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## Reform leads to bigger role for community health centers



**Angela Peterson**

**David Westmoreland, 49, of Milwaukee gets his blood pressure and pulse taken Tuesday by Quanita Dotson, clinical medical assistant at the Hillside Family Health Center.**

### **Clinics will get an additional \$11 billion over next 5 years**

By [Guy Boulton](#) of the Journal Sentinel

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Community health centers more than doubled in size in the past decade. Now they've been given the task of doubling in size yet again.

The health centers, often located in low-income urban neighborhoods and rural areas, are an overlooked component of the health care system. But they provide care to nearly 244,000 people statewide, up from 89,392 in 1999. That's roughly 80,000 people in Milwaukee, or about one in seven residents.

They also have been given a crucial role - and with it, a huge increase in funding - to help meet the expected rise in demand that will accompany health care reform.

Reform legislation allocated an additional \$11 billion for the community health centers over the next five years. To put that in perspective, the federal government now spends \$2.2 billion a year on direct support for the centers.

"It's going to be a huge opportunity," said Stephanie Harrison, executive director of the Wisconsin Primary Health Care Association, which represents the state's community health centers.

It's also going to be a huge challenge to gear up to meet the demand.

One-third to one-half of the additional 32 million people estimated to be among the newly insured by 2019 will get coverage by expanding Medicaid programs. And a large share of them will live in areas served by community health centers.

The 17 centers in Wisconsin, including four in Milwaukee, provide primary care, behavioral health services and, in some cases, dental care. They also provide social services, nutrition counseling and disease management programs, and other services.

Most of the health centers' patients are covered by state health programs, such as BadgerCare Plus, or they are uninsured. People without health insurance - about 31% of the Wisconsin centers' patients - are charged fees tied to their income.

Roughly 1,250 centers operate nationally, in more than 8,000 clinics, providing care for an estimated 20 million people. Doubling that number would mean that more than one in 10 people nationally would get care from a community health center.

"It is the only way the system is going to be able to accommodate the increase in demand," said Daniel Hawkins, senior vice president for public policy and research at the National Association of Community Health Centers.

The ambitious goal makes plain how far community health centers have come since their genesis in 1965 as part of President Lyndon Johnson's War on Poverty. But the health centers will need to find the doctors and other staff to meet that goal.

"That's the looming crisis that a lot of people worry about," Harrison said.

Family physicians, internists and pediatricians already are in short supply. And health centers will likely find themselves competing with health care systems for primary care physicians as both prepare for the increased demand in health care.

The centers also will need to hire nurse practitioners, physician assistants, dentists, psychologists,

licensed professional counselors and social workers, nurses and other staff.

"It is going to be a huge issue," Harrison said.

The health care reform legislation includes an additional \$1.5 billion for the National Health Service Corps, which provides grants for tuition or student loans to doctors, dentists and other health care professionals who work in low-income urban and rural areas.

The additional funding will enable community health centers to offer practitioners \$50,000 a year, up from the current \$25,000, in the first two years and \$35,000 a year in the third and fourth years toward repaying their student loans.

Still, working in low-income urban neighborhoods and rural areas will not appeal to many new doctors.

Recruiting staff is just one of the challenges. Most health care centers also will need to expand or build new clinics.

The health care reform legislation locks in the increased funding for the centers through the 2015 fiscal year and includes \$1.5 billion for construction projects.

"But that won't mean that we are swimming in money and that every health care center is going to get a new building," said Tom Petri, director of policy for the Wisconsin Primary Health Care Association.

Westside Healthcare Association in Milwaukee, for example, hired several new providers last year and expanded its hours.

"We put a provider in every nook and cranny we could find," said Jenni Sevenich, the center's executive director and chief executive. "Now we could not hire one more person. We just have no more space."

Westside, which operates two clinics, hopes to build a 54,000-square-foot clinic next to its main building at 3522 W. Lisbon Ave. The new clinic, nearly seven times larger than the existing one, would cost \$14.5 million. The additional federal money could make that a reality.

"We can wish," Sevenich said. "But we can't count on it."

Sixteenth Street Community Health Center, which operates two clinics and provides care for about 30,000 people, also would need additional space. So would Milwaukee Health Services, which also provides care to more than 30,000 people at two clinics. At most, it could add a few more doctors.

"It would be tight, but we could fit them in," said C.C. Henderson, chief executive of Milwaukee Health Services.

The community health center added a dental clinic to its site at 8200 W. Silver Spring Drive. It also may be close to expanding its main clinic at 2555 N. King Drive. That project would cost about \$3.7 million and take about two years to complete.

"Hopefully, there will be a realistic allocation of capital dollars," Henderson said.

The centers expect to get details this summer on how the money will be allocated.

"It's all out there in the wind and we don't have any solid numbers yet," said N. Lee Carroll, executive director of Health Care for the Homeless of Milwaukee.

In March, the health center, which provides care for about 10,000 people a year, received a new designation that will enable it to expand its focus beyond people who are homeless and provide more care to people covered by BadgerCare Plus and Medicaid.

The community health centers have been working on expansion plans with the Milwaukee Health Care Partnership, which includes the chief executives of the five health care systems in Milwaukee.

The health care systems also have increased their financial support of the health care centers, providing \$1.7 million this year, up from \$1.1 million two years ago. Just developing plans to expand or build new clinics will require time and money, which health centers might be willing to gamble on, but Henderson warned that all of the health centers will need to be prudent.

"You have to be just as careful in times of plenty as in times of scarcity, if not more careful," Henderson said.

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