

Ready for ACA? How Community Health Centers Are Preparing for Health Care Reform

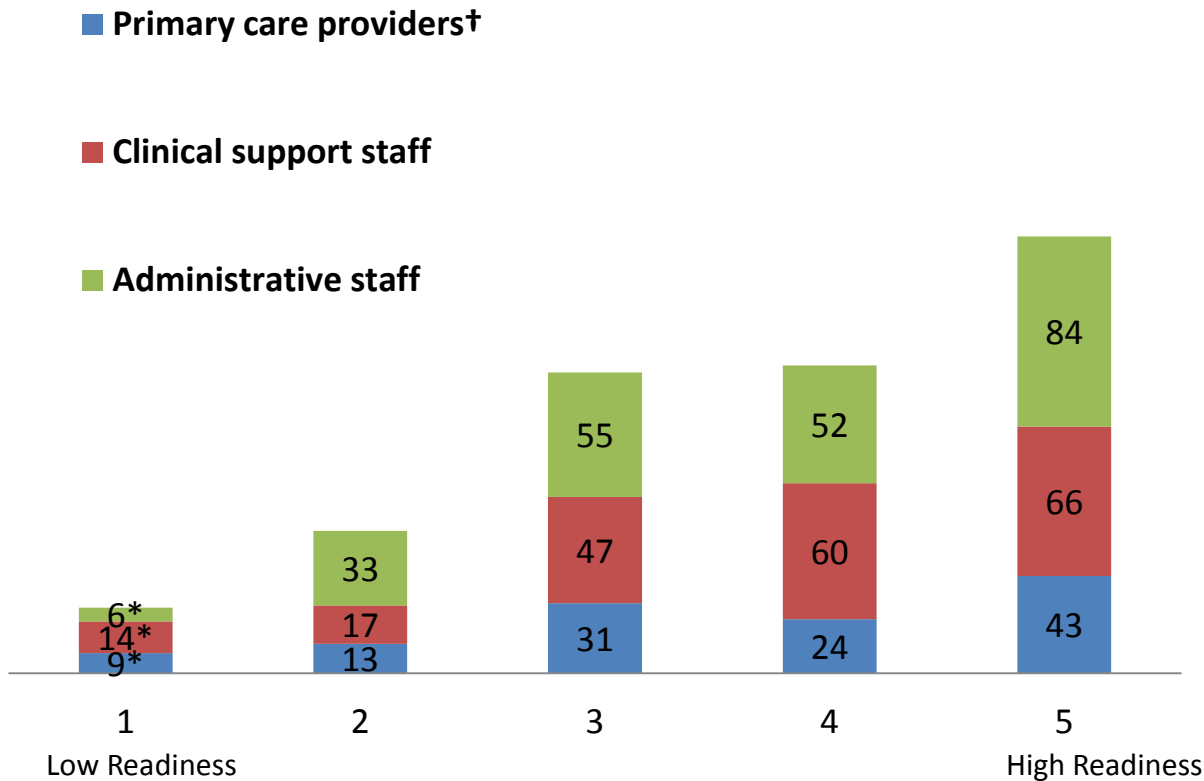
Appendix

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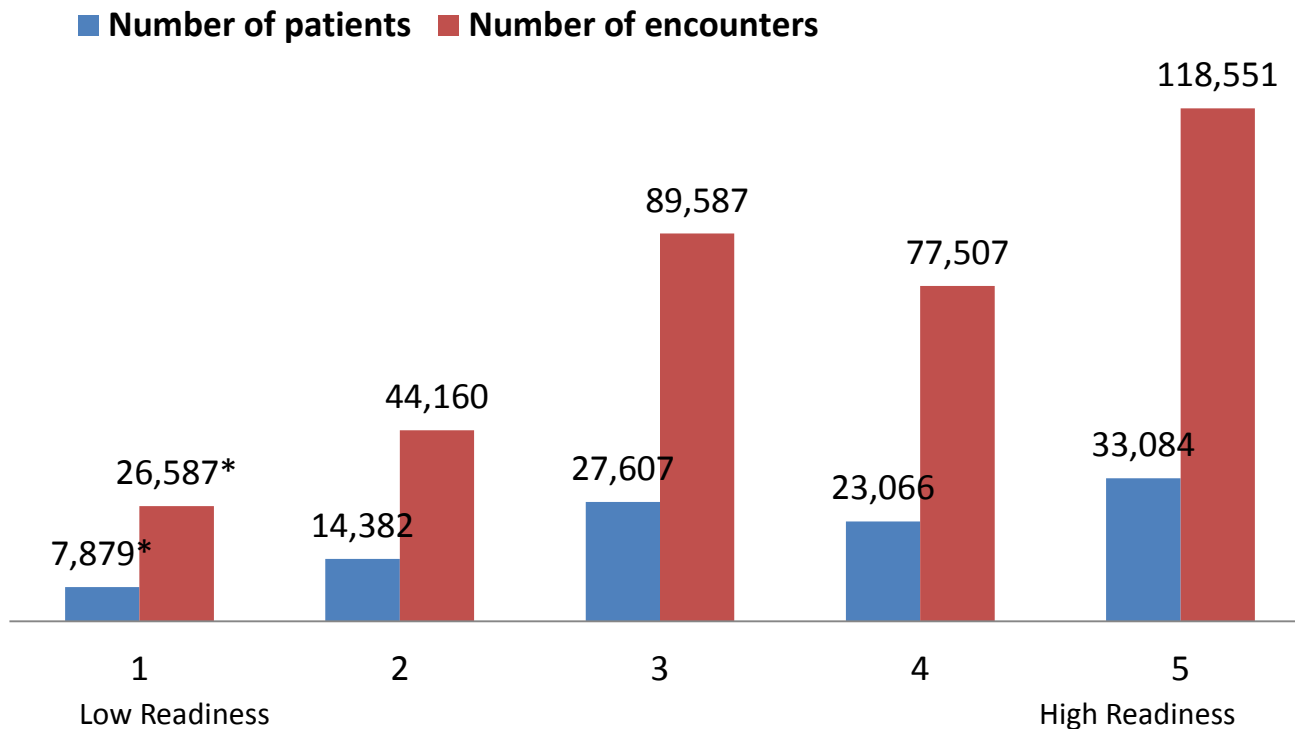
ACA-Ready Community Health Centers Have More Providers



The “most ready” CHCs are larger organizations with more full-time equivalent primary care providers and clinical and administrative support staff than the “least ready” CHCs on average.

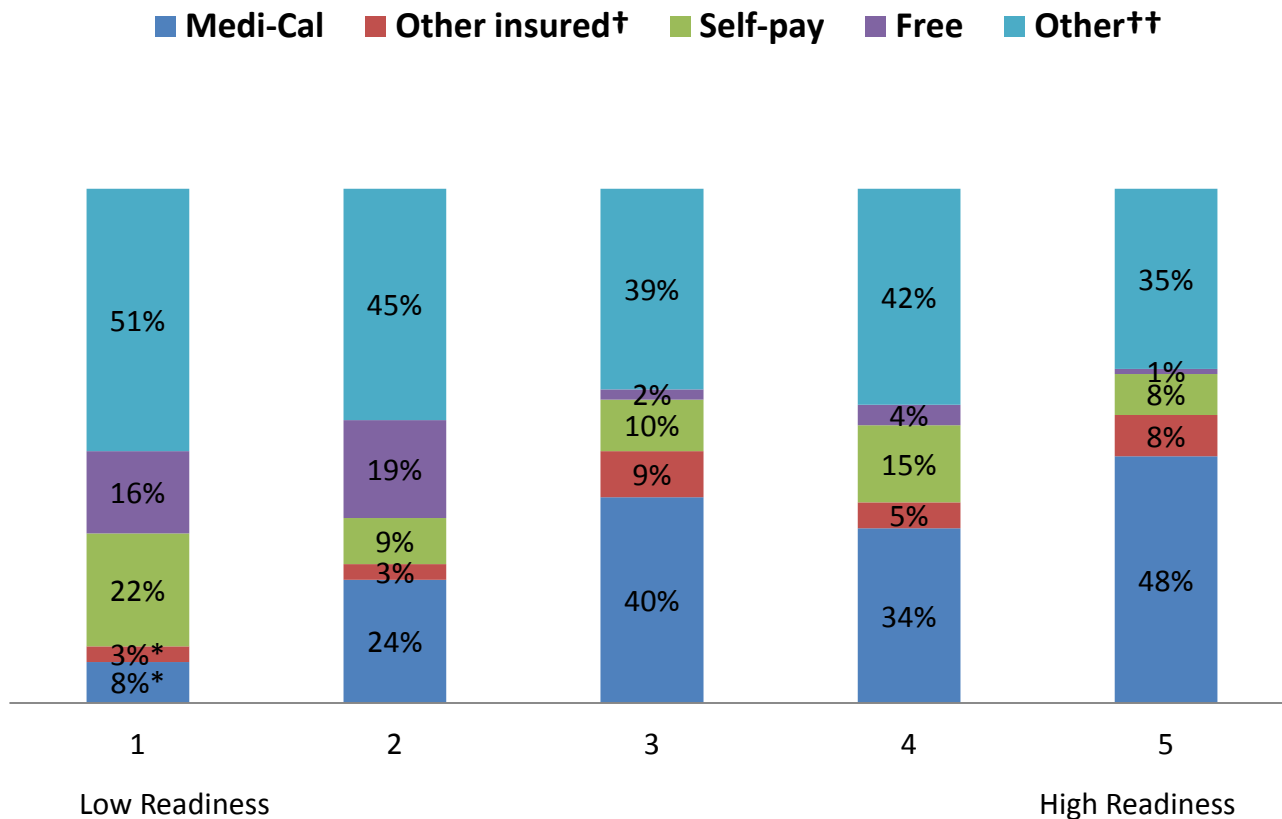
Source: UCLA analysis of 2012 primary care clinic utilization data from the Office of Statewide Health Planning and Development (OSHPD).
 †Primary care providers include all providers who can independently deliver care (billable encounters), including physicians, physician assistants, nurse practitioners, nurse midwives, visiting nurses, dentists, registered dental hygienists, psychiatrists, clinical psychologists, and licensed clinical social workers.
 *Significantly different from Level 5 CHCs ($p < .05$).

ACA-Ready Community Health Centers Have More Patients



Larger organizations with more providers and staff can provide more visits to more patients. The “most ready” CHCs had at least four times more patients and encounters than the “least ready” CHCs.

ACA-Ready Community Health Centers Have More Medi-Cal Patients



ACA readiness is associated with a greater proportion of encounters covered by public and private insurance, which supply a more consistent revenue source than self-pay, free, or other types of payers.

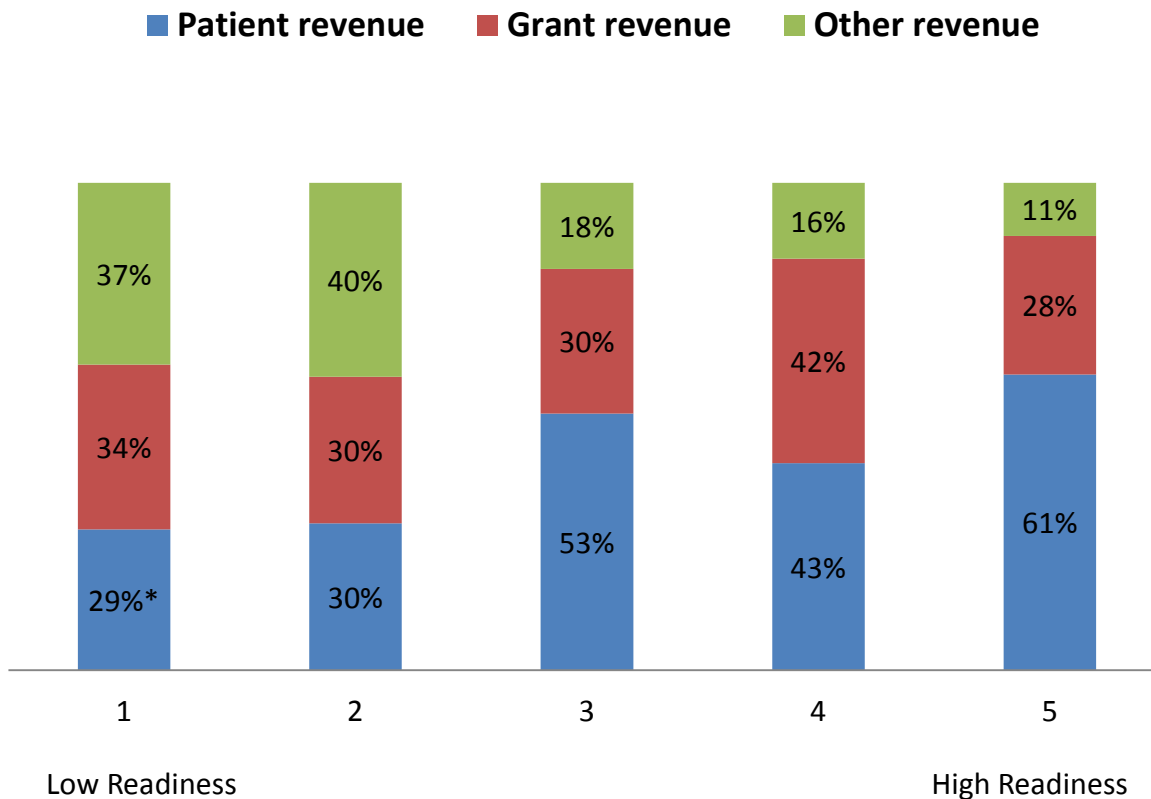
Source: UCLA analysis of 2012 primary care clinic utilization data from the Office of Statewide Health Planning and Development (OSHPD).

†“Other insured” includes Medicare, Healthy Families, and privately insured.

††“Other” includes county indigent care programs and non-comprehensive health coverage programs, including breast cancer programs, Family PACT, the Child Health and Disability Prevention Program, and the PACE Program.

*Significantly different from Level 5 CHCs ($p < .05$).

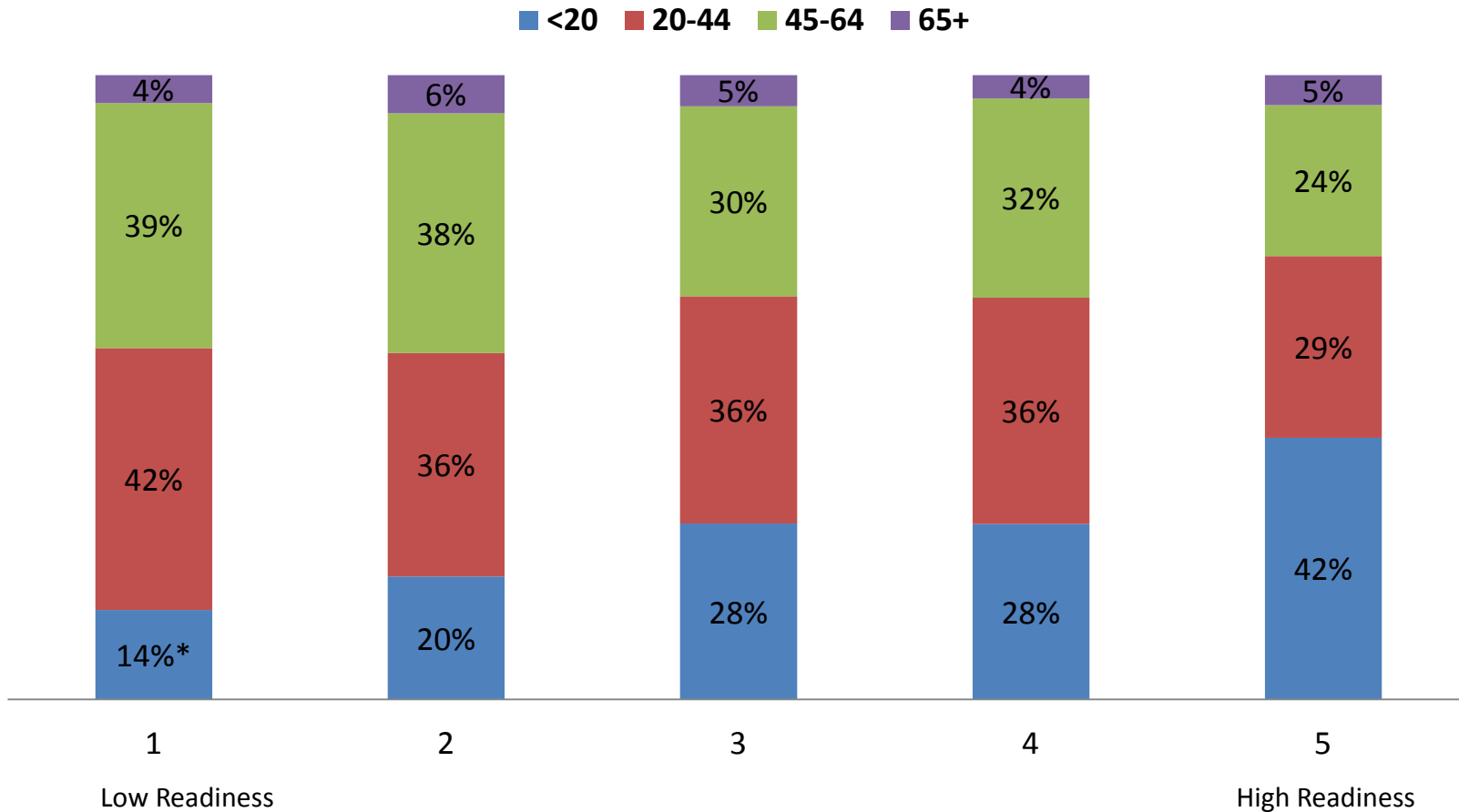
ACA-Ready Community Health Centers Have More Patient Revenues



The “most ready” CHCs generate significantly more revenue from the patients they serve and may rely less on other funding sources.

Source: UCLA analysis of 2012 primary care clinic utilization data from the Office of Statewide Health Planning and Development (OSHPD).
*Significantly different from Level 5 CHCs ($p < .05$).

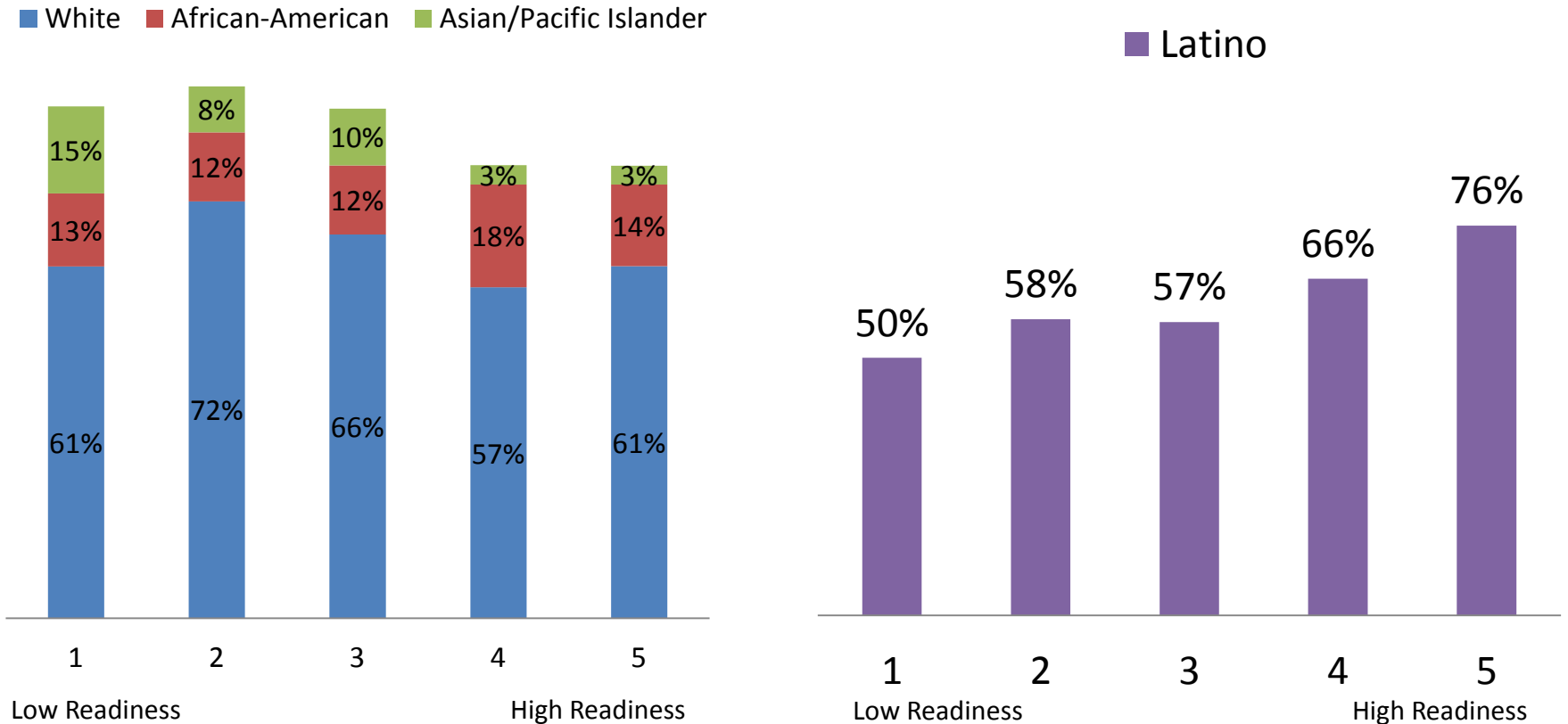
ACA-Ready Community Health Centers Serve More Children



Source: UCLA analysis of 2012 primary care clinic utilization data from the Office of Statewide Health Planning and Development (OSHPD).

*Significantly different from Level 5 CHCs ($p < .05$).

Community Health Center Patients are Racially and Ethnically Diverse

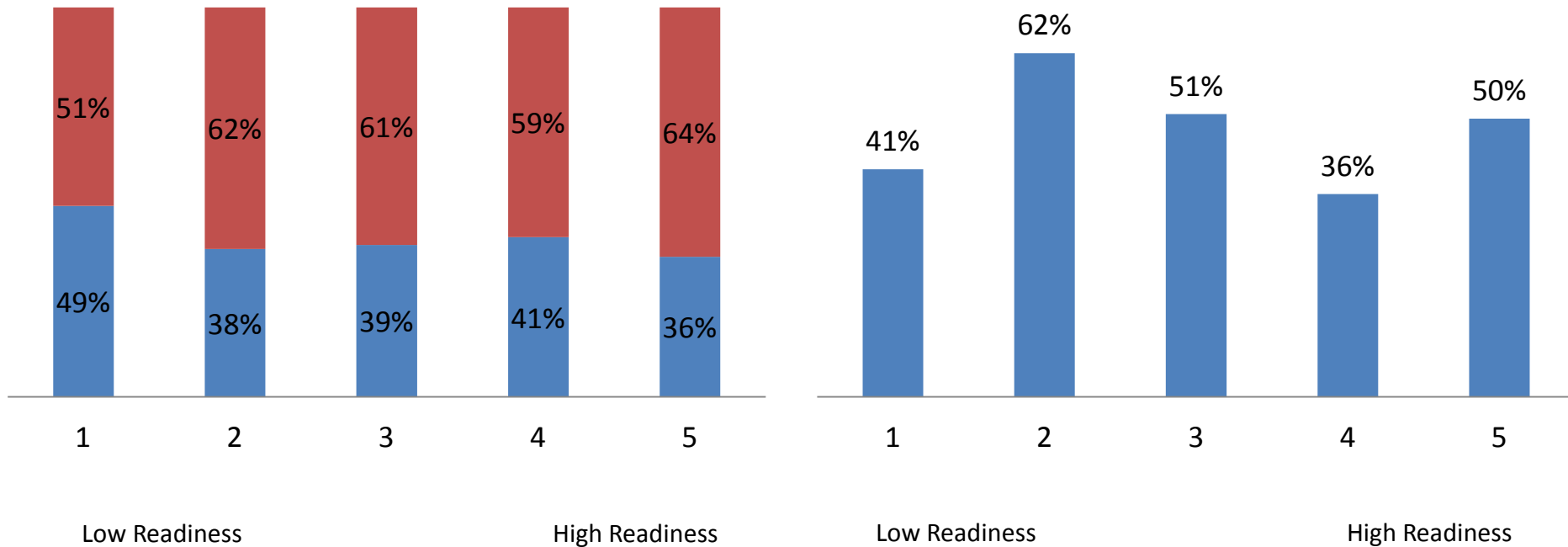


Source: UCLA analysis of 2012 primary care clinic utilization data from the Office of Statewide Health Planning and Development (OSHPD).

Most Community Health Center Patients are Female and Many Have Limited English Proficiency

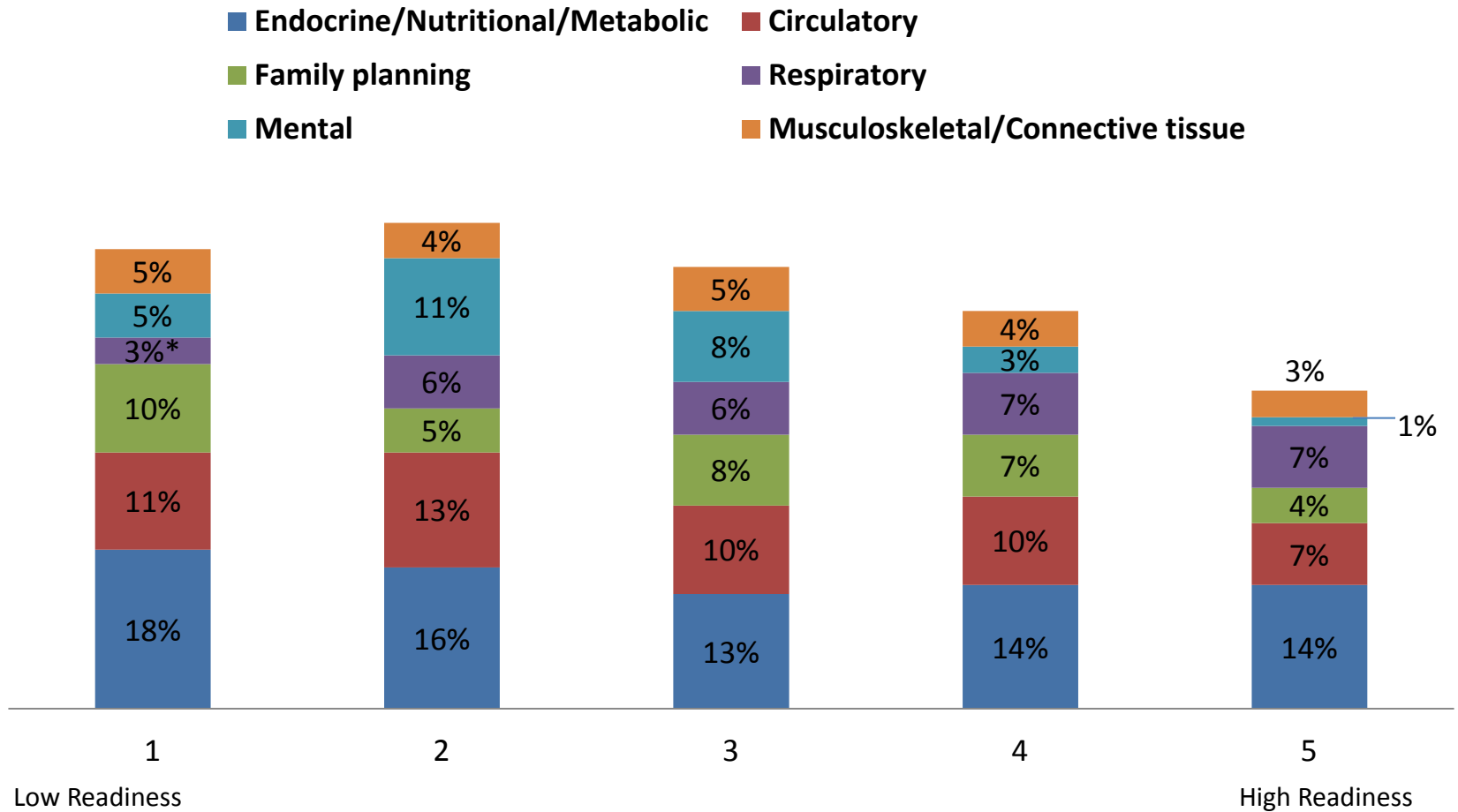
■ Male ■ Female

■ % of patients with limited English proficiency



Source: UCLA analysis of 2012 primary care clinic utilization data from the Office of Statewide Health Planning and Development (OSHPD).

Community Health Centers Most Frequently Treat Endocrine and Circulatory System Issues



Source: UCLA analysis of 2012 primary care clinic utilization data from the Office of Statewide Health Planning and Development (OSHPD).