IMPLEMENTING HEALTH REFORM

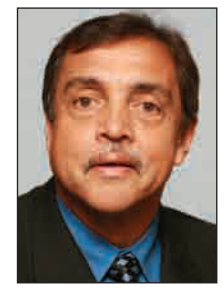
Community Health Centers

The Affordable Care Act includes $11 billion in new funding to significantly expand the reach of federally qualified health centers, known as community health centers. The bulk of the funding, $9.5 billion, will be used to fund new health centers and to expand patient capacity at existing centers. Over the next 5 years, that funding is expected to double community health center capacity to about 40 million patients. The first $1 billion in funding is being distributed this year.

Dr. Gary Wiltz, who runs a network of community health centers in rural Louisiana, explains how the new funding and other provisions of the ACA will impact primary care in underserved areas.

CARDIOLOGY NEWS: The ACA would help expand services to an additional 20 million patients. Will that begin to address the need for primary care services in underserved areas?

Dr. Wiltz: It most definitely will. This funding, if it's fully implemented, will help us to get close to 40 million patients who don't have a regular source of medical care or a medical home, by 2015. We'll have the largest network of primary care providers in the nation. Along with that funding, there is a tripling of funding for the National Health Service Corps, which also will help to address the shortage of primary care providers. But we're certainly not going to solve all of the nation's ills. If we continue to invest in building capacity and getting folks good primary, comprehensive preventive care where they live, we can solve some of these problems by getting them out of the emergency department.



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DR. WILTZ

CN: Where are the greatest unmet needs?

Dr. Wiltz: One of the things we see a lot in our practice is that people go without care because they don't have insurance. They come in for just acute, episodic care and they do it in the emergency department, which is the most expensive care they can get. If you don't have a payer source, it's very difficult to navigate the system. Even if you have insurance, a lot of people don't know how to navigate the system. That's why we want to be their medical home. What we attempt to do is provide a wide array of services in one place.

CN: The ACA also includes funding to develop medical residency programs at community health centers. What is the advantage of offering training through health centers?

Dr. Wiltz: A few years ago, the National Association of Community Health Centers (NACHC) came up with the idea of "growing our own." I'm an internist, and it wasn't until I got into a community health center setting that I recognized that where you can make a difference is in outpatient primary care clinics. So we came up with the idea of NACHC U. We started with a dental school. Now it's spread to a medical school model. The natural progression was to offer a residency training program. So in the ACA, lawmakers included a provision that's specific to teaching in community health centers. In the last round of funding, several centers received funds. This introduces residents to primary care where the needs are the greatest. But most importantly, it increases the number of primary care residencies. ■

DR. WILTZ *is CEO of Teche Action Clinic, a network of community health centers based in Franklin, La., andis also the treasurer and a member of the executive committee of NACHC.*