

America's Federally Qualified Health Center Program: Comprehensive Primary Care for Underserved Populations

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KEY POINTS:

- A national network of Federally Qualified Health Centers (FQHCs) provides care that is responsive to the needs of the communities they serve, with services provided to all regardless of ability to pay.
- FQHCs are governed by a community-based board of directors consisting of a majority of active patients, assuring accountability to local needs.
- The quality of care delivered by FQHCs to vulnerable populations is comparable or superior to that delivered in other U.S. settings, but at lower cost.
- Workforce development programs within the communities achieve two goals: providing work opportunities and cultivating a culturally competent workforce.
- A national system for collaborative learning, anchored in the health center mission and culture, has contributed to the continuous improvement of care among U.S. health centers.
- In addition to assuring accountability through a nationally-defined set of performance measures and a uniform data reporting system, effective health centers have an intense focus on local, data-driven continuous quality improvement.

Primary care is delivered through facilities referred to as “community health centers” in many low-, middle-, and high-income countries. These health centers represent a variety of models in diverse settings around the world. An understanding of the current structure and function of community health centers in the U.S., including innovative approaches to quality improvement, may be useful to those working to refine primary care delivery elsewhere. The U.S. has a nationwide network of over 1,400 community health centers (technically designated as FQHCs) that are partially funded by the U.S. Department of Health and Human Services. Most FQHCs are private, nonprofit organizations governed by a community board of directors consisting of a majority of patient users. In addition, although they do not receive federal health center funding, FQHC “look-alikes” operate and provide services consistent with FQHC program requirements. Like FQHCs, they are eligible for reimbursement under the FQHC Medicare and Medicaid payment systems, are eligible to purchase discounted drugs under a special federal drug pricing program, and may access National Health Service Corps providers. Both FQHCs and “look-alikes” must offer a sliding fee scale to patients and families based on a percentage of the current federal poverty guidelines to minimize financial barriers to care.



With roots in social medicine and the U.S. civil rights and anti-poverty initiatives of the mid-20th century, health centers have evolved into models of comprehensive, team-based care that both reflect and enrich the communities they serve.

FQHCs are majority governed by the communities they serve, ensuring awareness of and responsiveness to local needs. At least 51 percent of governing board members must be active patients of the health center. Approximately 24 million patients in urban and rural areas are served by FQHCs, which represents about 1 in 13 Americans and 1 in 10 American children. About 62% of FQHC patients are racial and ethnic minorities. Team-based comprehensive health services at FQHCs include family medicine, internal medicine, pediatrics, obstetrics, oral healthcare, behavioral health and care management. In addition, FQHCs are required to submit annual outcome and process measures as well as demographic data on the populations they serve. Numerous research studies have concluded that the quality of primary care delivered by FQHCs is commensurate with or superior to that delivered elsewhere in the U.S., but at significantly lower cost.

By cultivating a workforce from within the communities they serve, FQHCs accomplish two key goals: assuring cultural competence among staff, and providing local education and employment opportunities. Some examples include establishing a charter high school, youth programs, and college scholarships, all designed to encourage students to pursue careers in medical professions.

Health centers pioneered a collaborative approach to quality improvement that may be adaptable to other primary care systems in other countries. By building quality improvement infrastructure, sharing knowledge among health centers and applying common frameworks to improve and measure outcomes, care for specific diseases, preventive services, and organizational processes have been enhanced and improved.

[VIDEO: Federally Qualified Health Centers](#)

[SLIDES: Federally Qualified Health Centers](#)

