



The Greater Houston Primary Care Safety Net

Post-COVID Growth and Challenges

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Special thanks to the following sponsors



Research Team



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Our heartfelt gratitude to the health center leaders and staff surveyed for this study, who provided updated performance data supporting this report, and who generously shared both their accomplishments and their challenges in providing greatly needed services to the un- and under-insured residents of our communities.



Executive Summary

The primary healthcare safety net is a vital resource for un- and under-insured individuals and families who are challenged to access affordable healthcare services.

This is particularly true now, as Texas' already large population of un- and under-insured residents grew to include the more than 2 million people who have been disenrolled from the state Medicaid program after federal COVID pandemic rules lapsed.

For nearly a decade, a collaboration of foundations based in Harris County, Texas have been tracking the state of the primary care safety net in the region and making strategic investments to support its growth. Recognizing the massive impact of the pandemic both economically (fewer patient visits) and psychologically (provider burnout), in 2023 these funders sought a landscape assessment of safety net providers to understand the extent to which health centers had recovered from the pandemic and whether their services had changed. Accordingly, this report documents the state of the primary care safety net in the region in 2022. Unlike prior assessments, this study expands its view beyond Harris County, capturing a comprehensive snapshot of safety net health centers serving the un- and under-insured across a five-county region, including Harris, Montgomery, Fort Bend, Brazoria, and Galveston counties.

Emerging from the COVID pandemic, the safety net has grown in
terms of clinic locations and patient volume. But significant challenges
- including serious gaps in specialty care and difficulties in recruiting
and retaining staff - remain.

Highlights of the assessment include:

- + Access to affordable health care has improved as some health centers have added clinic locations and expanded hours of service, allowing patients the opportunity to access care on weekends or in the evening.
- + Nearly 60% of health centers saw their patient volume return to pre-pandemic levels. Taken together, almost 800,000 patients were served by health centers across the 5-county region, a 15% increase over 2019.
- + Core health center services remain the same and many health centers are augmenting their behavioral health and women's health services in response to growing demand. However, patient access to specialty care remains a significant gap.
- + The vast majority (87%) of health centers are now screening patients for non-medical driver of health (NMDOH) needs. In response, many have established programs to address the most critical issues, primarily related to food insecurity and transportation.

- + Health care centers are facing some operational challenges. Attracting physicians and front line staff, and especially behavioral health and bilingual staff, has become significantly more difficult and more expensive post-COVID. Additionally, for many health centers, revenue growth has not kept pace with rising costs, including salary increases. Since 2021, health center expenses increased between 12% and 17%, depending on the size and type of health center.

"We have had a huge influx of new patients during and since COVID, and expect an even bigger increase in patient volume this year." ~ Health Center CEO



Introduction

Research Purpose

In 2008, an assessment of safety net health providers in Harris County identified a significant gap between the need for primary care and the supply of primary care services. This resulted in significant philanthropic investment in the safety net sector to increase access and build the capacity of primary care providers to offer high-quality, comprehensive healthcare. In 2015, another assessment was conducted to determine the extent to which those investments had strengthened the primary care sector. The positive results of that study catalyzed a new period of investment and bi-annual assessment to track the growth and changes among providers over time.

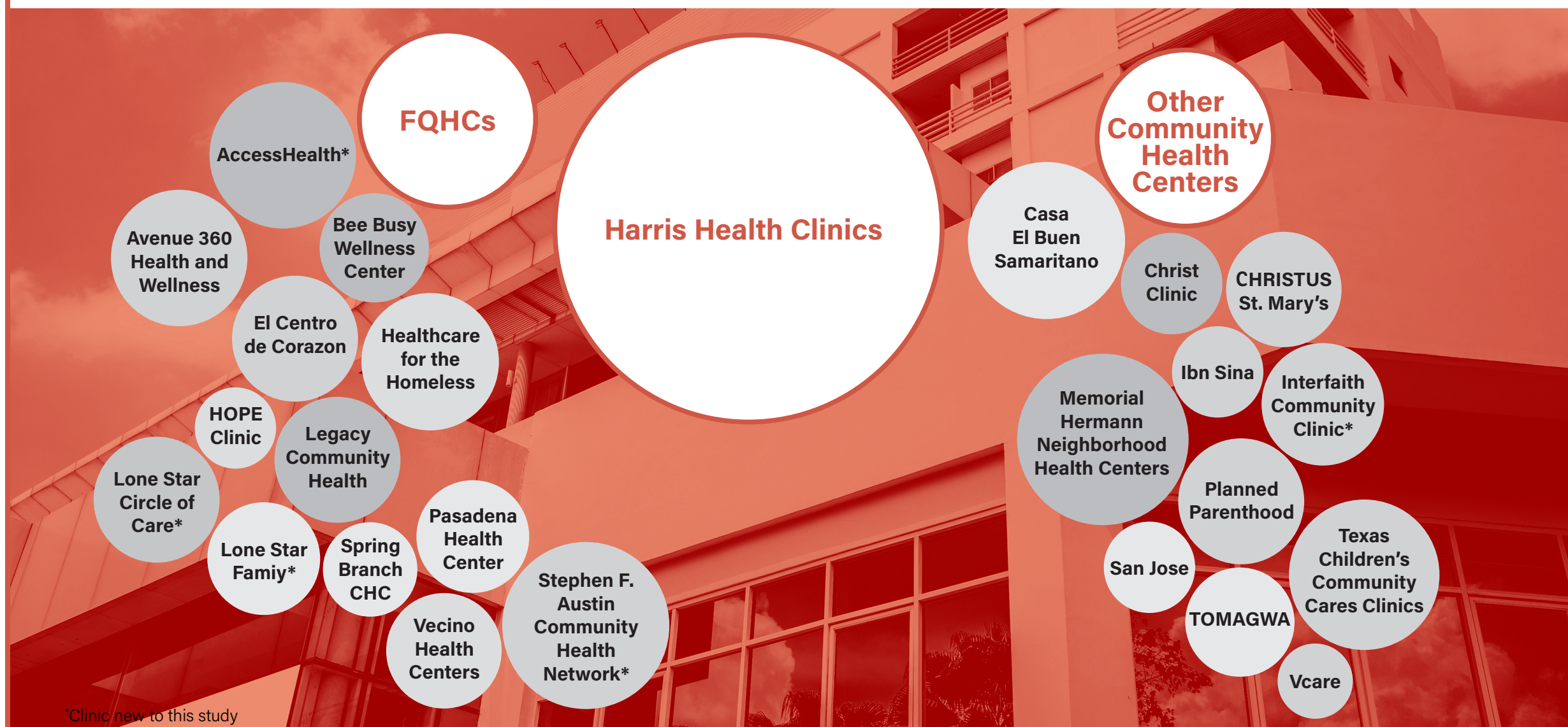
This landscape assessment of the safety net sector is the fourth iteration of the study, building on studies conducted in 2016, 2018, and 2021. However, this study is unique in expanding its view to include the healthcare safety net in Harris County, and four adjoining counties, including Montgomery, Fort Bend, Brazoria and Galveston.

In 2022, a total of 28 safety net health centers were identified as operating in the five-county region. All were invited to participate in the study, which included completing a survey that collected primarily quantitative data about days and hours of operations, services, patients served, staffing, health programming, use of technology, and finances for 2021 and 2022. Additionally, health centers were asked to complete a one-hour interview to clarify their survey responses and discuss any critical changes and/or future plans for their organization. This report highlights findings for the 23 (82%) health centers that participated in the study.¹

¹For health centers that did not participate, their clinic locations were identified via their websites and limited publicly available patient enrollment and financial data gathered through the Health Resources and Services Administration (HRSA) website was included in total patient volume and expenses reported.

Health Centers that Participated in This Study

Three types of health centers were included in the study: Federally Qualified Health Centers (FQHCs), community clinics operated by Harris Health Hospital District, and other health centers which focus on serving the un- and under-insured. Although health centers were not required to participate, health center engagement was quite strong, resulting in a comprehensive snapshot of health centers serving the un- and under-insured in the region.



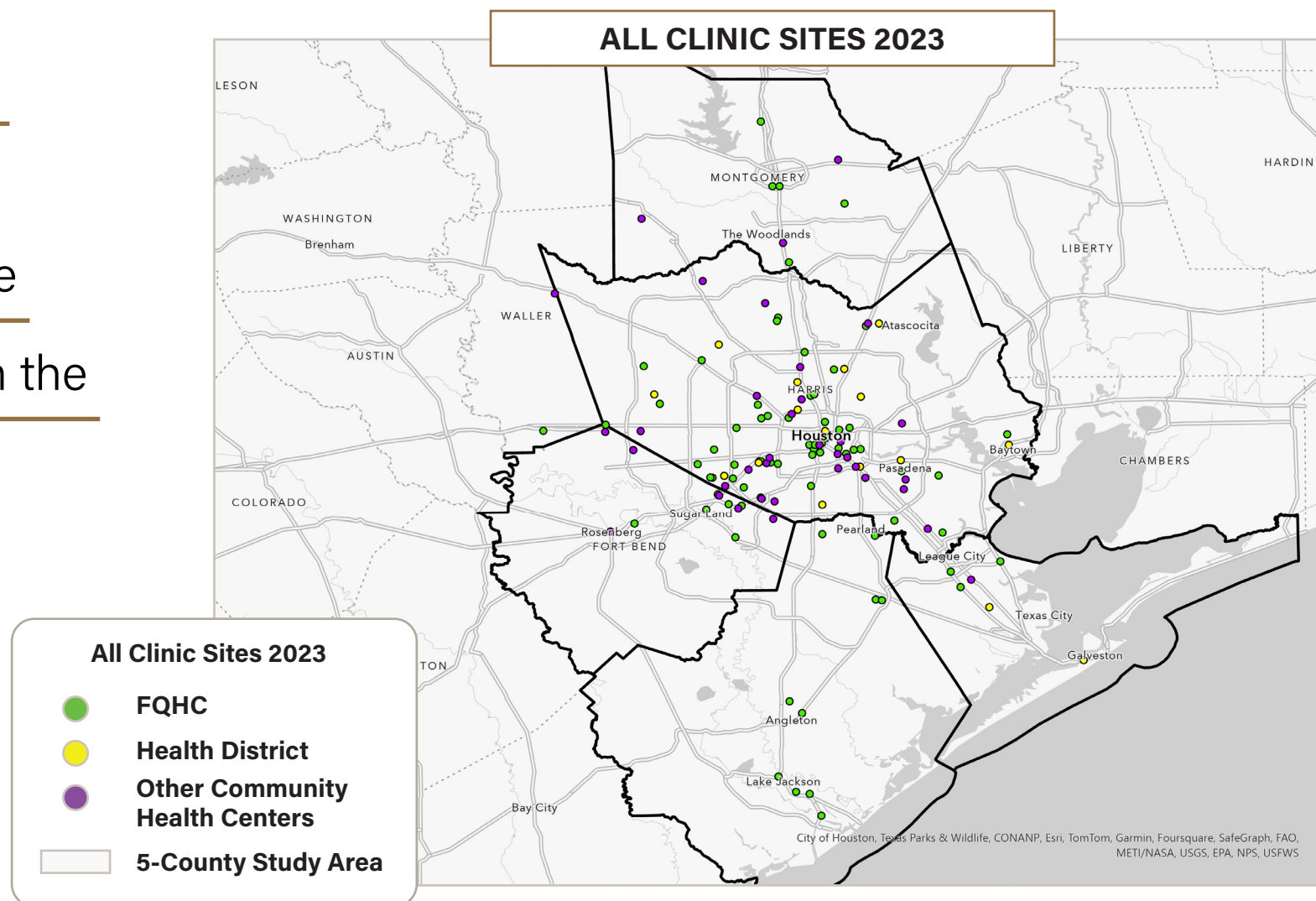


Accessibility and Patients Served

Primary Care Accessibility

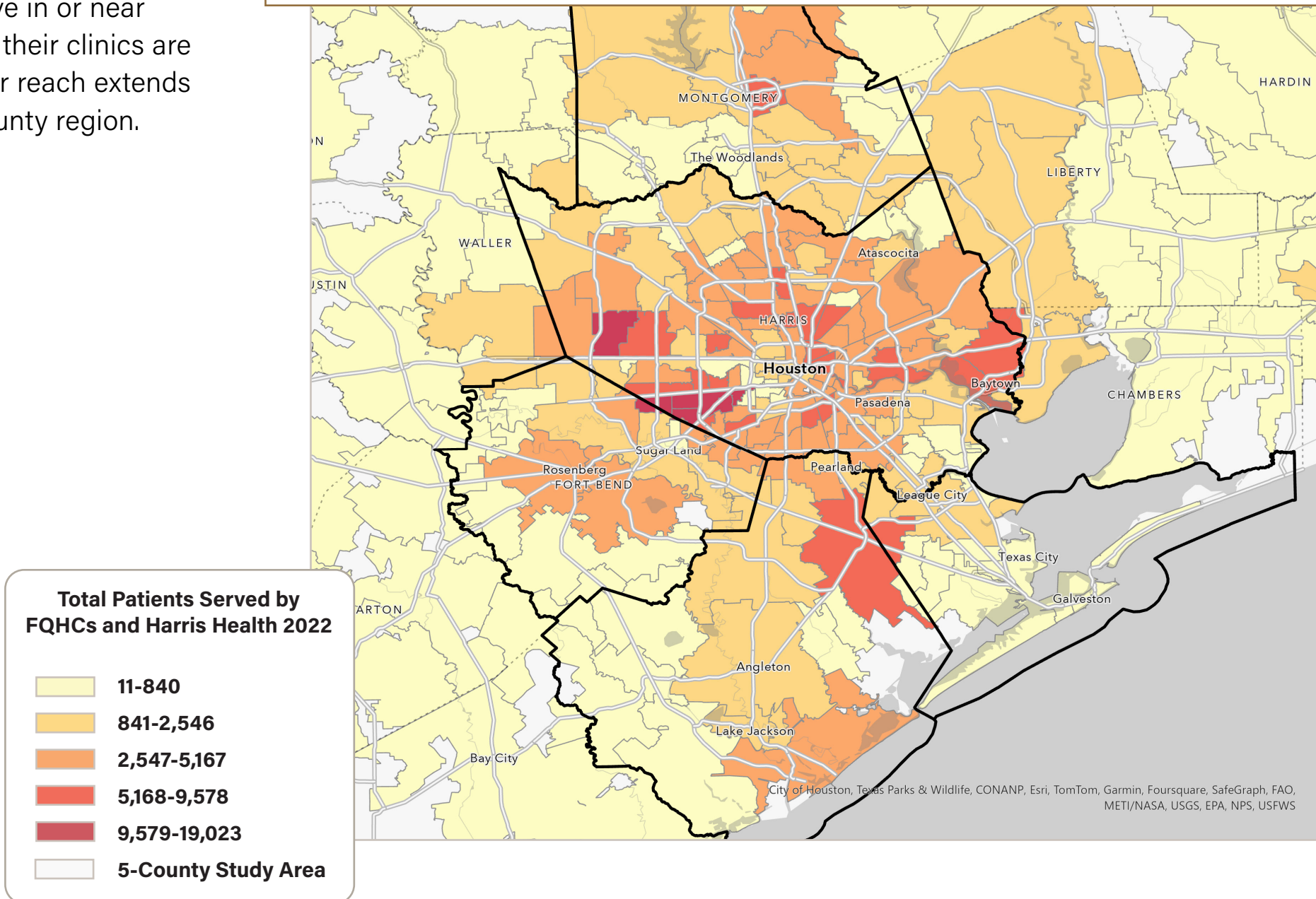
The 28 health centers serving the five-county region operated a total of 131 clinic sites in 2023, a net increase of four locations since 2021. Additionally, to make it easier for residents to access care outside of the standard workday, 48% of clinic sites now are open after 6:00pm on weekdays, up from 30% two years ago, and 43% of clinic sites offer weekend hours. Overall, there is good healthcare coverage in the more densely populated areas of the region -- especially in central and southwestern Harris County -- though residents who live on the outer edges of each county must travel some distance to access care.

Even with increases in clinic sites and expanded hours, health center leaders still see significant unmet demand in the communities they serve.



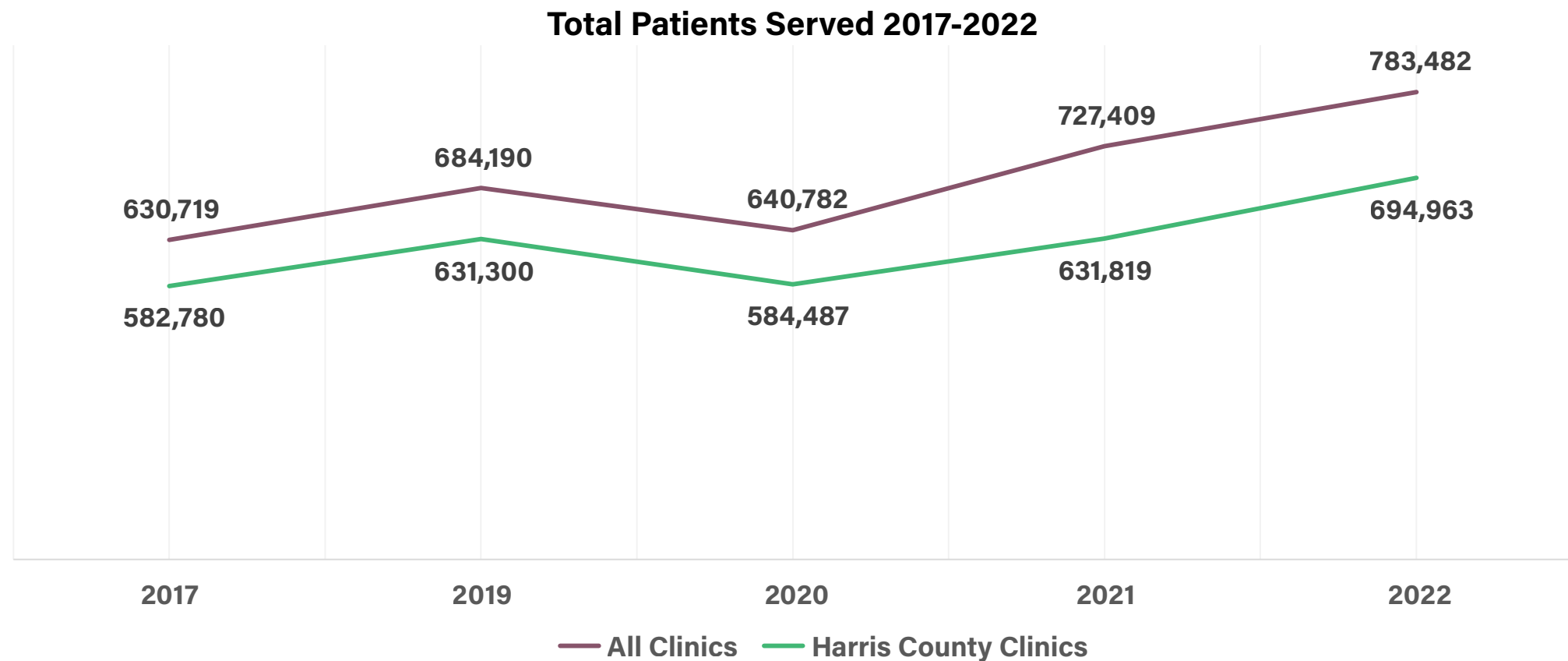
While each health center serves the eligible residents that live in or near the communities where their clinics are located, collectively their reach extends well beyond the five-county region.

GEOGRAPHIC REACH OF ALL PATIENTS SERVED BY FQHCs AND HARRIS HEALTH, 2022



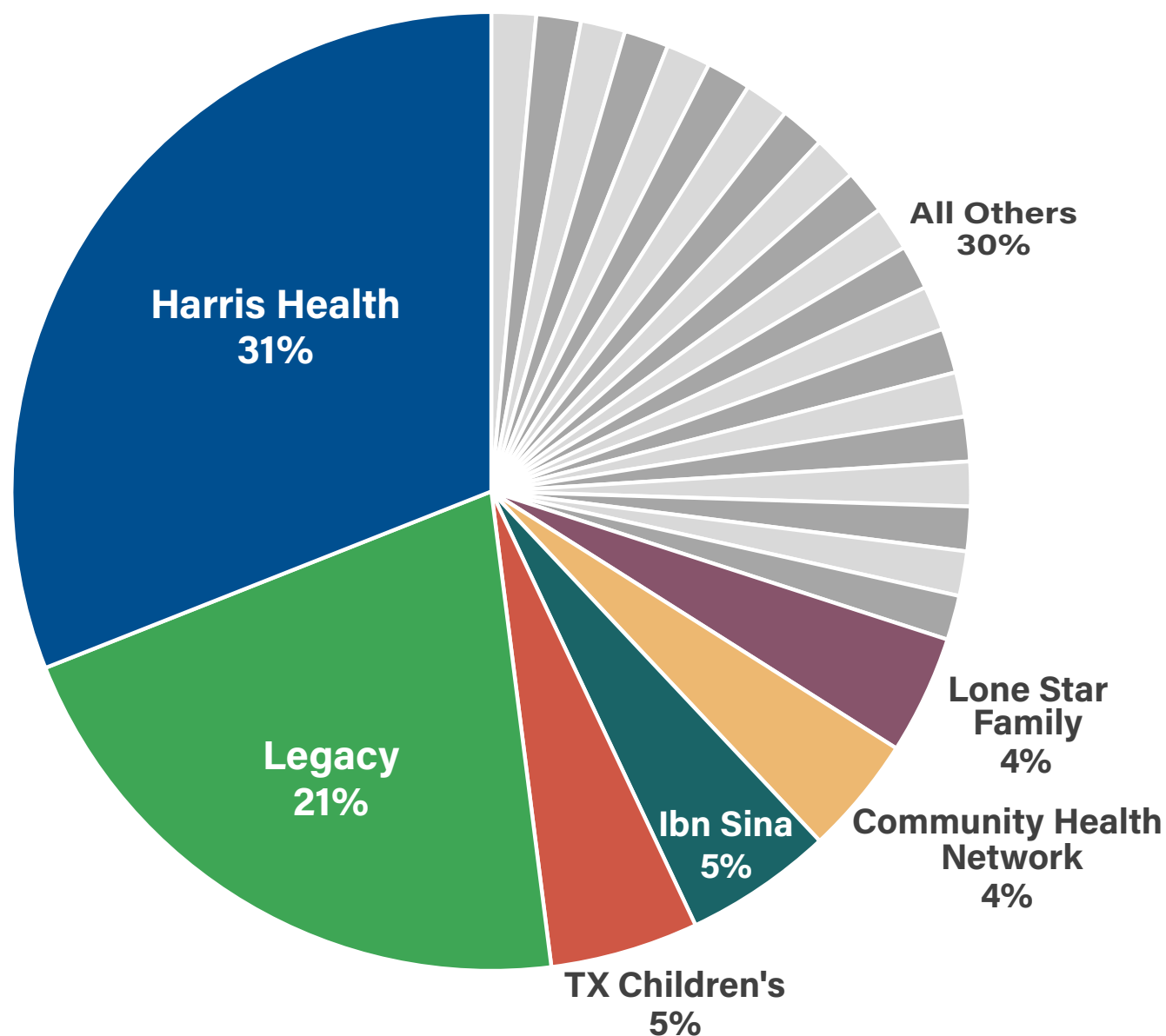
Patient Volume

Overall, 2022 patient volume has returned to pre-pandemic levels, with nearly 800,000 patients served by health centers across the five-county region, a 15% increase over 2019. However, patient gains were not realized by every health center. Generally, Federally Qualified Health Care Centers (FQHCs) and, to some extent, cash clinics realized gains in patients while patient volume at charity clinics and other health centers have stayed constant or declined compared to pre-pandemic levels. The ability of FQHCs to recover more quickly post-COVID is due in part to federal COVID funding that helped to alleviate staffing and service challenges. Cash clinics like Ibn Sina also fared well during COVID by continuing to provide services such as COVID testing and vaccinations to patients during the pandemic. By keeping their doors open during COVID, these health centers were able to serve more patients, filling the gap in care left by other providers who were forced to shut their doors or operate at reduced capacity.



Looking at 2022 patient volume by health center, Harris Health’s community clinics and Legacy Community Health are the largest providers in the region, having served more than half of all patients in the five-county region in 2022. Large FQHCs operating in Brazoria County (Community Health Network) and Montgomery County (Lone Star Family Health Center) and two other health centers not traditionally thought of as part of the primary care safety net - Texas Children’s Community Cares Program Clinics and the Ibn Sina Foundation – were the next largest providers of care in the region, collectively serving nearly 20% of all patients.

Share of Patients Served Among All Providers in the Five-County Region 2022



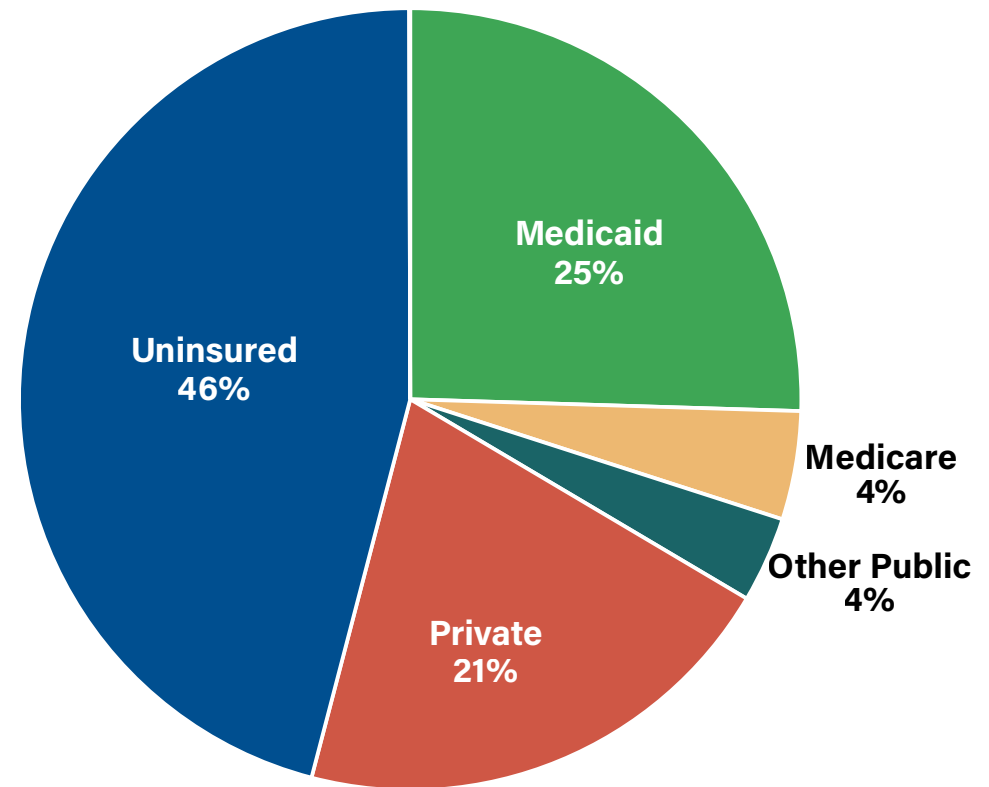
Patients Served

The make-up of patients seeking care at safety-net health centers has not changed appreciably since 2017. The majority (64%) are adults between the ages of 19 and 64, with youth (aged 18 and under) accounting for just over a quarter (26%) of all patients. Though seniors (65+) remain a small percent (10%) of patients served, there has been a steady but incremental increase in the number of seniors served by these health centers over the past four years. In regard to race and ethnicity, more than half of all patients identify as Hispanic or Latino; roughly 20% of patients identify as Black or African American; and 13% identify as White or Anglo. Only a small percent (5%) identify as Asian.

Patients who are un-insured still make-up the largest portion of patients served by health centers in this study. However, efforts to diversify payer sources by FQHCs and Harris Health have resulted in an increase in patients who have some health coverage, such as Medicaid or private insurance.

Efforts to diversify payer sources have resulted in an increase in patients who have some health coverage. As a result, in 2022, 46% of patients served by health centers in this study were uninsured, down from 60% in 2017.

All Health Centers: Payer Mix 2022



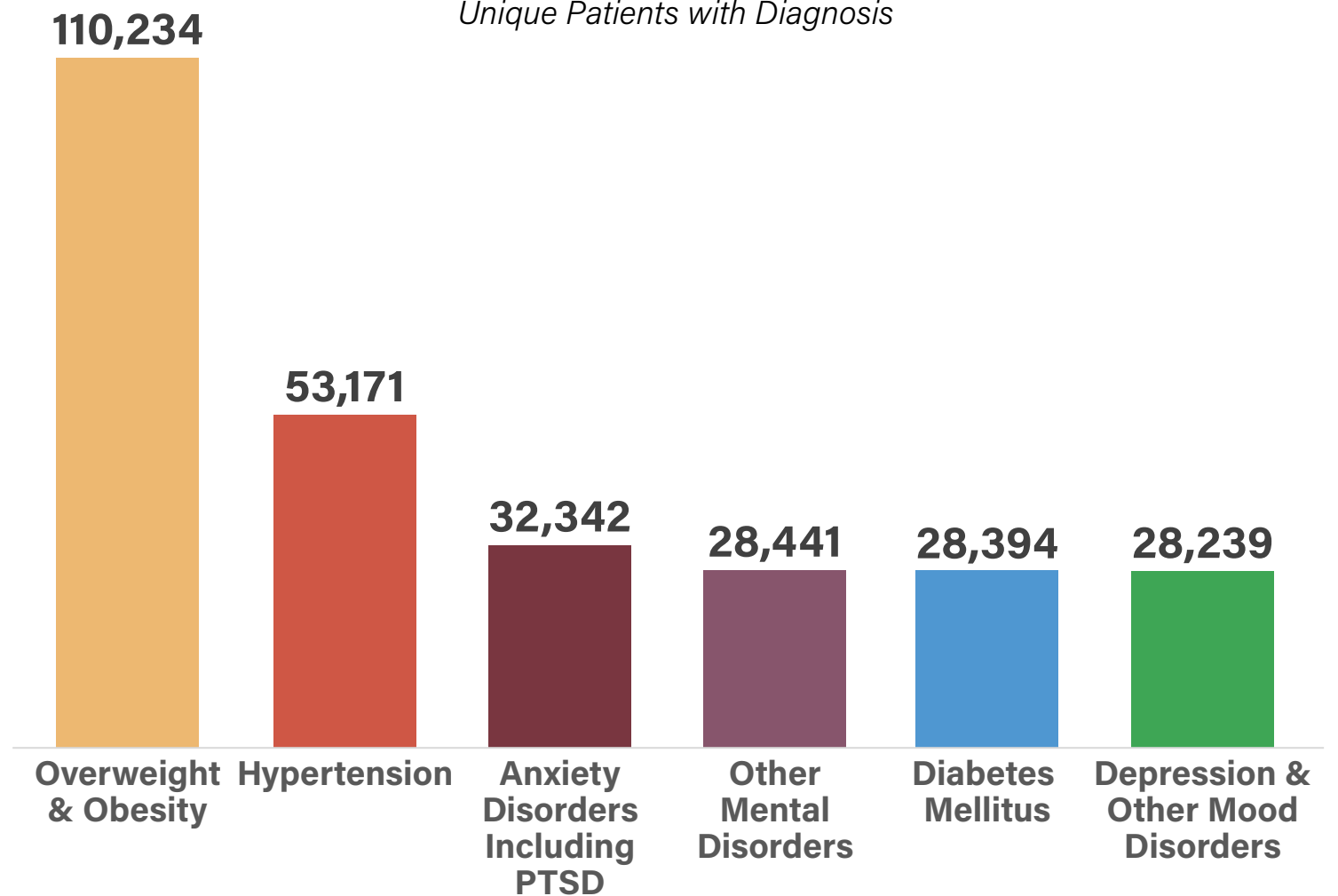
Patients seeking care at safety net health centers typically present with complex medical needs with a high prevalence of chronic conditions such as obesity, hypertension, and diabetes. In recent years, the incidence of behavioral health disorders, which were exacerbated by the COVID pandemic, has been on the rise. Indeed, in 2022, anxiety and other mental health disorders surpassed diabetes as a top diagnosis among patients seeking care at FQHCs. While capacity to provide effective behavioral health services is improving, the increase in demand for behavioral health services far exceeds current capacity, especially as it has become more difficult to hire behavioral health providers, and especially bilingual providers.

“Behavioral health needs have really increased, so we have an initiative to integrate behavioral health into all of our practice locations and train all of our providers on how they can treat behavioral health issues in a primary care setting.”

~ Health Center CEO

Top Diagnoses at FQHCs in 2022

Unique Patients with Diagnosis










A photograph of two young women, one with her arm around the other, overlaid with a green grid. The woman on the left is looking slightly upwards and to the right with a gentle smile. The woman on the right is looking down and to the left with a more serious expression. They are both wearing light-colored, textured tops. The background is a soft, out-of-focus indoor setting.

Services and Challenges

Health Center Services

Core health center services – primary care and dental care - remain consistent. However, driven both by community need and their own need to diversify and improve revenue streams, health centers are expanding their service offerings, notably in behavioral and women’s health.

A notable change to services is how health centers are leveraging new technologies to improve access and enhance management of chronic care conditions. For example, Texas Children’s is piloting AI scribe technology to assist with record-keeping and note taking, allowing physicians to better focus on the patient; Community Health Network has developed an app to increase patients’ access to behavioral health supports; Planned Parenthood is utilizing telehealth to provide asynchronous prescription renewals, making it easier for patients to access prescriptions; and Vecino has begun using remote monitoring technology to track A1C for patients with diabetes, with good effect.

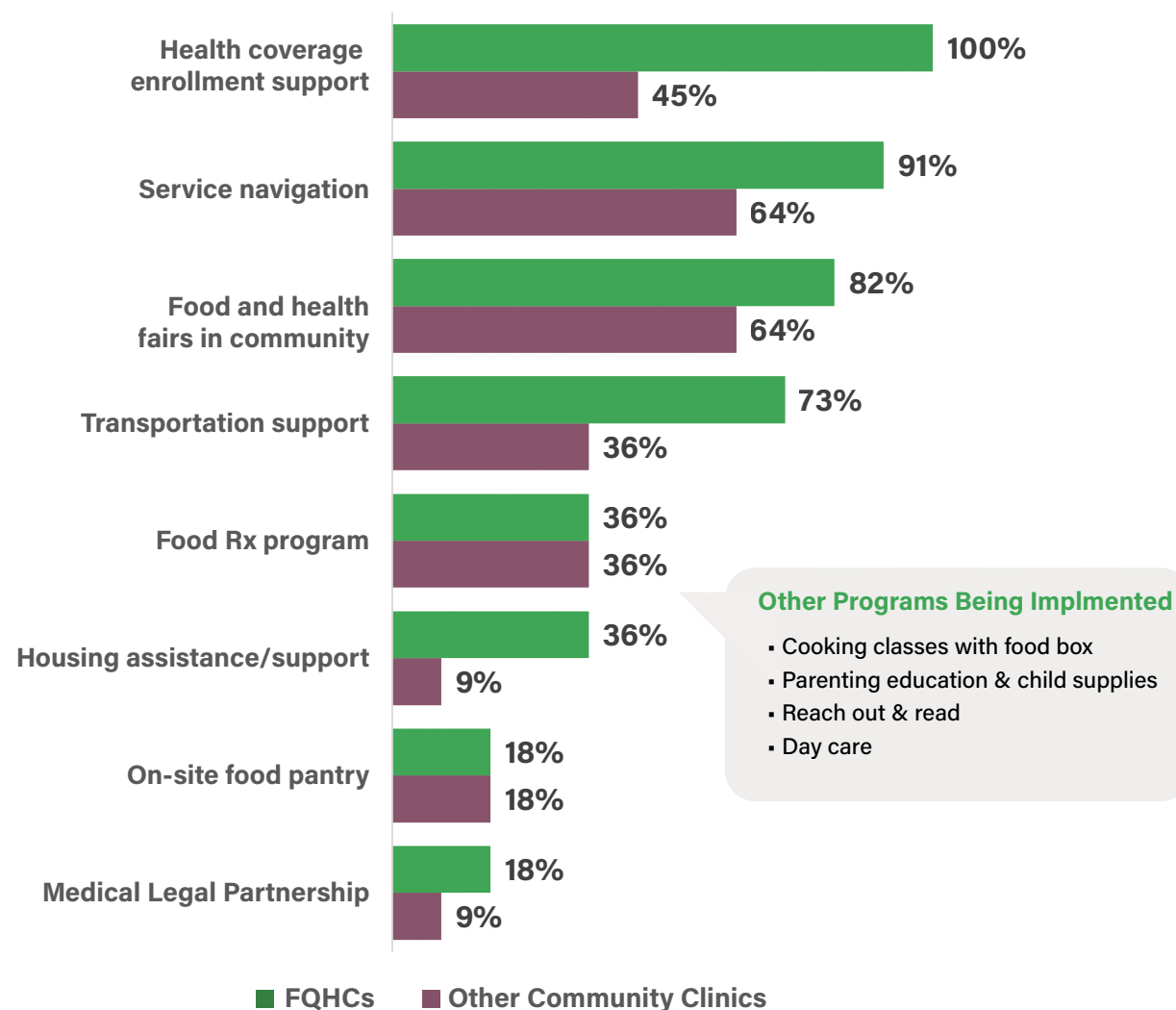
	FQHCs (N=11)	Harris Health Clinics (N=14)	Other Nonprofit Health Centers (N=11)
 Primary Care	100%	100%	100%
 Chronic Disease Management	91%	71%	91%
 Dental Care	91%	36%	45%
 Vision Care	27%	79%	18%
 Behavioral Care: Counseling or Psychiatry	100%	93%	45%
 Women’s Health: Well Woman and Prenatal Care	82%	64%	9%
 NMDOH Screening	100%	100%	73%

Non-Medical Drivers of Health

With growing awareness and understanding about the impact of economic, social, behavioral, and environmental factors (NMDOH) on health risks and outcomes, health centers in the region are increasingly focused on identifying and addressing NMDOH needs. In 2023, 87% of health centers in the study were screening patients for NMDOH needs, and 91% were providing at least one program to address non-medical needs of their patients or the broader community.

“We opened a daycare center at the clinic initially to help adults who had to bring their kids with them to their appointment. But we quickly realized that child care was a need for all families in our community, so we grew the program to accommodate the community’s need.” ~ Health Center CEO

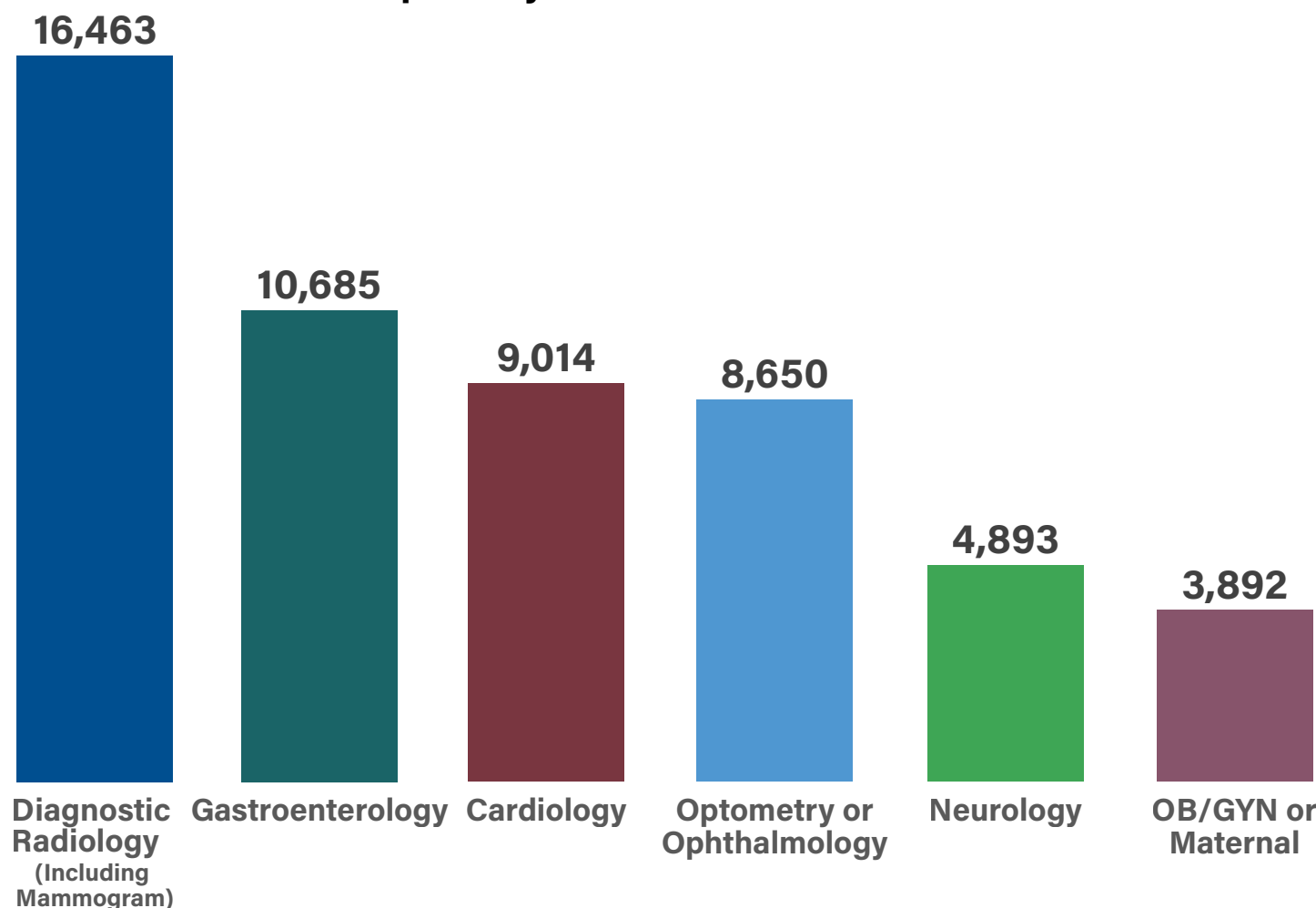
NMDOH Programs Offered by Health Centers



Specialty Care

Patient access to specialty care remains a critical challenge for the health care safety net. While patients in Harris County have access to some specialty services through the Hospital District, demand outpaces supply of specialty care providers, creating a months-long wait for most services. For patients living outside Harris County, a dearth of affordable specialty care providers makes access even more difficult. While some charity clinics can provide specialty access through volunteer physicians, capacity is limited. Given the important role that specialists play in diagnosing and managing chronic conditions, the need to close the specialty care gap becomes more urgent.

Specialty Care Referrals in 2022



“Connecting the uninsured to specialty care is a problem.

We can provide more specialty care than others, but there are just no options if you need surgery or have cancer.”

~ Health Center CEO

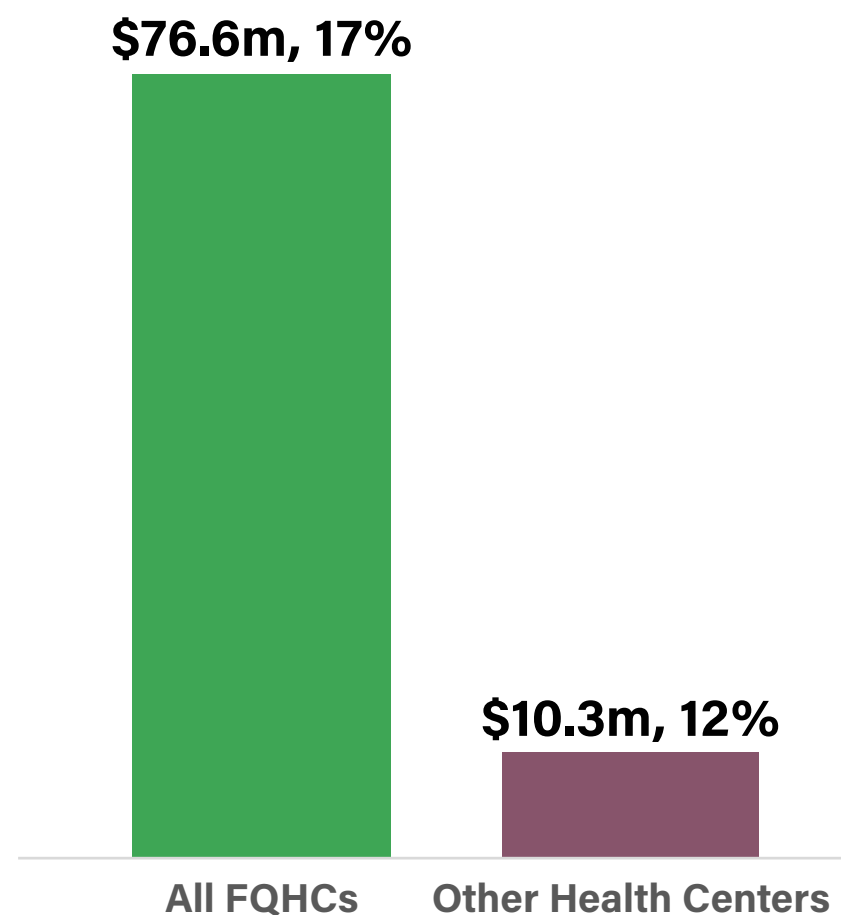
Challenges

Securing stable funding to serve the un- and under-insured is a difficult task, but in 2023, many health centers were facing additional operational and financial hurdles, especially in regard to hiring and retaining staff. Recruitment of affordable, mission-focused physicians has always been challenging; however, in the post-COVID environment, higher compensation expectations from providers and increased competition from hospitals better able to meet salary demands has resulted in skyrocketing staffing costs for health centers. Staff positions that are hardest to secure include behavioral health providers, medical assistants, and front line staff, especially those with bi-lingual abilities.

“Staffing costs have skyrocketed. Together with our challenges to recruit staff, our capacity to serve more patients may be diminished, with related impacts on our finances.” ~ Health Center CEO

In addition to staffing costs, general inflation has also contributed to increases in health center operating costs. Since 2021, total health center expenses have increased between 12% - 17%, depending on the size and type of health center. In 2021 and 2022, FQHCs received federal COVID and American Rescue Plan funding, which helped to ameliorate rising costs, but with the end of this funding stream, health centers must now find opportunities to boost revenue to balance increased expenses.

Change in Annual Expenses 2021-2022



A photograph of a man wearing a straw hat and a patterned shirt, smiling and hugging a young child with curly hair. The child is wearing a patterned shirt. The background is bright and out of focus, suggesting an outdoor setting. The image is framed by a dark teal border.

Conclusion

Health Center Perseverance

Safety net health centers in the five-county region have weathered the storm of COVID and persevered in growing their capacity to serve more patients with comprehensive care. As a result, they have increased the number of people served and have added new services with the potential to address specific health concerns and enhance overall patient health.

“We want to be seen as a top health center offering holistic care, and we are progressing slowly towards this goal.” ~ Health Center CEO

However, critical challenges to the safety net remain. Lack of access to specialty care, a long time area of concern, has mushroomed into an urgent need, especially in light of the increasing prevalence of chronic health conditions. The increasingly difficult task of hiring and retaining staff poses threats to existing capacity, and related increases in costs are straining health center budgets. Strategies to increase revenues will be needed in order to maintain the capacity of the safety net.

