Health Connections Family Health Centers,
 Fitchburg, Gardner and Leominster
 Duffy Health Center, Hyannis
 Family HealthCare Center at SSTAR, Fall River
 Family Health Center of Worcester
 Framingham Community Health Center
 Great Brook Valley Health Center, Worcester and Clinton
 Greater Lawrence Family Health Center
 Greater New Bedford Community Health Center
 HealthFirst Family Care Center, Fall River
 Hilltown Community Health Centers,
 Huntington and Worthington
 Holyoke Health Center, Holyoke and Chicopee
 Island Health Care, Edgartown, Martha's Vineyard
 Joseph M. Smith Community Health Center, Waltham
 Lowell Community Health Center, Lowell and Tewksbury
 Lynn Community Health Center
 Manet Community Health Center, Quincy and Hull
 MGH Community Health Associates, Chelsea, Everett and Revere
 Mid Upper Cape Community Health Center,
 Hyannis and Harwich
 North Shore Community Health, Peabody, Salem
 and Gloucester

Outer Cape Health Services, Orleans, Provincetown and Wellfleet
 South Cove Community Health Center, Quincy
 Springfield Health Services for the Homeless
 Tri-River Family Health Center, Uxbridge

Health Centers in Boston

Boston Health Care for the Homeless Program
 Bowdoin Street Health Center, Dorchester
 Brookside Community Health Center, Jamaica Plain
 Codman Square Health Center, Dorchester
 Dimock Community Health Center, Roxbury
 Dorchester House Multi-Service Center
 East Boston Neighborhood Health Center
 Fenway Community Health Center
 Greater Roslindale Medical & Dental Center
 Geiger Gibson Community Health Center, Dorchester
 Harvard Street Neighborhood Health Center, Dorchester
 Joseph M. Smith Community Health Center, Allston
 Martha Eliot Health Center, Jamaica Plain
 MGH Community Health Associates, Charlestown
 Mattapan Community Health Center
 Neponset Health Center, Dorchester
 North End Community Health Center
 Roxbury Comprehensive Community Health Center
 Sidney Borum Jr. Health Center, Downtown Boston
 South Boston Community Health Center
 South Cove Community Health Center, Chinatown
 South End Community Health Center
 Southern Jamaica Plain Health Center
 Upham's Corner Health Center, Dorchester
 Whittier Street Health Center, Roxbury

Background

The state's fiscal decline has had a lasting impact on communities across the Commonwealth. Low-income cities and towns — perhaps the hardest hit by the economic downturn — are struggling as the opportunities for employment are few and families in crisis are many. Nowhere are the effects more apparent than at Massachusetts' community health centers. Health centers already provide primary and preventive care to one out of every 9 residents, yet inquiries and appointment requests are on the rise.

Recognition of their role as both providers of care and economic engines has led to recent funding for federally-funded health centers under the American Recovery and Reinvestment and Patient Protection and Affordable Care Acts. These investments have allowed health centers to hire new doctors; begin long-planned and needed renovation projects and technology upgrades; extend their hours of care; and create and retain jobs for community residents.

Impact

In addition to employing nearly 10,000 individuals, health centers also provide critical entry level jobs and training and career building opportunities right in the communities they serve. When looking at their overall economic impact on the state's economy, Massachusetts community health centers stimulated \$1.24 billion in total output, generated \$732 million in household income and supported more than 14,000 jobs in 2009. Since federal stimulus funding was released in the spring of 2009, Massachusetts health centers have created 220 positions and health access for more than 92,700 state residents.

Issue

Not all Massachusetts community health centers are eligible for federal funding and need state investments to grow their cost-effective model of care to serve more residents and stimulate local economies.

Solution

The Commonwealth has long seen the benefits of investing in all community health centers to build economic strength from the grassroots up. Continued state investment in health centers that reinforces their public health and economic stimulus roles would directly benefit the state's hardest hit cities and towns, stabilizing neighborhoods through increased economic activity and improving access to critical health services for the uninsured.

Background

Community health centers have played a critical role in the implementation of health reform in Massachusetts. Nationally, they are the cornerstone of the President's efforts to grow the nation's primary care infrastructure. The expansion strategy includes increasing health center services and sites of care, and doubling the number of patients served by them from 20 to 40 million by 2015.

Potential Impact

National health reform will go a long way in helping to strengthen Massachusetts' community-based health care system. National reform means the potential of millions of dollars in resources to 36 federally-funded health centers over the next five years to ensure that they are able to sustain and expand their care to growing numbers of newly insured residents; create more programs to encourage medical and nursing school students to pursue careers in primary care; and enhance their use of information technology to help tackle some of the biggest cost-drivers in our health care system: chronic disease, obesity and smoking.

Issue

Not all Massachusetts community health centers receive federal grants and therefore remain ineligible for this funding. In addition, funding through the Accountable Care Act that expressly supports health center growth is in jeopardy.

Solution

The Commonwealth has seen the benefits of investing in the community health center network over time: expanded health access for patients, cost-containing approaches to managing care and increased health and well-being for lower income residents. By leveraging national investments in the state's 36 federally-funded community health centers, the state can help ensure the goals of Massachusetts' first-in-the-nation health reform law.

Background

As the nation seeks answers for improving the quality and efficiency of health care, the health center model has the potential to prove that a coordinated and comprehensive approach to care delivery is a solution. Because of their longstanding experience, 33 Massachusetts community health center sites have partnered with the Executive Office of Health and Human Services in two medical home initiatives that will help develop practice changes for all of the state's primary care providers.

The patient-centered medical home model provides benefits to both patients and caregivers. Patients gain more one-on-one time with their physicians and primary care team members and become better engaged in their long-term health goals and treatment decisions. At the same time, caregivers work more collaboratively in addressing patients' needs and in coordinating and monitoring their care. Ultimately, this approach improves health outcomes, lowers costs and can help address a national and growing primary care physician shortage.

Impact

Community health centers participating in both medical home initiatives are demonstrating improved access for patients through timely appointments for routine and episodic care, and proactively planning care with patients who are identified as having chronic illnesses or other health issues that require active management. These efforts in combination with ongoing health technology development at health centers will have a major impact on patient health outcomes and costs by reducing unnecessary ER visits, hospitalizations and overall utilization of expensive specialty care.

Five Massachusetts health centers have achieved the "gold standard" measure for the medical home model adopted by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to improving the quality and coordination of care in the health system. After undergoing rigorous evaluation, the five health centers are among a handful of providers in the state to attain this level of recognition.

Issue

The Medical Home Initiative is being developed in parallel with state payment reform proposals that will help determine how providers will be reimbursed based on patient-centered models of care. It is important to remember that community health centers care for disproportionate numbers of lower income and ethnically and culturally diverse patients with chronic and complex medical and social needs. As a result, their patients rely on comprehensive teams of primary care practitioners that include language interpreters, social workers and nurse educators — just to name a few. In addition, health centers have limited access to capital markets, impacting their ability to finance health information technology projects that are critical to monitoring quality and costs.

Solution

Payment reform models must take into consideration the cultural and socioeconomic-based needs of patients served by health centers as well as health centers' limited access to capital financing for technology.

Background

The recognition that oral health is essential to overall health is finally beginning to take hold. This is not a new point of view at health centers. In 1999, after acknowledging a crisis-level shortage in the number of private dentists accepting Medicaid patients, state leaders asked health centers to expand their dental capacity to serve more residents. Since then health center dental capacity has increased by 96% and today, three-quarters of the community health centers (33) provide dental services at 48 sites. Medicaid Adult Dental benefits were eliminated shortly thereafter (in 2002) only to be restored again in 2006 as part of state health reform. Last year the program suffered significant cuts once again. As a result of these cuts, community health centers are the only sites that can provide restorative dental services to adult Medicaid patients, straining capacity. Between July 1, 2010 and December 1, 2010, forty-six of the forty-eight dental sites (96%) reported an increase in adult patients, for a total of 22,047 new patients.

Impact:

According to a 2005 Kaiser Report, the adult dental eliminations in 2002 provided only minimal savings to the state and shifted costs to other parts of the health care system that may be subject to lower federal cost-sharing. Moreover, redirecting these services to emergency rooms will ultimately make them more expensive, placing an undue burden on the health care costs. With the most recent cuts, not only did demand for services increase, but since dental school clinics and private specialists were no longer covered, a large number of new patients were seeking the most intensive and time consuming services that health centers provide (dentures, crowns, root canals, endodontic treatment). Forty-four dental sites (90%) noted that they had experienced an increase in emergency patients, with two to ten patients per day presenting with emergent or urgent care needs.

Issue

While health centers are appreciative of a state provision allowing reimbursement for restorative dental services at health centers, they worry about the thousands of MassHealth patients who do not currently receive their care at a community health center, and who do not live or work in or near communities served by them. The majority of these patients will be forced to seek care through costly emergency rooms for conditions that may have been averted or minimized through ongoing preventive and restorative care. When Maryland eliminated Medicaid reimbursement for adult dental services in 1993, emergency room visits rose by 21 percent in one year. Similarly, when California eliminated adult dental benefits in 2009, that state's emergency departments logged, on average, more than 80,000 visits a year for preventable dental conditions.

Solution

Restore Medicaid Adult Dental services to FY 2009 levels.

Background

Community health centers have worked under an integrated provider care model for years. Because health centers have strong relationships with other local providers and, in many cases, offer dental, vision, pharmacy and behavioral health services on site, they are well-poised for payment reform models which are based on tightly managing patient care across multiple providers.

Health centers also work closely with hospital emergency departments to identify patients who use the ER for non-emergent care in an effort to connect them with a primary care medical home. These collaborations will be crucial to the success of payment reform efforts across the Commonwealth.

Impact

Several research studies demonstrate that health centers yield substantial cost savings to the health care system by reducing emergency department visits, hospitalizations, and other avoidable, costly care. A new study from the George Washington University finds that the expansion of health centers will contribute to even higher savings: (1) Up to \$122 billion in total health care costs would be saved between 2010 and 2015; (2) Health centers would save as much as \$55 billion for Medicaid over the same five-year period. Of that, the federal government would save \$32 billion, with states benefiting from the rest.

Issue

The nation's health system is broken. Health care costs are unsustainable, access is declining and quality is waning. There is general consensus that we must restructure the way we pay for health care. The health center model has the potential to prove that a highly integrated approach to providing care is a solution.

Solution

Payment reform must consider the comprehensive, culturally competent and cost-effective model of care provided by community health centers that includes prevention and wellness programs, pharmacy, oral health, behavioral health and other services for individuals and families. Payment for the services provided at health centers should reflect this range and quality of care and their demonstrated ability to prevent the need for more costly care.

Background

Community health centers offer cost-effective, high quality primary and preventive care and chronic disease management to nearly 800,000 medically underserved Massachusetts residents. They are the state's first line of defense in managing chronic disease and spiraling healthcare costs. Because of their focus on quality, maximizing the latest information technology improves the ability of centers in tracking a range of measurable health statistics in a more data driven way. These measures include reducing ER visits and hospital readmissions; decreasing smoking and obesity rates; and improving the health of people living with chronic and complex illnesses such as diabetes, heart disease and asthma.

Impact

The Massachusetts League of Community Health Centers has taken a strong role in assisting health centers as they work to upgrade their health information technology systems and capacity for using data. To date, 49 of Massachusetts' 52 health centers have either purchased, implemented or are in the process of implementing electronic medical records (EMR). All centers will be working toward the new federal "meaningful use" standards which mandate significant and measurable improvements in patient health outcomes over the next two years.

In 2009, the League released CHIA DRVS™, a web-based central data repository and reporting solution for seven pilot health centers. The system extracts data from EMR systems nightly, and has the capability for producing more than 20 quality reports and measuring 20 health center-specific key performance indicators. Health centers are able to benchmark and compare their data at a range of levels: within health centers, health center to health center and clinician to clinician.

Issue

Providing broad support for the implementation of EMR across the health center network will enhance innovative care management initiatives and ultimately ensure the success of health care reform in low-income communities. Although health centers have made significant headway in upgrading and adapting health technology, three community health centers have inadequate resources to purchase or implement EMR, and another four face the expense of replacing outdated systems. Additionally, federal reporting requirements tied to meaningful use standards are not necessarily aligned with state reporting requirements, straining the health centers' efforts to increase their operational efficiency.

Solution

As the community health center network works toward 100% EMR implementation and meeting meaningful use requirements, there will be a need for state investment in health center technology infrastructure and maintenance as well as increased efforts aimed at aligning expectations and standardized reporting requirements of state and federal agencies.

Background

The state of our nation's health care delivery system continues to be a pressing issue. In addition to rising costs and waning quality, shortages exist for a range of medical professionals, including primary care physicians, nurses, dentists, pharmacists and technicians. Rising demand for health center services over the last several years has led to some new approaches for recruiting and retaining primary care workforce professionals at the community level.

Established in 2007, the Community Health Center Primary Care Provider Loan Repayment program is managed by the Massachusetts League of Community Health Centers and is funded by donations from Bank of America, the Commonwealth of Massachusetts, Neighborhood Health Plan, Blue Cross Blue Shield Foundation of Massachusetts and Partners HealthCare. The program offers medical and nursing school loan repayment to primary care physicians and nurse practitioners who make a two-to-three year commitment to practice at one of the state's 52 community health centers.

In order to stabilize the current primary care provider workforce in community health centers, and to cultivate the next generation of primary care leaders, the League also manages the Community Health Center Special Projects Grant program for primary care clinicians who wish to pursue career development opportunities that enhance the quality and efficiency of care in community health center practice.

Addressing a training and education gap for health center middle managers, the League collaborated with Suffolk University in 2001 to develop a one-year, integrated learning and working certificate program in Community Health and Community Health Center Management. The program provides career growth and networking opportunities for participants.

In an effort to attract young professionals to community-based health care careers, the League administers a nationally-funded AmeriCorps HealthCorps program of volunteers who serve as community health workers in medically underserved communities in Massachusetts and across the country.

Impact

To date, 115 primary care clinicians and nurse practitioners have been awarded loan repayment at 50 health center sites, creating capacity for more than 204,400 patients. Two hundred and forty-seven health center employees have graduated from the League-Suffolk program. Over the last six years, more than 90 young adults have completed a year of volunteer service under the federal AmeriCorps HealthCorps program.

Issue

Ongoing shortages in the health care workforce present a unique set of challenges for the state's health centers, many of which are treating large numbers of new and recently insured patients while competing with higher paying hospitals for physicians, nurse practitioners and other health care personnel.

Solution

Leveraging public and private investment for League recruitment and retention initiatives focused on the community-based health care workforce will go far in increasing health access and containing health costs statewide.