

NACHC Policy & Issues Forum 2021

California CHC Top Priorities



General Community Health Center Background

- Today, roughly 1,300 community health centers (CHCs) in California provide high-quality comprehensive care to 7.2 million people – that’s 1 in 5 Californians.
- [INSERT INFORMATION REGARDING YOUR CHC.]
- Community health centers provide the full spectrum of care, from primary care to dental to behavioral health care and a variety of enabling and wraparound services.
- For decades, community health centers have provided care to everyone, regardless of their ability to pay, their immigration status, or their individual circumstances.
- In many rural communities throughout California, community health centers serve as the only source of medical and wellness care for middle- and working-class families in the region.

California Community Health Centers: Guaranteeing Equitable Access Post-Pandemic

COVID-19 Recovery: Telehealth

- When statewide shutdowns began in March 2020, California’s CHCs quickly transitioned much of their provision of care to a virtual model to ensure that their patients continued to receive vital care while limiting the risk of staff and community spread of COVID-19. [INSERT INFORMATION REGARDING YOUR CHC’S TELEHEALTH ACTIVITIES, PROVIDE DETAILS ON TELEPHONIC CARE – HOW AND WHEN IT IS USED.]
- At the peak of the pandemic before vaccines were available, California CHCs were utilizing telehealth, both video and telephonic visits, for over 60% of their patient care.
- While safe reopening has brought this volume done, much has been learned. Many patients prefer telehealth, and telehealth appointments result in far fewer missed visits. [INSERT STORIES PATIENTS MAY HAVE SHARED WITH FRONTLINE WORKERS.]
- Telehealth has the potential to be the great equalizer, eliminating long-standing barriers to care like transportation, childcare, and work schedules. [INSERT INFORMATION REGARDING BARRIERS YOUR PATIENTS FACE THAT MAKE TELEPHONIC CARE CRITICAL.]
- Federal leadership will be critical to supporting these policies and encouraging state Medicaid agencies across the country to do everything in their authority to support future telehealth innovation.

CHC Request on Telehealth

- To guarantee these innovations also continue in the Medicare program post-pandemic and can be utilized as part of the long road to an equitable recovery, federal action is needed.
- With many Medicare telehealth flexibilities set to expire at the end of the PHE, it is crucial that the following policies be continued and ultimately made permanent to ensure equitable access to telehealth:
 - Recognize health centers as distant site providers;
 - Remove originating site restrictions to allow for care regardless of the patient location;
 - Ensure payment at the FQHC Prospective Payment System (PPS) rate; and
 - Permit health centers to continue providing audio-only telehealth visits for patients.

- There are a number of current bills that would address these priorities. They include the CONNECT for Health Act (H.R. 2903/S. 1512), the Protecting Access to Post-COVID-19 Telehealth Act (H.R. 366), and the HEALTH Act (H.R. 4437).

COVID-19 Recovery: Workforce

- The silver lining of the COVID-19 pandemic is the public recognition of and efforts to address the systemic inequities in healthcare access. CHCs play an integral role in advancing more equitable delivery of care, especially for the BIPOC community.
- The pandemic laid bare the worsening workforce challenges that existed before 2020: provider wellbeing, burnout, competitive labor market, early retirement, and high educational costs that inhibit the growth and diversification of culturally competent health professionals.
- California's CHCs require more staff, especially primary, behavioral, and allied health professionals.
- Sustainable federal investments are needed to meet patient needs and become an employer of choice. **[INSERT INFORMATION REGARDING YOUR CHC'S PHYSICAL CAPACITY, INCLUDING LIMITATIONS AND GROWTH PLAN.]**
- When most people think about the health care workforce, they think about doctors and midlevel providers who provide care directly to patients, but behavioral and allied health professionals are equally important.
- We are seeing shortages across all levels of the care team, in particular these two disciplines.
- **[INSERT INFORMATION REGARDING THE CRITICAL ROLE & DIVERSITY OF YOUR BEHAVIORAL AND ALLIED HEALTH PROFESSIONALS]**
- Throughout California, CHCs are experiencing challenges in recruiting and retaining staff, who are limited in supply and enticed to work in non-CHC settings to quickly repay educational debt. **[INSERT INFORMATION REGARDING YOUR CHC'S UNIQUE WORKFORCE CHALLENGES]**

CHC Request on Workforce

- Invest in innovative solutions that address CHC recruitment and retention challenges during the current competitive labor market. In particular, consider ways to leverage new scholarship funds, tax credits, and loan offerings that are utilized by other federal entities, such as the Reserve Officers' Training Corps (ROTC) scholarships, Veterans Administration home loans, etc.
- Reserve additional funding for health professions education and training. Support is needed to create enhanced pipelines for community health workers, behaviorists, medical assistants, behavioral health assistants, and nurses and that place a priority on racial, ethnic, cultural, and linguistic sensitivity.
- With funding now secured for National Health Service Corp and Teaching Health Centers, congressional workforce investments must expand to acknowledge the full care team.