

The Role of Community Health Centers in Providing Safety-Net Access to Health Care

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The number of Community Health Centers (CHCs) has grown over the past decade and is expected to grow due to funding from the Patient Protection and Affordable Care Act. This paper examines the relationship between CHC availability and use of ambulatory health care among nonelderly people, especially those who are uninsured or insured through the Medicaid or Children's Health Insurance Program (CHIP). Data come from the 2005-2008 National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS). We use the Dartmouth Institute's Primary Care Service Areas (PCSAs) as our measure of market areas, and examine the increase in CHCs by PCSA over the 2005-2008 time period using patient zip code of residence from the NAMCS/ NHAMCS and geo-coded information on the location of all CHC delivery sites in the U.S. Using a difference-in-differences approach with area and time effects, we investigate how the increase in the number of available CHC delivery sites within PCSAs affect the site of care (physician office, hospital outpatient department (OPD), hospital emergency department (ED), or CHC) for all ambulatory care visits, and for visits due to "ambulatory care sensitive" (ACS) conditions. We find that the uninsured and those on Medicaid/CHIP were more likely to have ambulatory care visits at a CHC or an ED compared to others. Even in the short 2005-2008 time period, the proportion of visits that took place at CHCs increased from 2% and 3% of uninsured and Medicaid/CHIP visits to nearly 6% and 10%, respectively. The probability that a Medicaid/CHIP or uninsured ambulatory care visit took place in an ED decreased by 0.1 percentage point for each additional CHC delivery site in a PCSA. The effect for ACS visits is larger for Medicaid/CHIP providing significant evidence of substitution of Medicaid/CHIP ambulatory healthcare visits between CHCs and EDs.