



# Primary Care Capacity Assessment for Central Texas

The lack of timely access to primary care among the un- and under-insured population leads to greater health care debt and poorer health outcomes compared to those individuals with adequate insurance.<sup>i</sup> St. David’s Foundation and Episcopal Health Foundation sought to identify the capacity of the Central Texas region to address the primary care needs of its un- and underinsured residents, identifying needs and gaps in services. Decision Information Resources, Inc. (DIR), with support from Working Partners, LLC, was contracted to conduct the Primary Care Capacity Assessment in Central Texas Through this assessment, twenty-two clinics with over one hundred sites were identified that address the medical, dental, and mental health needs of this population. These clinics served over 315,000 patients in 2022 with more than one million patient visits. FQHCs are the main providers of care, comprising 50% of the sites and accounting for 82% of the patient visits. However, charity clinics also fill a gap, especially for non-native adult uninsured patients. Local Mental Health Authorities provide essential behavioral and mental health and substance abuse treatment, along with some integrated care services. The assessment identified gaps in geographic availability, an increased need for dental and mental health services, and a lack of consistent attention to non-medical drivers of health needs.

## Introduction

The Primary Care Capacity Assessment (PCCA) was initiated to evaluate the healthcare landscape for un- and under-insured residents in Central Texas. Central Texas encompasses five counties: Bastrop, Caldwell, Hays, Travis, and Williamson. The region has a mix of urban and suburban areas around Austin and outlying rural areas. Additionally, Travis County has a hospital district, Central Health, that is not available in surrounding counties.

PCCA aimed to gather detailed data on the services provided by various types of clinics, including Federally Qualified Health Centers (FQHCs), hospital-affiliated clinics, charity clinics, Local Mental Health Authorities (LMHA), and other specialized clinics. The assessment focused on multiple aspects of primary care, including medical, dental, and mental health services, to provide a comprehensive overview of the healthcare ecosystem to foster a more resilient and equitable healthcare system in Central Texas. The PCAA includes **22** clinics that operate **108** primary care sites.

## Patients Served and Visits

In 2022, Central Texas clinics served 317,201 patients with over 1 million patient visits. FQHCs served 82% of the patients and accounted for 90% of patient visits. Although Charity Clinics, LMHA, and Other clinics accounted for only 10 percent of all patient visits combined, they contribute specific services or address a specific population. Approximately 75% of patient clinic visits were for medical services. The remainder is split among dental services (11%), behavioral and mental health services (13%), and other services (1%).



## Primary Care Clinics—Focus of Different Clinic Types

**FQHCs** – Across **5 Clinics** and **57 Sites**, they offer **medical, dental, and behavioral health services**, targeting individuals with Medicaid, and those who are underinsured, and uninsured. They are more likely to treat children and are publicly funded.

**CHARITY CLINICS** – Across **7 Clinics** and **9 Sites**, they offer a variety of services, targeting primarily uninsured individuals. They typically treat **adults and non-native English speakers**.

**HOSPITAL -AFFILIATED**  
**3 Clinics** and **22 Sites**. Service not confirmed.

**LMHAs** – Across **3 Clinics** and **12 Sites**, they primarily provide **behavioral and mental health services**. They treat patients with and without insurance and are publicly funded.

**OTHER CLINICS** – Across **4 Clinics** and **8 Sites**, services are often focused on one area: **dental, medical, or women’s health**. They treat mostly adult patients with and without insurance. Clinics have federal grants or other funding sources.



## Clients Served



**FQHCs serve children at almost twice their rate in the Central Texas population. Charity clinics disproportionately serve adults ages 18-64 years and women.**

**FQHCs serve nearly twice the percentage of children compared to the Central Texas population.** Despite FQHCs seeing a higher proportion of children, they also provide substantial care to adults. Charity and Other clinics see a smaller proportion of children and seniors compared to the general population of Central Texas.

**Almost all patients at charity clinics (95% of patients) are adults (18-64 years).** Charity clinics are also most likely to treat women (78% of patients). Other clinics are more likely to treat transgender individuals compared to FQHCs, charity clinics, and LMHAs in Central Texas.

**In addition to some specific population focus, different clinics offer varying hours of accessibility.** Other clinics often provide extended hours and weekend availability to accommodate patients with less flexible work schedules. Charity clinics often do not operate normal business hours five days a week. FQHCs, Charity clinics, and Other clinics are more likely to offer services outside of standard business hours, although staffing and cost constraints limit these extended hours.

## Primary Care Services



Services other than medical are also provided by primary care clinics, with a growing demand.

**Most abundant DENTAL CARE provided by FQHCs and Manos de Cristo.** Most clinics report a growing need, as well as being unable to support more services due to the facilities and staffing. Some of the Charity and Other clinics provide services; however, the volume is small.

**WOMEN'S HEALTH supported by FQHCs, Planned Parenthood, and additional clinics.** Services at non-FQHCs cover primarily women's wellness examines. Pregnant women being served at non-FQHCs are typically referred to other clinics where they are eligible for insurance.

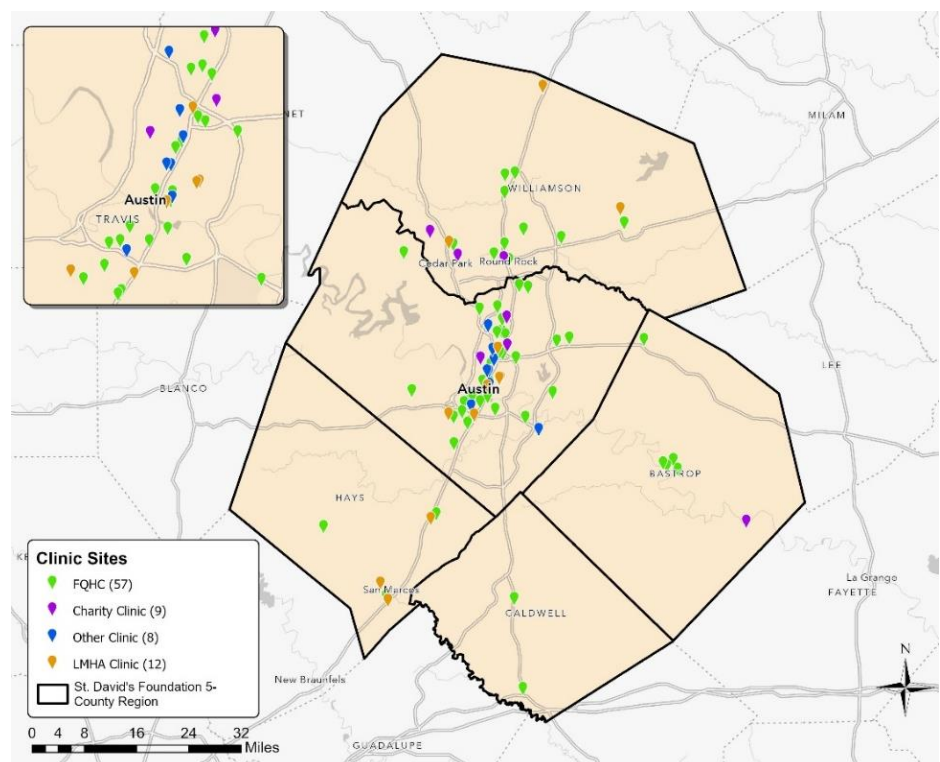
**Most clinics support FOOD SERVES and NUTRITION EDUCATION.** Many clinics support food and nutrition needs by teaming with farming groups and collaborating with food pantries. Clinics provide education to patients with diabetes and in some cases pre-diabetes. There is no evidence that any of the clinics offer a dedicated diabetes prevention program.

**MENTAL HEALTH services available in some capacity at many clinics.** Clinics report growing demand for mental health services. They commonly use telehealth, noting that staffing with professionals is challenging.

## Geographic Accessibility

**Clinic sites are clustered along the I-35 corridor in Austin and Travis County.**

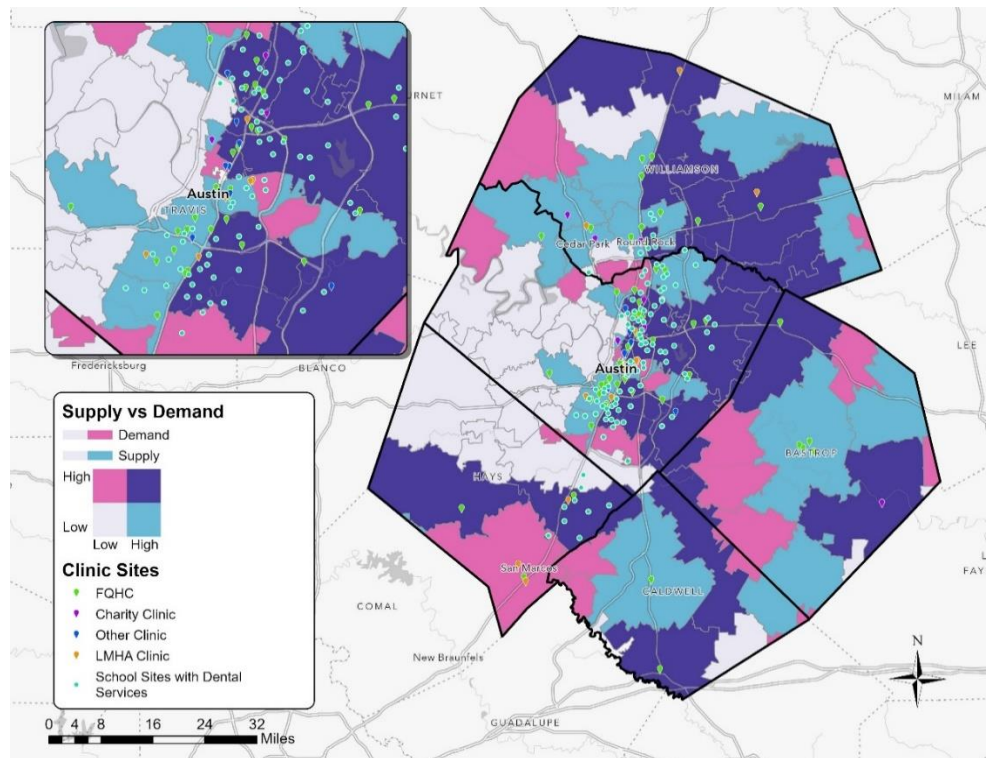
- Most primary care sites are clustered along the I-35 corridor in Austin and Travis County, with additional clusters in Williamson County.
- There are few primary care sites in Hays, Caldwell, and Bastrop Counties, with limited access provided by a few FQHCs, charity clinics, and LMHAs.



## Supply & Demand Analysis

There are gaps in primary care supply in the outskirts of the five counties, with some gaps in the heart of Austin.

- Based on the concentration of FQHC clinic sites in each ZIP code and the demand for affordable health care, a variety of income and population metrics were considered as part of the supply and demand analysis was conducted.
- Areas shaded in PINK denote locations with above-average demand for health care services but below-average supply, highlighting significant unmet needs.



## Other PPCA Findings

- 65% of clinics screen for non-medical drivers of health (NMDOH)—ranging from 50% of charity clinics to 80% of FQHCs. Food insecurity or access to healthy food was the biggest concern reported by clinics, followed by affordable housing, employment, and financial support as the next highest concerns of patients. The need for more consistency and resources in addressing NMDOH was noted by multiple providers.
- Only a few clinics reported their financial status as “struggling,” but many report having low cash reserves, putting them in a precarious financial standing, especially with an expected increase in the number of uninsured individuals due to recent Medicaid disenrollment.
- There are notable shortages in specific staffing positions, including mental health specialists, nurses, dental and medical assistants, and front office medical staff. Charity clinics have specific challenges given their heavy reliance on volunteers.
- The use of telehealth and technology is seen as an opportunity to expand service provision, especially in rural areas, though these solutions have limitations for addressing certain medical issues.

## Conclusions

FQHCs have the most sites, most patients, and provide the most medical, mental health, and dental services. Most FQHCs report that they provide their patients with referrals or direct support for their medical and non-medical needs for good health outcomes. However, there are non-FQHC clinics in Central Texas providing needed services to the un- and under-insured. Charity clinics provide services to those best served in a language other than English, who may not be able to be seen at an FQHC, and some targeted locations that otherwise would not have health care locally for un- and under-insured. Other clinics have specific services—for example dental, women’s health, or treating people who are HIV-positive. LMHAs are needed for their support of mental health. In the Central Texas region there are some primary care supply gaps geographically, difficulty obtaining specific services, and challenges for some clinics financially.

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<sup>i</sup> Freeman, J. D., Kadiyala, S., Bell, J. F., & Martin, D. P. (2008). The causal effect of health insurance on utilization and outcomes in adults: a systematic review of US studies. *Medical care*, 46(10), 1023–1032. [Link](#)



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# Primary Care Capacity Assessment

In Central Texas



DECISION INFORMATION RESOURCES, INC.

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## Sponsors:



## Collaborator:



Summary of the Primary Care Capacity Assessment Findings: In Central Texas, twenty-two clinics with over one hundred sites address the medical, dental, and mental health needs of this population, serving over 315,000 patients in 2022 with more than one million patient visits who are un- or under-insured. FQHCs are the main providers of care, comprising 50% of the sites and accounting for 82% of the office visits. However, charity clinics fill a gap, especially for non-native adult uninsured patients. Local Mental Health Authorities provide essential behavioral and mental health and substance abuse treatment, along with some integrated care services. This assessment identified gaps in geographic availability, an increased need for dental and mental health services, and a lack of consistent attention to non-medical drivers of health needs.

# Primary Care Capacity Assessment In Central Texas

## Primary Care Providers & Accessibility







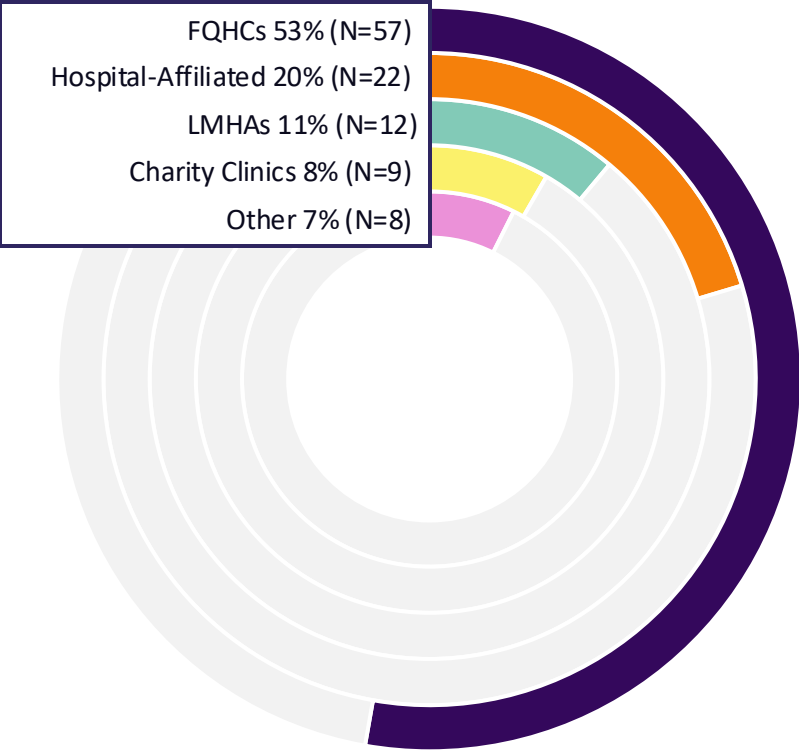
This preliminary assessment observes geographic accessibility; the method of observation includes identifying the location of sites providing care to un- and under-insured patients. There are 108 such primary care sites identified in Central Texas. The distribution is as follows:

- **Federally Qualified Health Centers (FQHCs):** 57 sites, accounting for 53% of the primary care sites.
- **Hospital-Affiliated Clinics:** 22 sites, 20% of the total. Note that these locations are unverified as the three hospital systems in Central Texas did not participate in the study.
- **Charity Clinics:** 9 sites, representing 8% of the primary care sites.
- **Local Mental Health Authorities (LMHA):** 12 sites, comprising 11% of the total sites.
- **Other Clinics:** 8 sites, comprising 7% of the total.

The 108 sites are run by 22 clinics. Clinics run between one and 26 sites. Federally-Qualified Health Centers (FQHCs) all have more than one site. Five clinics with primary care sites identified did not participate in the survey and interview. The non-participating clinics were Eixsys Healthcare System, Ascension, Baylor Scott & White, St. David’s Hospital System, and Integral Care.

When available, administrative data was used including publicly available annual reports, information about site locations, services and hour of operation, and information about financial accessibility for un- and under-insured individuals.

Number and Percent of Sites per Clinic Type



*FQHCs provide 53 percent of the 108 identified primary care sites.*

Clinics by Type and Number of Sites in Central Texas

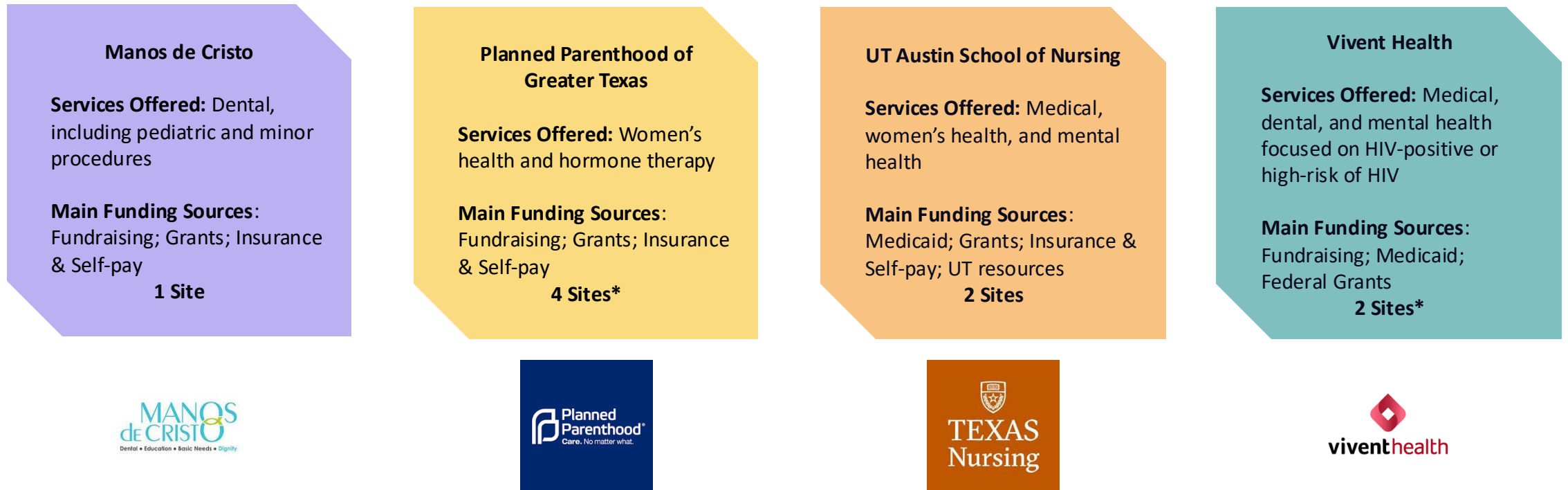
TYPE	CLINIC NAME	# OF SITES
FQHCs	CommuniCare	3
	Community Health Centers of South Central Texas	5
	CommUnityCare Health Centers	26
	Lone Star Circle of Care	20
	People’s Community Clinic	3
Hospital-Affiliated Clinics	Ascension	21
	Baylor Scott & White Health	1
	St. David's Hospital System	0
Charity Clinics	Eixsys Healthcare System	3
	Hope Medical Clinic	1
	Lirios Pediatrics	1
	Sacred Heart Community Clinic	1
	Samaritan Health Ministries	1
	Smithville Community Clinic	1
	Volunteer Healthcare Clinic	1
LMHAs	Bluebonnet Trails Community Services	3
	Hill Country Mental Health and Developmental Disabilities Center	3
	Integral Care	6
Other Clinics	Manos de Cristo	1
	Planned Parenthood of Greater Texas, Inc.	4
	UT Austin School of Nursing	2
	Vivent Health	1
<b>Total</b>		<b>108</b>



### Defining Other Clinics

For this study, the identified clinics were divided by type to examine differences between clinics. A group of clinics that do not easily group with the other four categories were grouped together. “Other Clinics” are private non-profit organizations that are funded differently than charity clinics and most focus on specific health services.

**The purpose of the ‘Other Clinics’ category is to capture non-traditional charity clinics and those that offer unique or specific services.**



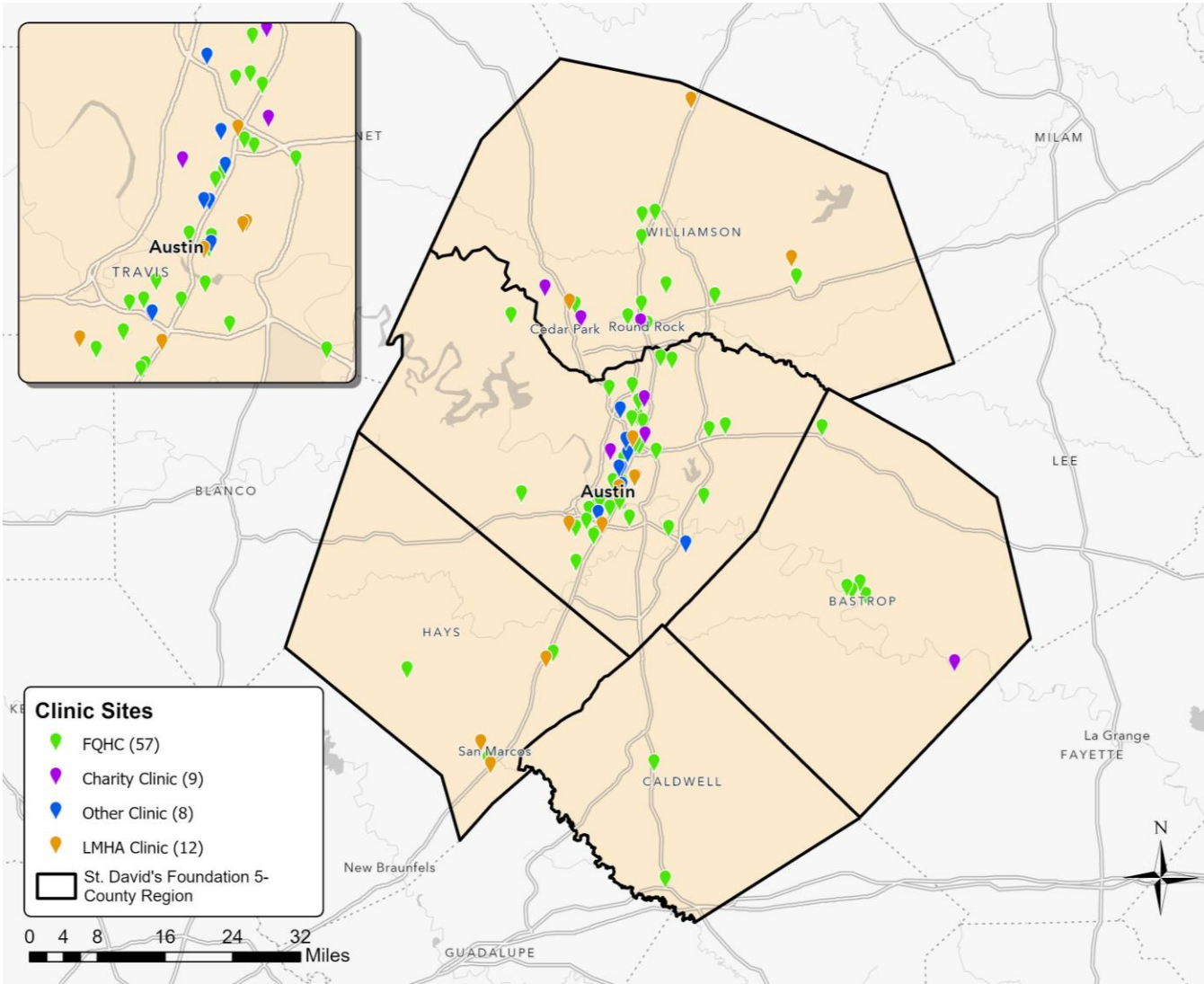
Note. \*There are other clinic sites beyond the focus area. This study included those located in central Texas.

Clinic sites are clustered along the I-35 corridor in Austin and Travis County.

Site Locations

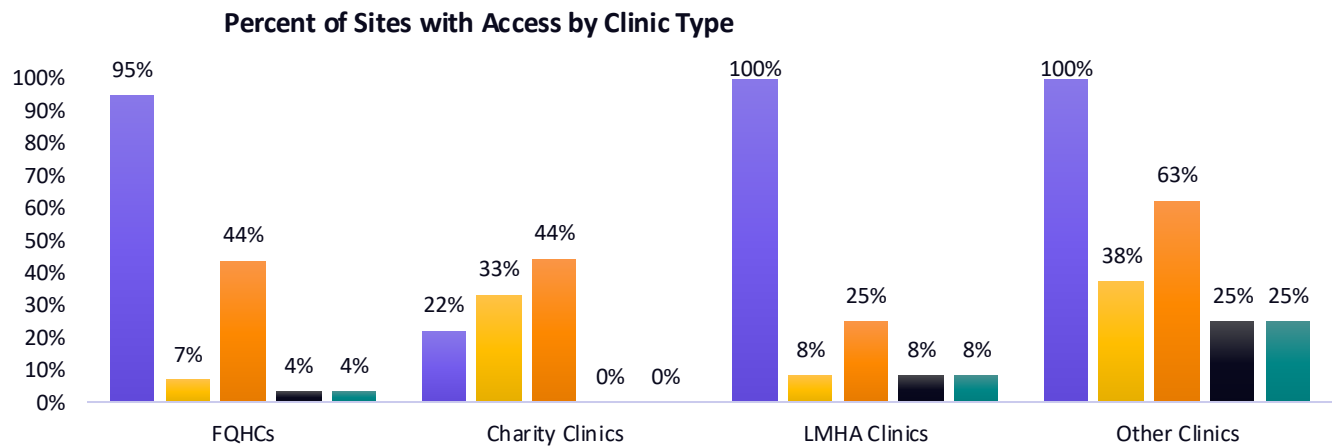
This map shows the locations and geographic distribution of the 86 confirmed clinics. (The map does not include hospital-affiliated sites [n=22] because their focus on treating the uninsured and underinsured was not verified).

- There is a significant cluster of sites in Austin, particularly around the I-35 corridor.
- Several clusters of sites are in Williamson County, including Round Rock, Georgetown, and Cedar Park.
- While there is a cluster of FQHC sites in Bastrop, there are generally few primary care sites in Hays, Caldwell, and Bastrop Counties.
- One charity clinic, Smithville Community Clinic in eastern Bastrop county, a few LMHA clinics in Hays and Williamson, and FQHCs in Caldwell and Hays Counties provide some access for residents of those counties.



### Primary Care Access

Part of meeting the primary care access needs of the un- and under-insured is being open when needed. This includes hours before or after 8 A.M. and 5 P.M. as well as weekend hours. Many FQHCs, LMHA clinics, and Other clinics have sites accessible Monday–Friday for at least six hours. Charity clinics are less likely to be open five days a week for normal business hours. Other clinics, FQHCs, and charity clinics are more likely to have hours outside of normal business hours. Charity clinics and Other clinics are more likely to have sites open during the weekend, with Other clinics more likely to have longer hours on the weekend. Barriers to longer clinic hours are staffing and costs. Finding enough staff to work non-traditional hours and weekends is difficult. Additionally, continuing operations during off hours leads to greater costs. The chart below shows the availability of sites by clinic type. Bars represent the percent of sites with consistent weekday and weekend availability, as well as regular and extended hours.



**“Other Clinics” are more accessible than other types of clinics after normal business hours and on the weekends.**

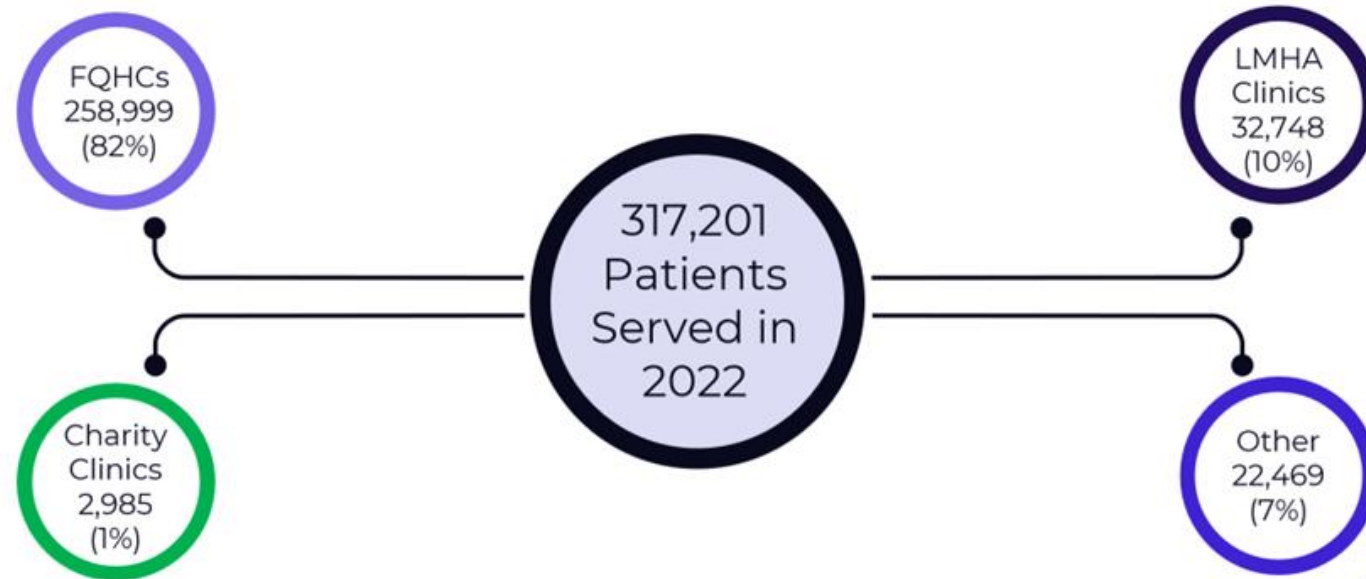
### Central Texas Clinics

Clinics must balance staffing and other costs to make primary care sites more accessible on weekdays and weekends. Some clinics have included after-hours and weekend hours for their patients who may have less flexibility at work and are more likely to live in the most affordable, but distant, areas.

Participating clinics provided the study with the number of patients served since 2022. Most clinics were able to provide unique patients per year such that each person, regardless of the number of visits to the clinic in a year, is only counted once. One charity clinic noted they were not able to provide data in this format and was excluded from this data. Additionally, another charity clinic started accepting patients in November of 2022 and could provide only two months of data.

In 2022, more than 315,000 patients were served across various clinic types. FQHCs served the largest share of patients, at 258,999, which is about 82% of the total. LMHA clinics served 32,748 patients (10%), Charity clinics served 22,469 patients (7%), and Other clinics served 2,985 patients (1%). Most clinics reported that patient volumes have increased since their lowest point during the COVID-19 pandemic. A few clinics indicated that they are seeing fewer unique patients but are having the same number of visits as the patients are more likely to need chronic care case management, specifically diabetes and hypertension. *Note: The number of patients was adjusted to estimate the number of patients in the five-county region included in this assessment.*

More than 315K patients were served, with the largest share of patients being seen at FQHCs.

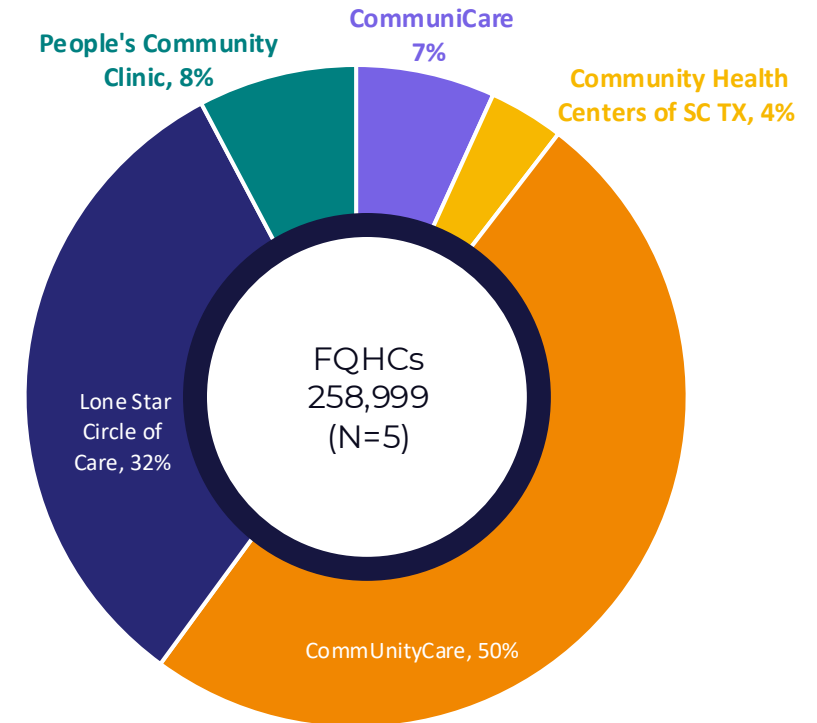


In Central Texas, significant differences are seen in the volume of patients seen among the FQHC healthcare providers in 2022.

- **CommUnityCare** served the most patients, serving 128,489 or 50% of the overall patients. This highlights CommUnityCare's critical role.
- **Lone Star Circle of Care** served 83,417 or 32% of the total patients, also a major provider of primary care services.
- **People's Community Clinic** handled 8% of the overall patients, amounting to 20,040 patients.
- **CommuniCare** accounted for 7% of the overall patients among FQHCs. In absolute numbers, this is 17,576 patients.
- **Community Health Centers of South Central Texas** handled 4% of the overall patients, representing the smallest share among the five clinic systems. They recorded 9,477 patients.

CommUnityCare and Lone Star Circle of Care dominate the landscape, collectively handling 82% of the total patients, which reflects their substantial capacity and possibly wider accessibility. In contrast, CommuniCare, Community Health Centers of South Central Texas, and People's Community Clinic cater to smaller segments of the population, suggesting either limited capacity or reach.

Patients Served in 2022 by Clinic Type



**More than 80% of patients were served at FQHCs, with CommUnityCare and Lone Star Circle of Care serving the vast majority.**





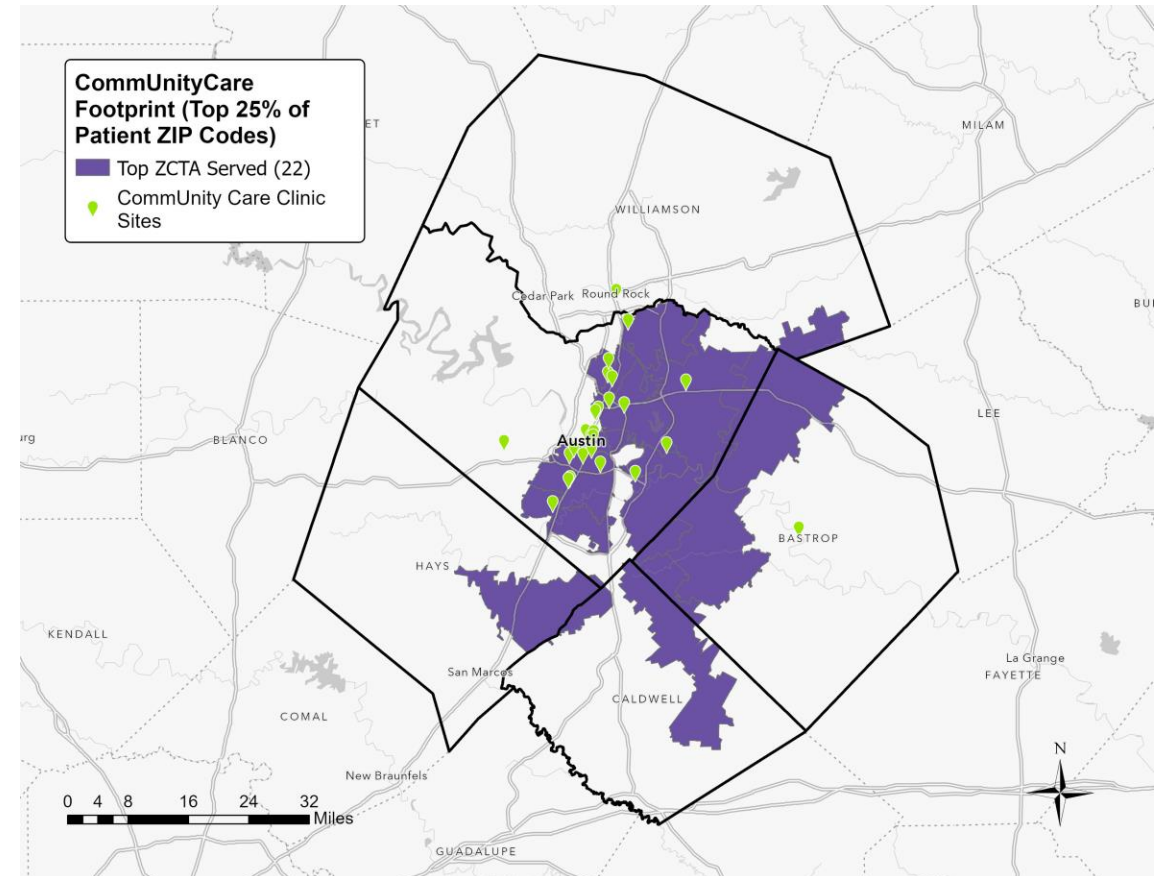
### Site Location and Most Patients Served

For each FQHC, their patient residence zip code data was examined to determine the service footprint of the health center. The footprints show the zip codes where the top 25 percent of their patients reside.

CommUnityCare has 26 primary care sites all in the Central Texas region. They are affiliated with Central Health, the health district of Travis County, and run the Medical Access Program (MAP) that provides access to medical care including doctors, specialists and pharmacies for Travis County residents with income at or below 200% of the Federal Poverty level.

Even though most of CommUnityCare's sites are along the I-35 in Austin, their footprint extends into Hays, Caldwell and Bastrop counties.

**For CommUnityCare, even though most of their sites are along the I35 in Austin, their footprint extends into Hays, Caldwell and Bastrop counties.**



# Lone Star Circle of Care

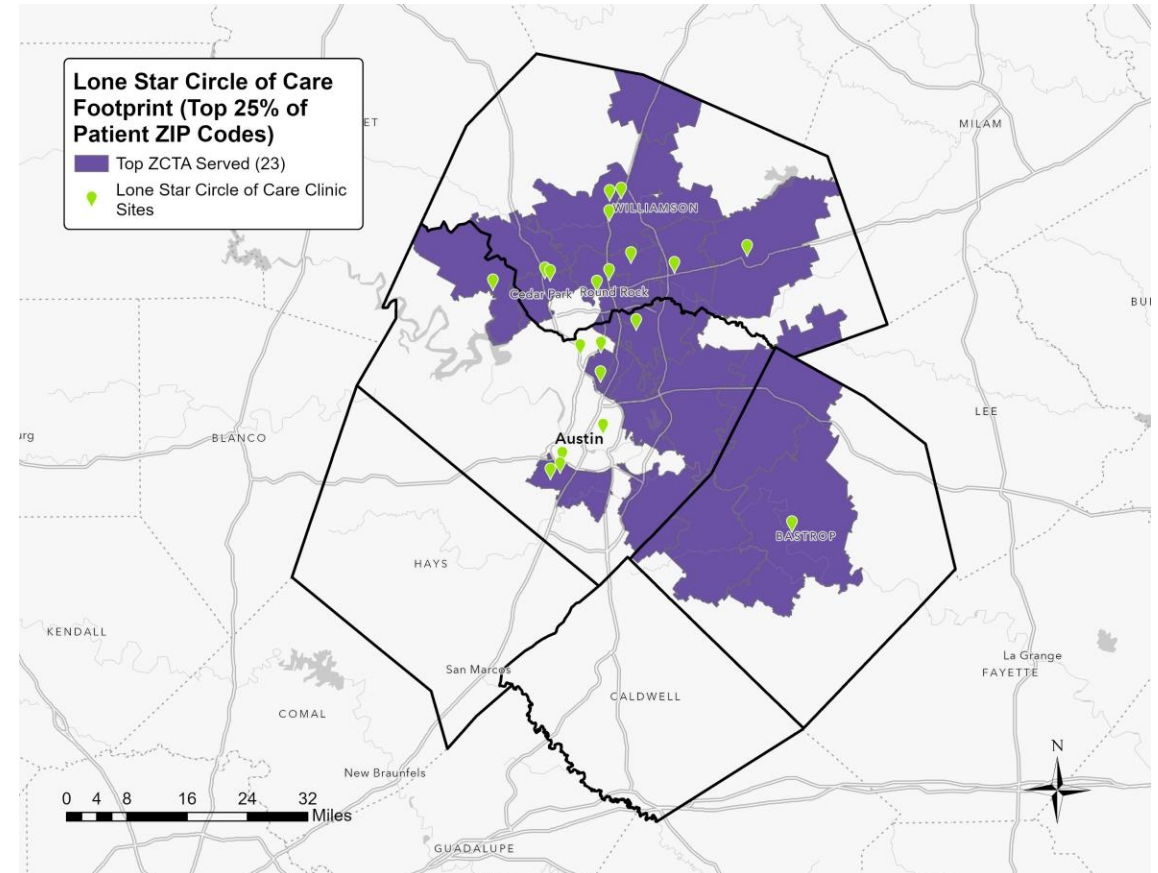
## Site Location and Most Patients Served

Lone Star Circle of Care (LSCC) operates 20 primary care sites within the Central Texas region, providing comprehensive healthcare services. In addition to these locations, LSCC has other sites situated outside the Central Texas area. LSCC ranked second only to CommUnityCare in number of patient visits.

Most of LSCC's sites are in Travis and Williamson Counties, with one location in Bastrop. The footprint map of the top 25 percent of their patient zip codes shows that LSCC Central Texas patients are primarily in Williamson, Travis, and Bastrop Counties.

LSCC also accepts Medical Assistance Program (MAP) for the patients who reside in Travis County.

## Most of Lone Star Circle of Care patients are primarily in Williamson, Travis, and Bastrop Counties





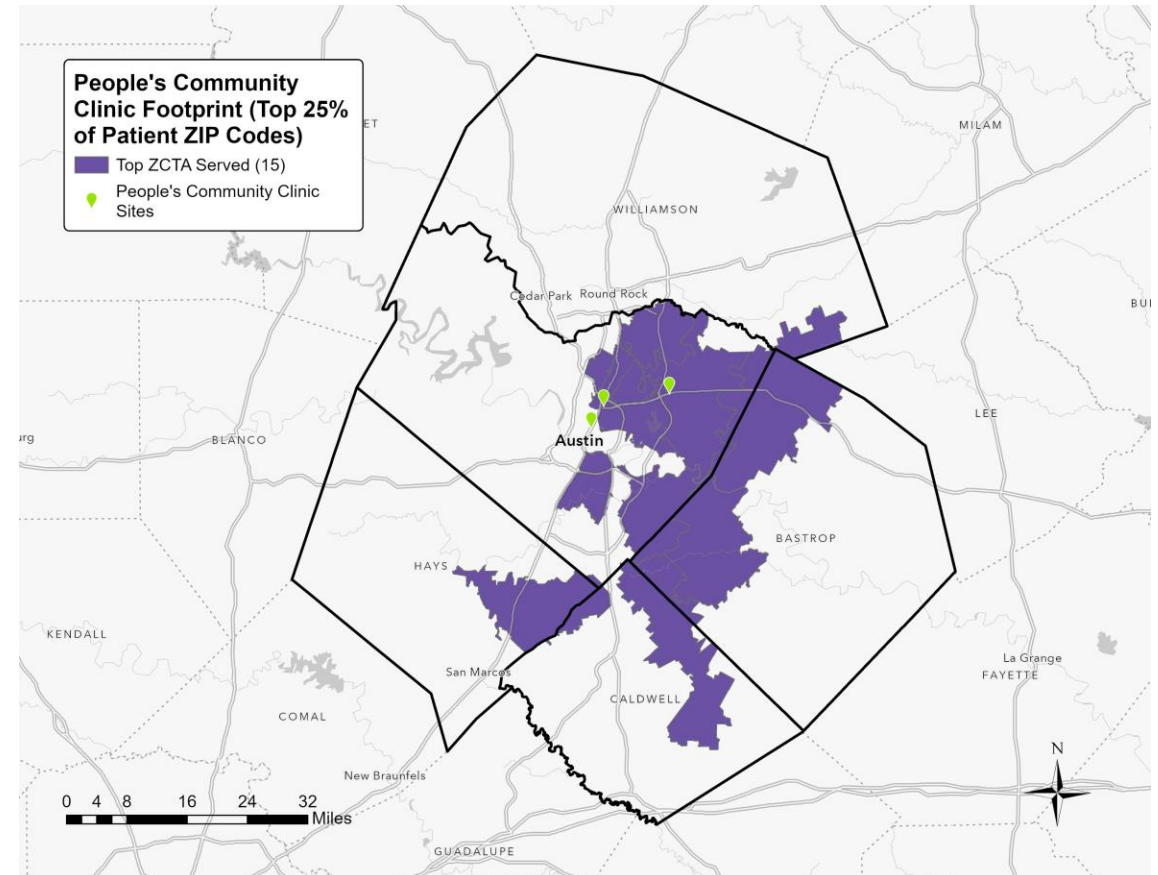
### Site Location and Most Patients Served

People's Community Clinic operates three primary care sites, all located within Travis County in the Central Texas region. Despite the concentration of their physical locations, the clinic's service area extends beyond Travis County.

An analysis of the top 25 percent of patient zip codes reveals that People's Community Clinic serves a patient base from multiple counties. While many of the patients reside in Travis County, there is a significant reach into neighboring counties, including Hays, Caldwell, and Bastrop.

Additionally, People's Community Clinic participates in the Medical Assistance Program (MAP), accepting MAP coverage for patients who are residents of Travis County.

**Even though People's Community Clinic locations are in Travis County their footprint reaches into neighboring counties.**





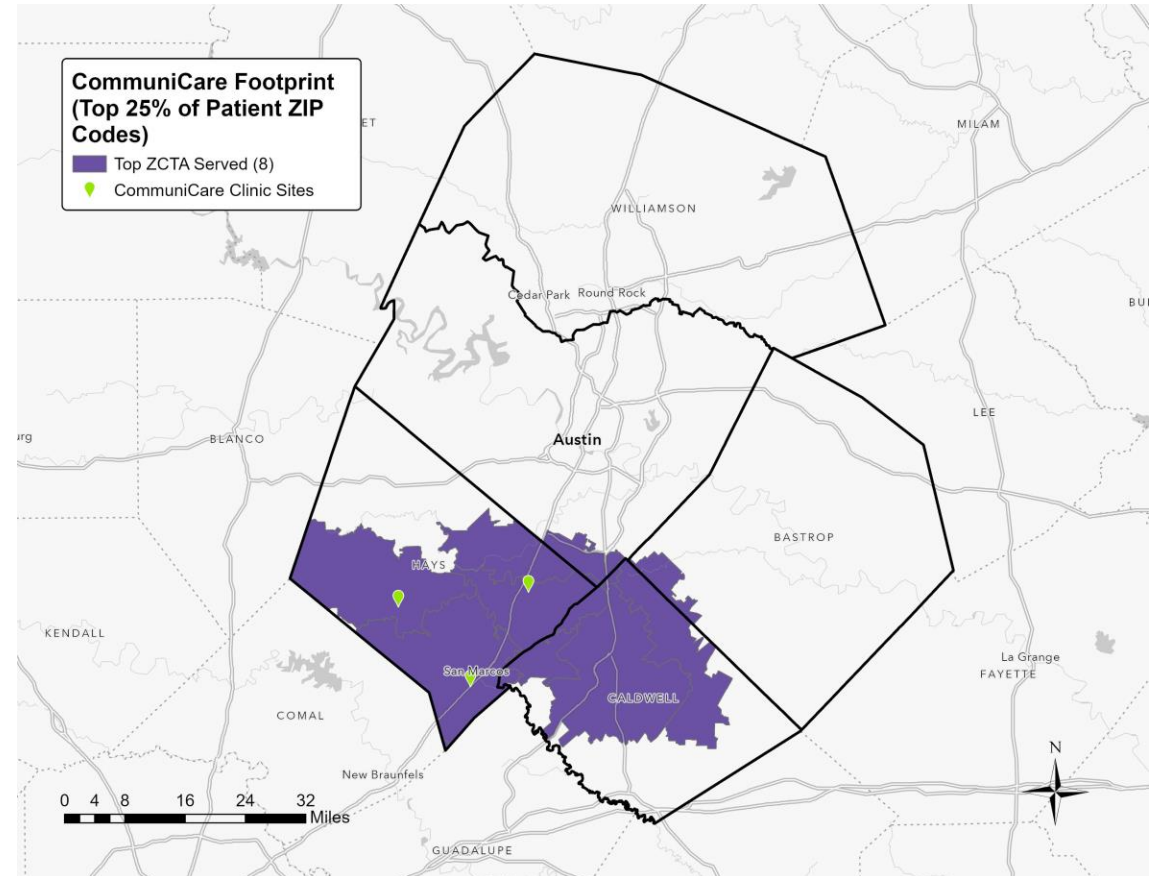
**Site Location and Most Patients Served**

CommuniCare operates three primary care sites within the Central Texas region, specifically located in Hays County. In addition to these sites, CommuniCare has 19 additional sites in the San Antonio area.

An analysis of the top 25 percent of patient zip codes reveals that CommuniCare’s extends beyond Hays County in Central Texas. The data indicates that a significant number of patients travel from Caldwell County to receive care at CommuniCare sites.



**Although CommuniCare’s sites are located in Hays County, their reach extends to Caldwell County.**





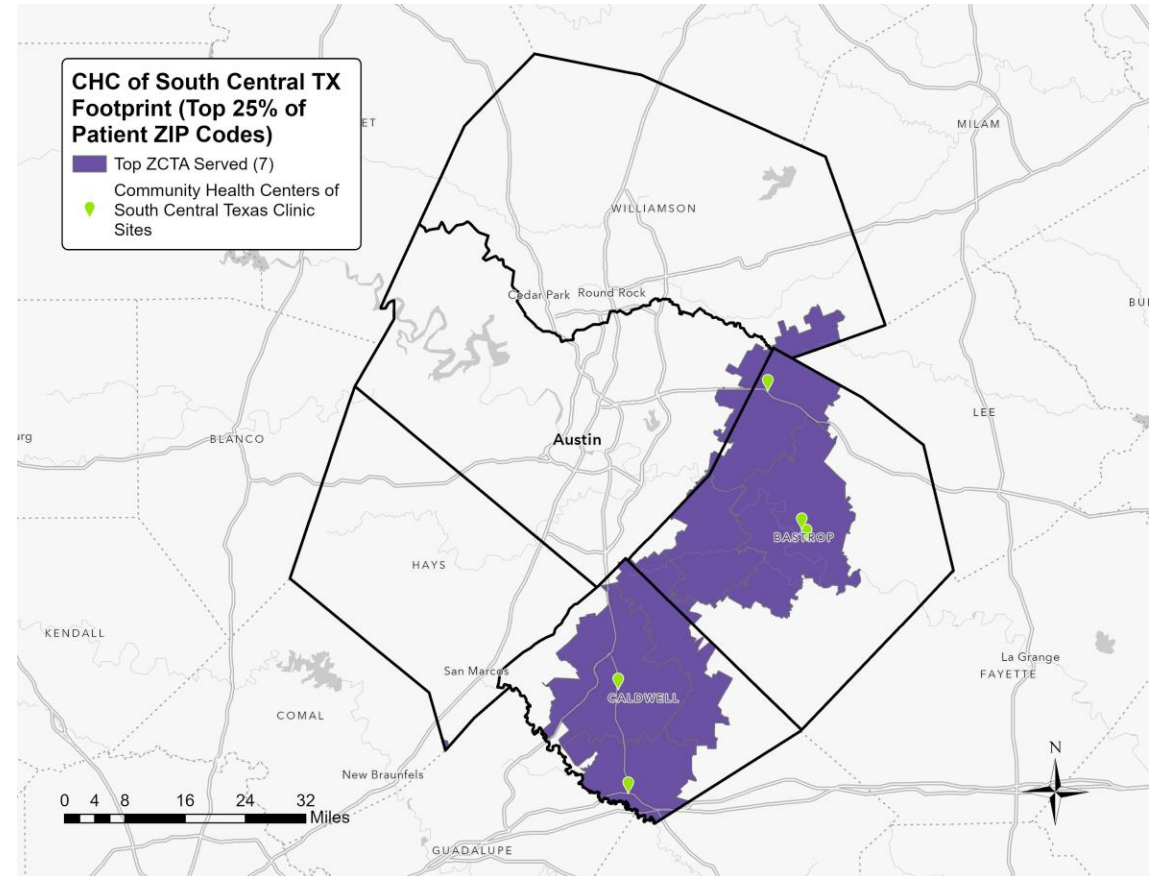
### Site Location and Most Patients Served

Community Health Center of South Central Texas has five primary care sites in the Central Texas region. Two of the sites are in Caldwell County and three of the sites are in Bastrop County.

The footprint map of their top 25 percent of patient zip codes shows that Community Health Center of South Central Texas clinic's reach is concentrated on patients near each of their sites.



The location of most Community Health Center of South Central Texas patients are in the area surrounding the sites.



# Primary Care Capacity Assessment in Central Texas

Clients Served



Accessibility of primary care involves cultural competence to meet the diverse needs of the population. By examining the current demographics of primary care clinics, we gather evidence about who is being served. These demographics are then compared to the general population of Central Texas and analyzed by clinic type. This provides some understanding of the current primary care clinics' abilities to serve the needs of a diverse community.

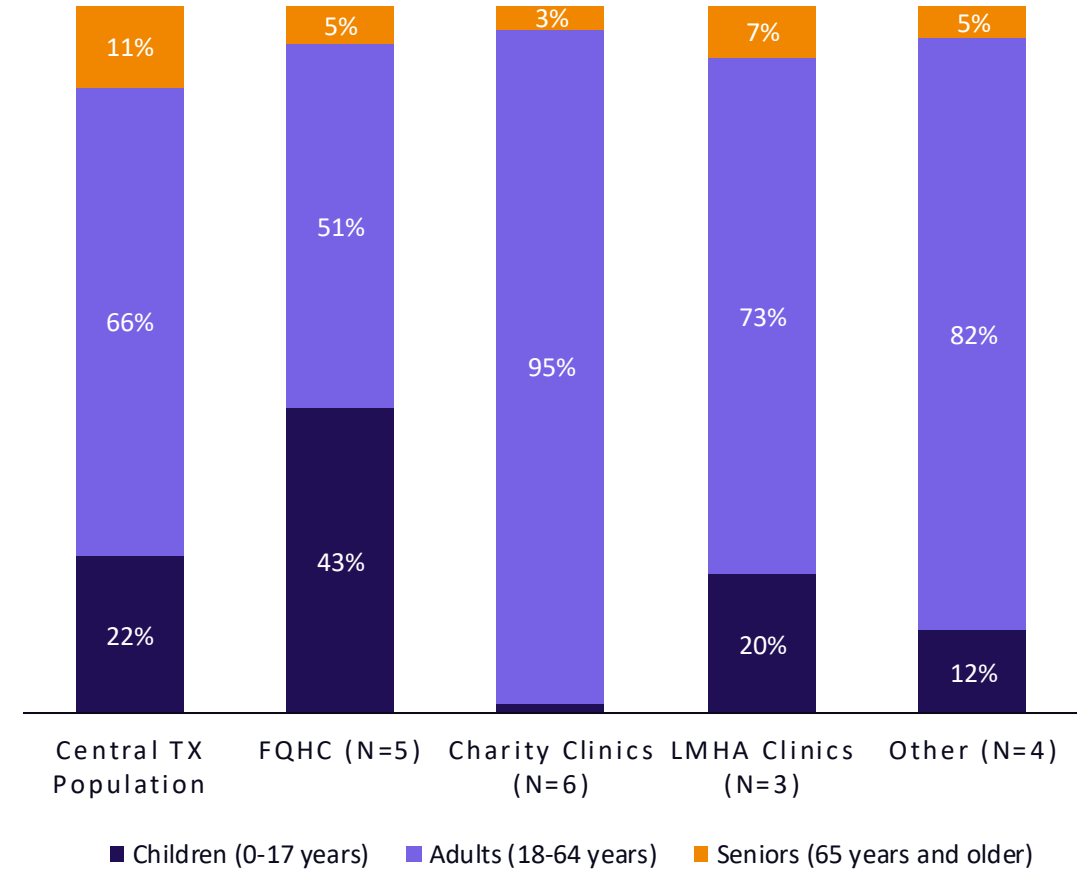
### Age Distribution

In Central Texas, approximately 22 percent of the population is under 18 years old, 66 percent are adults aged 18 to 64, and 11 percent are 65 years or older. Among the clinics, only Local Mental Health Authorities (LMHAs) show a demographic distribution similar to the general population.

- **Federally Qualified Health Centers (FQHCs):** These clinics serve nearly twice the percentage of children compared to the Central Texas population, but only half the rate of seniors. This difference is likely due to insurance coverage differences. Seniors have Medicare, which is accepted by most clinics and offers various primary care options, while children often have coverage under the Children's Health Insurance Program (CHIP), which may have more limited acceptance. FQHCs, unlike many charity clinics, accept CHIP insurance, making them more accessible to insured children.
- **Charity Clinics and Other Clinics:** These clinics serve a smaller proportion of children and seniors compared to the general population of Central Texas. The lower numbers are likely due to insurance coverage disparities. Charity clinics do not accept insurance typically. The category of "Other clinics" also accepts insurance but may not see as many children due to the specialized nature of their services.

Despite FQHCs seeing a higher proportion of children, they also provide substantial care to adults. Due to their volume, FQHCs treat about three-fourths of all adults served by the clinics included in this assessment.

Distribution of Patient Age by Clinic Type in 2022

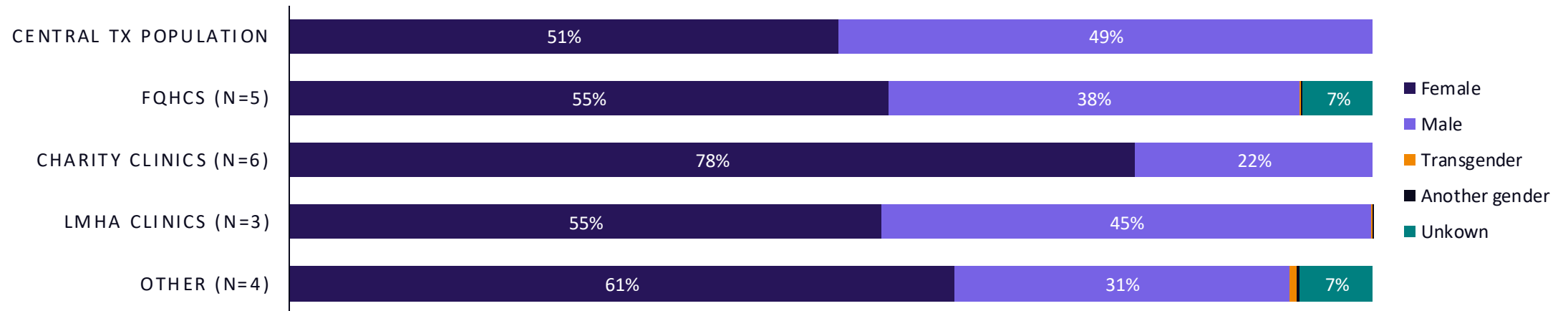


**FQHCs serve children at almost twice their rate in the Central Texas population. Charity clinics disproportionately serve adults ages 18-64 years.**

Population statistics for Central Texas indicate a nearly equal distribution of males and females. However, all types of primary care clinics show a greater proportion of female patients being served. According to a study published in the Annals of Family Medicine, females have a five percent greater odds than males of visiting a primary care clinic. Notably, Charity clinics see an even higher rate of female patients, with over three-quarters of their clientele being female. This discrepancy is not immediately explainable, as Charity clinics typically refer pregnant women to obstetricians since all U.S. citizen or qualified non-citizen qualify for health insurance during pregnancy through either Medicaid or CHIP Perinatal.

Another significant difference is observed in Federally Qualified Health Centers (FQHCs) and "Other Clinics" which are more likely to have patients who are transgender, identify as another gender, or have an unknown gender designation. Some of the "Other Clinics", namely Planned Parenthood and Vivent Health, emphasize being welcoming and providing care to all genders.

Distribution of Gender by Clinic Type in 2022



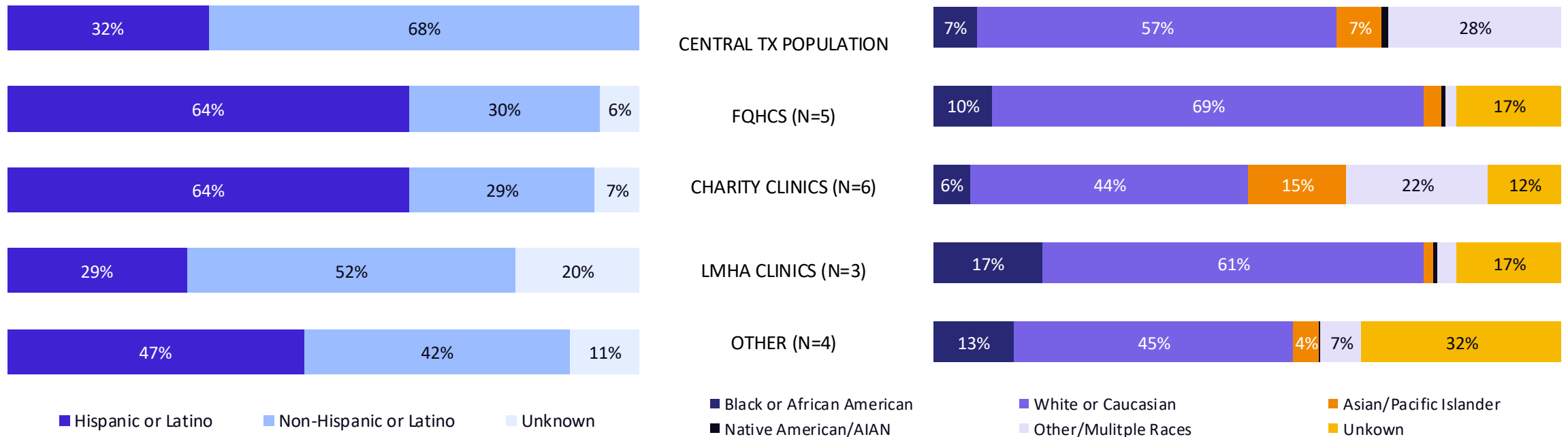
**Charity clinics serve female clients at a much higher rate than other clinic types and compared to the 5-county region population.**



Collecting and reporting data on the race and ethnicity of patients in the primary care clinics studied is complex. In the data collection process, ethnicity and race were separated. Ethnicity options included Hispanic/Latino, non-Hispanic/Latino, or other/unknown. Race categories covered Black or African American, White or Caucasian, Asian or Pacific Islander, Native American or AIAN, other or multiple races, and unknown. Some clinics provided data that included Hispanic/Latino as a race option. When data was not available in the requested format, it was excluded from the graphic.

Federally Qualified Health Centers (FQHCs) and Charity clinics serve Hispanic or Latino individuals at almost twice their rate in the Central Texas population. Charity clinics also serve Asian individuals at more than twice their rate in Central Texas. "Other clinics" are most likely to have the race of their patients designated as unknown, likely a result of differences in demographic data collection by these clinics.

Distribution of Ethnicity and Race by Clinic Type in 2022



**FQHCs and Charity clinics serve Hispanic or Latino persons at almost twice their rate in the Central Texas population. Charity clinics serve Asians at more than twice their rate in Central Texas.**

### Best Language when Served

Charity clinics see a higher proportion of patients who are best served in a language other than English. This bar chart shows the weighted average across clinic type of the percentage of patients who are better served in another language.

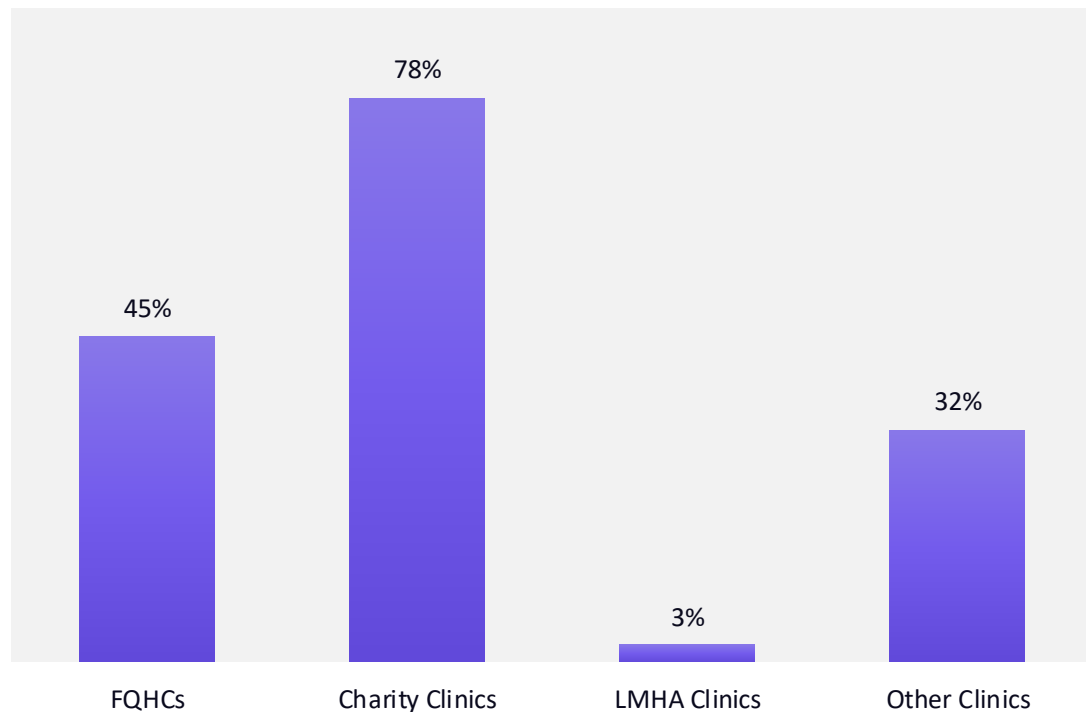
Some clinics noted that knowing how to provide quality care to patients who communicate in another language was an attribute for the clinic and a need in the community. These patients are not solely Spanish speaking; many Asian languages were noted as their preferred languages. Jeenie® translation services is a well-liked option by these clinics.

Clinics have recognized that language barriers can also indicate that a person may be less familiar with the U.S. and face other barriers to health. For example, a recent immigrant may not know that there are food pantries and other resources available to them.



**“We use Jeenie, which has been really super effective for us... they match us with people who have a little bit of healthcare background, so the vocabulary is there.”**

Average Percent Served by Clinic Type Who are Best Served in a Language Other Than English

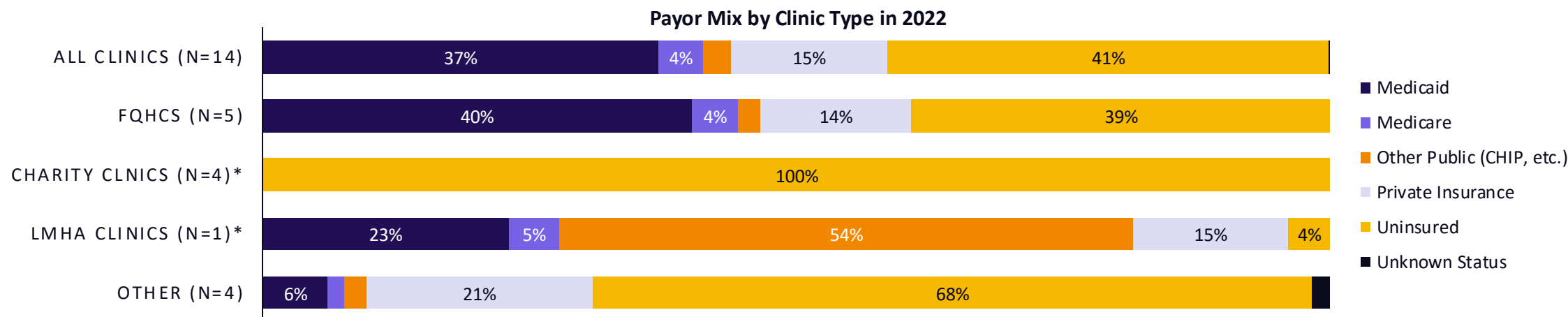


**Most patients served by Charity clinics and over a third of FQHC clients are best served in a language other than English.**

In 2022, clinics reported a significant variation in insurance coverage among their patients. Across all types of clinics, nearly 41% of patients were uninsured, demonstrating a substantial reliance on clinics by those without insurance. The dominant payor mix across clinic types differed:

- **Federally Qualified Health Centers (FQHCs)** - A mixture of Medicaid (40%) and uninsured (39%)
- **Charity Clinics** - Notably, 100% of the patients at Charity clinics were uninsured.
- **Local Mental Health Authority (LMHA) Clinics** - A significant 54% received other forms of public funding to pay for services. These are state funds for LMHA clinics.
- **Other Clinics** - 68% of patients were uninsured.

These findings highlight the substantial challenge posed by the high percentage of uninsured patients. This situation places financial strain on these clinics, which are crucial in providing care to underserved populations.



**Clinics overall report that almost 41 percent of patients in 2022 were uninsured—ranging from 39 percent of FQHC patients to 100 percent of charity clinic patients. Medicaid was the source of payment for 37 percent of patients to clinics.**

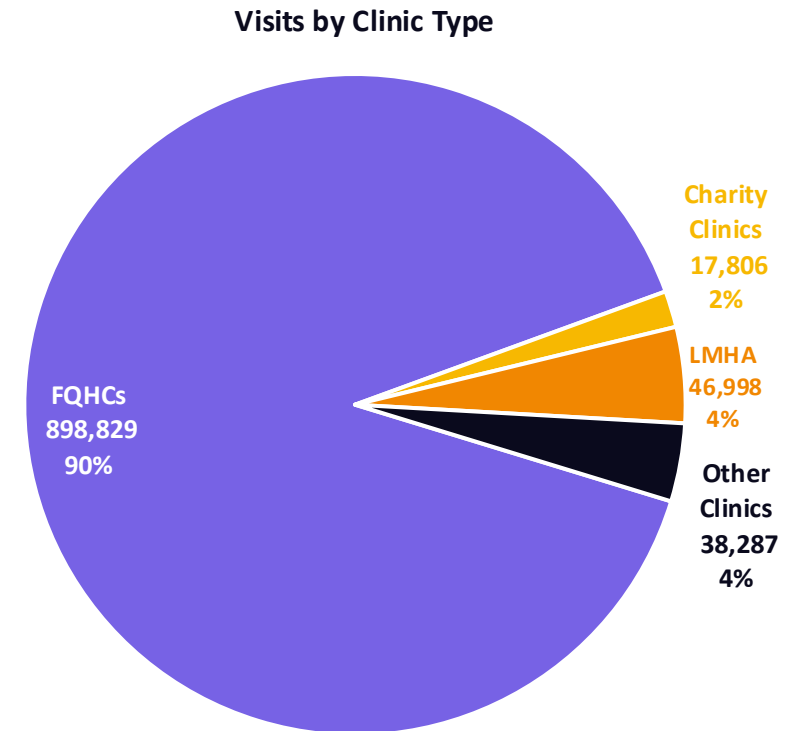
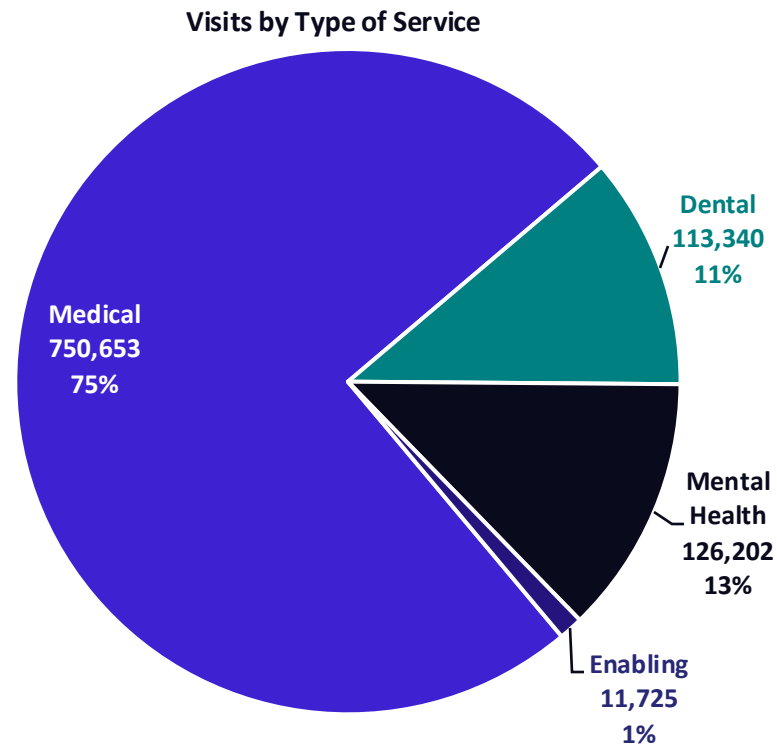
# Primary Care Capacity Assessment In Central Texas

Services Provided



In 2022, there were 317,127 patients with over 1 million patient visits. Approximately 75% of all patient visits or appointments are for medical services, underscoring the focus of the clinics. The remainder is split among dental services (11%), mental health services (13%), and enabling services (1%).

FQHCs had 82% of the patients with 258,999 patients in 2022. When looking at patient visits, FQHCs dominate further with 90% of patient visits occurring at an FQHC. Although Charity Clinics, LMHA, and Other clinics had about 10 percent of all patient visits, they contribute specific services or to a specific population.

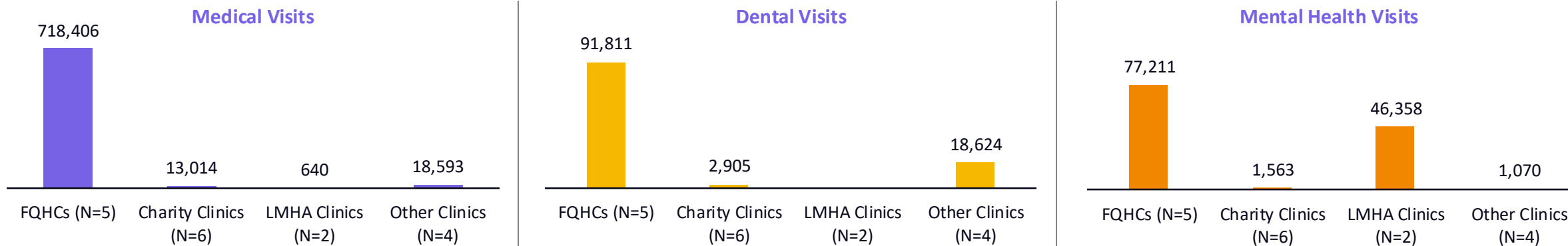


**Across all the clinics, there were 1,001,920 patient visits – 75 percent were for medical appointments (or 750,653), mostly at FQHCs.**

The graph shows the distribution of appointments across various health services provided by different types of clinics, emphasizing the predominant role of Federally Qualified Health Centers (FQHCs) on medical services. However, FQHCs predominate in providing services across all health services, solely based on the number of patient served.

- **Medical Appointments:** FQHCs handle most medical appointments, significantly more than other clinic types, showcasing their critical role in providing medical care.
- **Dental Appointments:** Similar to medical services, FQHCs also lead in the volume of dental care, with a substantial number of dental patients at Other Clinics.
- **Behavioral/Mental Health Appointments :** The distribution of behavioral/mental health services is somewhat different, with FQHCs and Local Mental Health Authority (LMHA) Clinics serving most patients, reflecting LMHAs specialized focus.

Patient Visits by Clinic Type in 2022



**Most appointments were at FQHCs which includes medical, dental, and mental health. Other clinics provide mostly dental visits and LMHAs provide mostly mental health visits.**

FQHCs provide vital access to integrated primary care including medical, dental, behavioral/mental health and other services. Examining each FQHC and their patient visits allows insight into each clinic.

- CommuniCare has a significant focus on medical visits, representing 79% of their total patient interactions.
- Community Health Centers of South Central Texas shows a more balanced distribution with a notable 22% of visits dedicated to dental services. Note that this clinic has the lowest number of patients visits with about 5,000 visits per site. They partner with Bluebonnet Trails to provide integrated care at many locations.
- CommUnityCare with the largest number of sites, has the highest number of medical and dental visits.
- Lone Star Circle of Care stands out with 18% of its visits catering to mental health, the highest percentage among the FQHCs.
- People's Community Clinic also has a high percentage of medical visits at 82%. Additionally, they have the highest number of visits per site with, on average, 31,661 patient visits per site.

Patient Visits by FQHC in 2022

	CommuniCare (Sites = 3)		Community Health Centers of SC TX (Sites = 5)		CommUnityCare (Sites = 26)		Lone Star Circle of Care (Sites = 20)		People's Community Clinic (Sites = 3)		All FQHCs (Sites = 57)	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Medical</b>	55,468	79%	19,198	71%	337,507	82%	227,981	77%	78,252	82%	718,406	80%
<b>Dental</b>	10,327	15%	5,906	22%	55,076	13%	17,536	6%	2,966	3%	91,811	10%
<b>Mental Health</b>	3,447	5%	1,826	7%	16,632	4%	52,325	18%	2,981	3%	77,211	9%
<b>Enabling</b>	530	1%	87	0%	0	0%	0	0%	10,784	11%	11,401	1%
<b>Total</b>	<b>69,772</b>	<b>100%</b>	<b>27,016</b>	<b>100%</b>	<b>409,215</b>	<b>100%</b>	<b>297,843</b>	<b>100%</b>	<b>94,983</b>	<b>100%</b>	<b>898,829</b>	<b>100%</b>

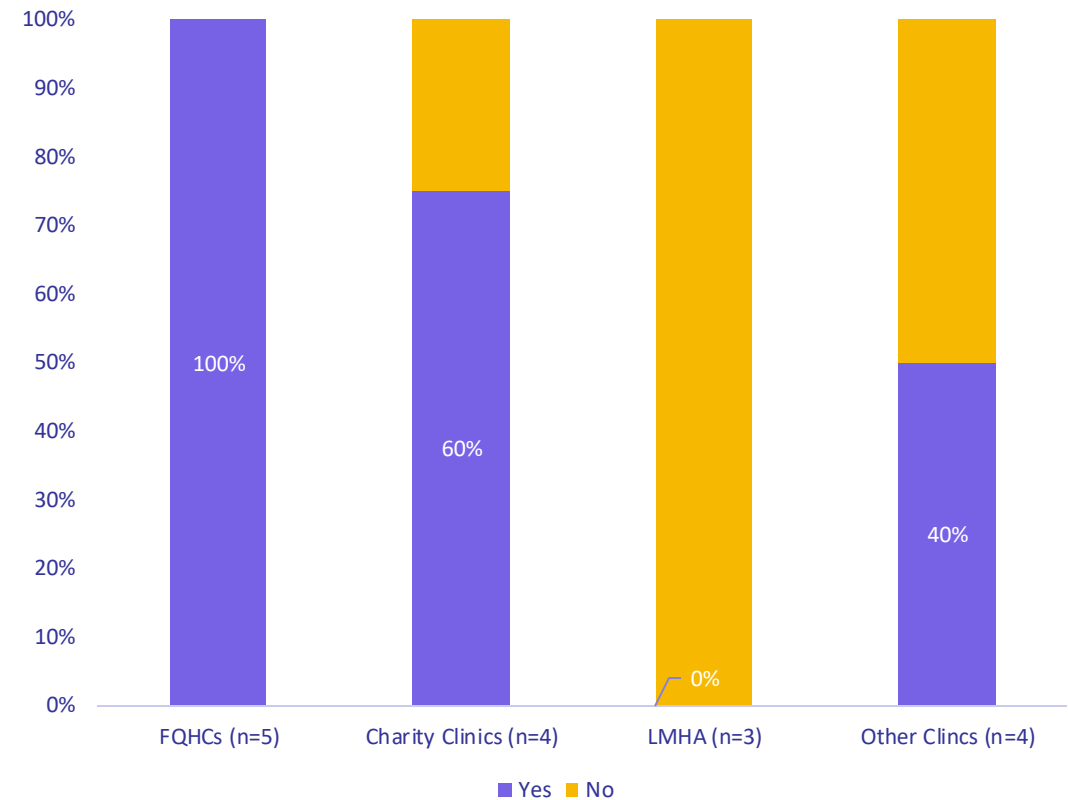
**FQHCs provide integrated care although medical visits far outweigh the dental and mental health patient visits.**

Primary Care Clinics can offer a wide variety of services beyond basic medical services. Women's health services are offered by 10 clinics. More clinics stated they provided family planning; however, these services varied widely between clinics, from providing contraceptive care to counseling on pregnancy prevention.

- Several clinics focus solely on providing primary preventive gynecological services instead of pre, peri, or post-natal services.
- Charity clinics refer pregnant women to FQHCs clinics or private doctors because they become eligible for Medicaid.
- All FQHCs in this assessment offer obstetrics services.
- Significant variation exists in the contraceptive care options offered by clinics. Planned Parenthood offers most comprehensive array of contraceptive services.
- Some clinics opted out of Title X Family Planning and a federal Breast and Cervical Cancer Program due to administrative requirements of grant programs.



Offers Women's Health Services by Clinic Type



Ten clinics stated they offer women's health services.



Food and nutrition programs varied among the clinics surveyed. All clinics offer some level of guidance on food and nutrition. Several clinics provide access to food pantries, either on-site or through referrals to nearby food banks. Many clinics utilize mobile truck pantries, allowing patients to select their own food, similar to a grocery store experience.

A few clinics offer the Food Rx program, and approximately half participate in local community food fairs. Clinic staff may assist eligible clients in enrolling for SNAP or WIC benefits, viewing their food services as a temporary measure to bridge the gap until patients receive benefits.

**Many clinics provide access to food pantries. Several clinics have unique programs that work to ensure patients can access healthy meals.**





**Increased Demand**

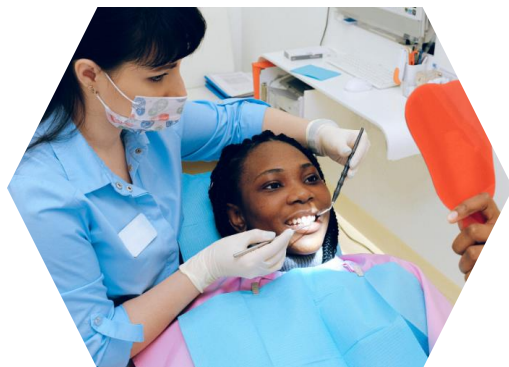
- Several clinics with and without dental services available noted a rise in the demand for dental services and an inability to meet the need. In 2022, dental visits comprised 11% of all services provided across clinics.

**Challenges**

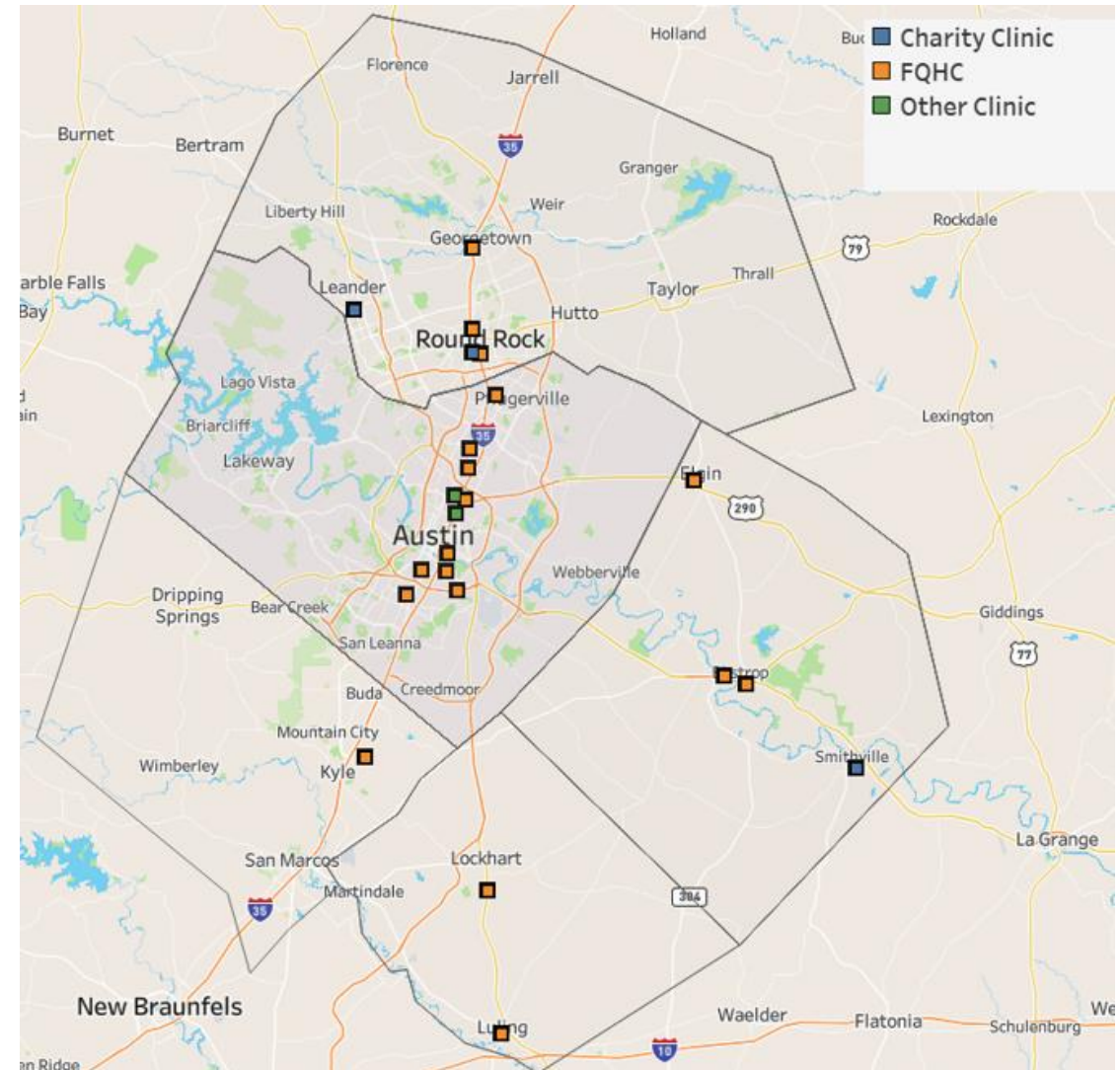
- **Limited Accessibility:** Patients often face significant wait times for dental services. The limited number of clinics offering specialized dental care, such as urgent dental surgery, further exacerbates accessibility issues.
- **Resource Constraints:** One of the most pressing challenges is the recruitment of qualified dental professionals, such as dentists and hygienists. The high cost of expanding or establishing new dental facilities also poses a substantial barrier to scaling up services.

**Conclusion**

- Enhancing dental service availability could not only address the immediate health needs of the community but also contributes to the overall wellbeing of the population by ensuring timely and effective dental care.



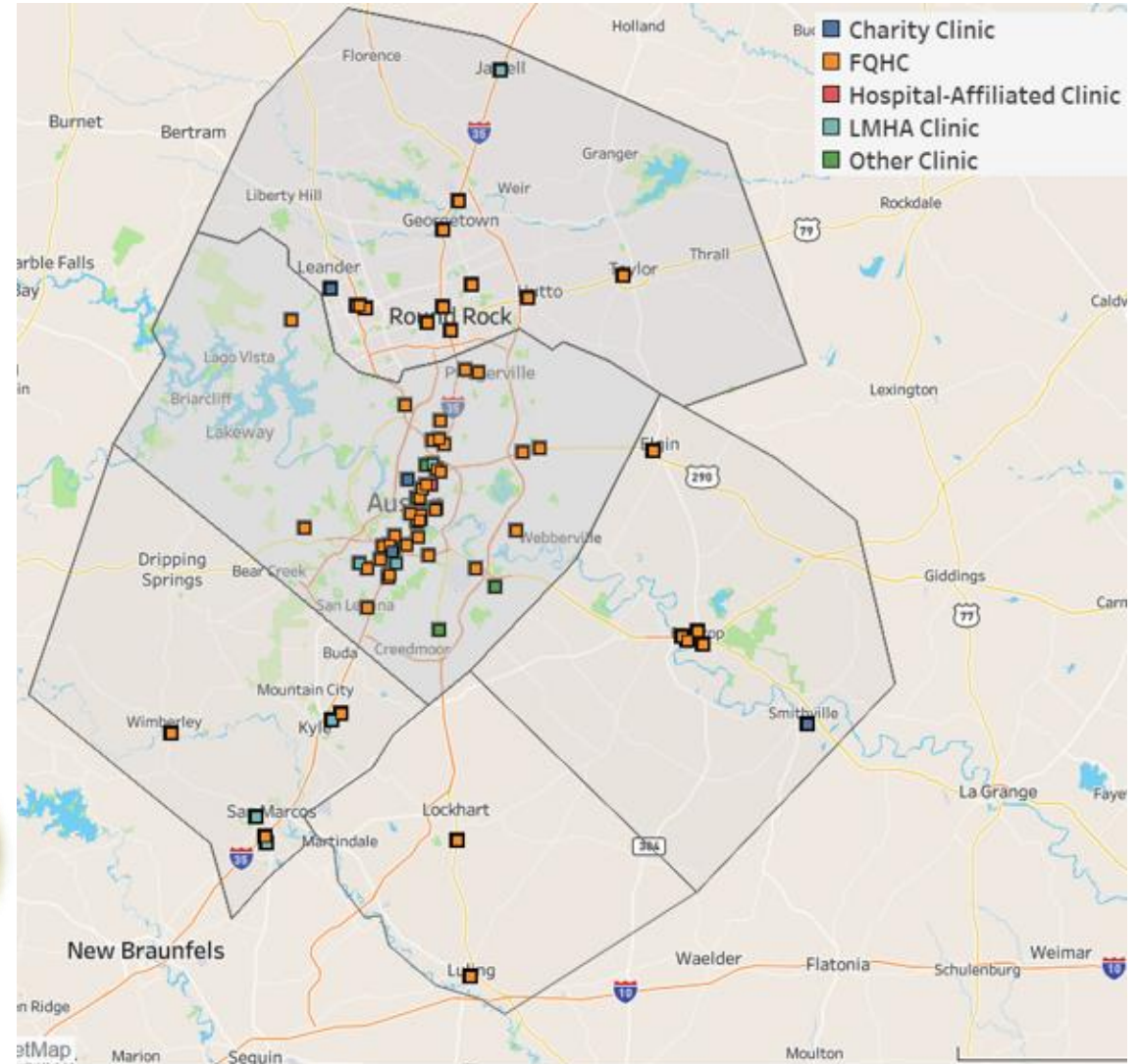
**In outlying areas, dental services for un- and underinsured are limited.**



In the realm of mental health care, there is a critical gap between the demand for services and the availability of providers. Many individuals seeking help face significant challenges due to the shortage of specialized resources, particularly psychiatrists. Factors like the high cost and limited geographic distribution of psychiatrists exacerbate these challenges, making it difficult for many to provide the services they know are needed. To bridge some of these gaps, mental health services are increasingly being offered via telehealth, which, while beneficial, isn't a complete solution. Local mental health authorities have become vital in this landscape, acting as the primary agencies for referrals, guiding individuals to the help they can access within this strained system.



**Telehealth is used most often with mental health services making geographic accessibility less of an impediment.**



# Primary Care Capacity Assessment In Central Texas

Non-Medical Drivers of Health (NMDOH)



### Non-Medical Drivers of Health

Among the surveyed FQHCs, 80% reported actively screening for NMDOH, accounting for four out of the five FQHCs reviewed.

CommuniCare, however, indicated they were not currently screening due to transitioning to a new electronic health record (EHR) platform, with plans to resume screening soon. Other clinics with either no screening or limited capacity to integrate or follow up on NMDOH included Planned Parenthood of Greater Texas, Volunteer Healthcare Clinic, and Hill Country Mental Health.

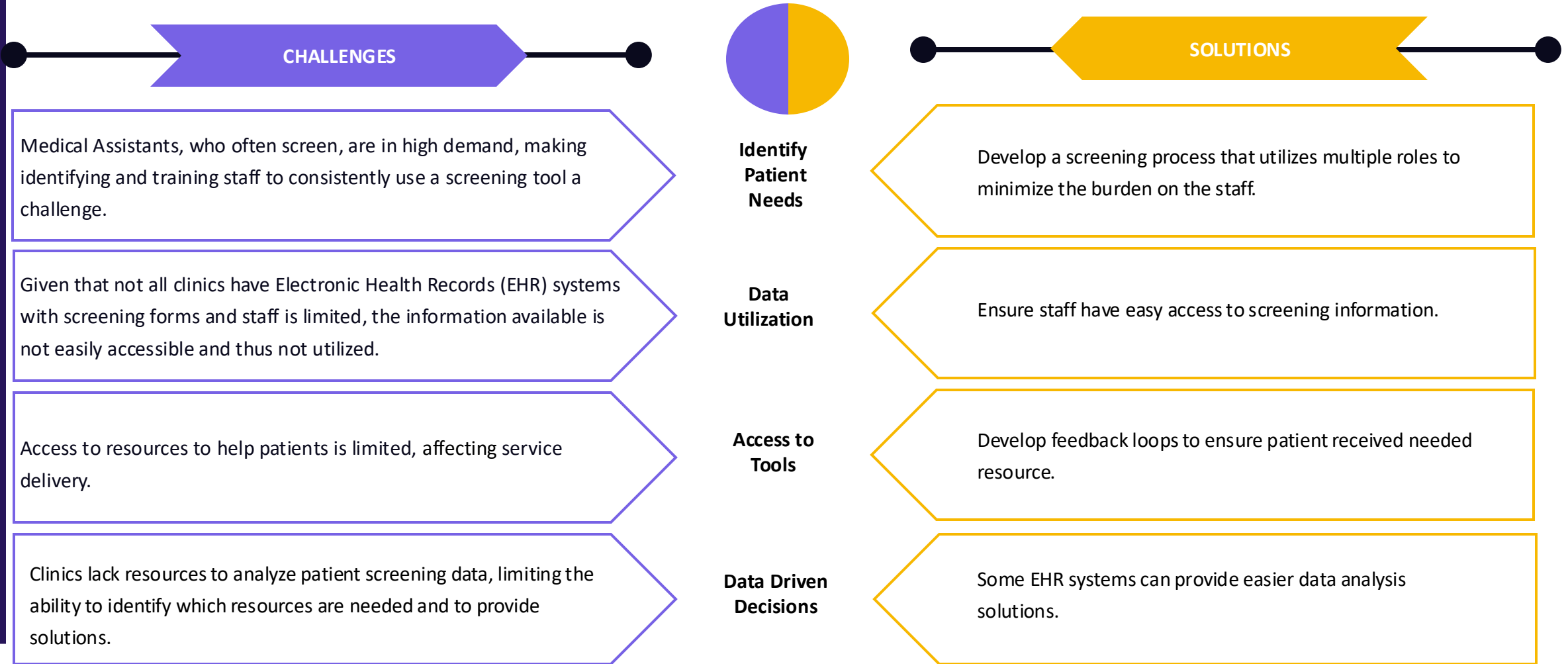
During interviews, clinics revealed that their use of screening was often not systematic, instead relying on ad-hoc needs identified during medical encounters. Reasons for the lack of systematic screening included insufficient staff and time, as well as limited external resources for patient referrals. While some clinics partnered with existing providers to offer supplementary services such as food pantries, transportation, employment, and housing assistance, others primarily provided information and instructed patients to seek follow-up care independently.

**65% of clinics screen for NMDOH—ranging from 50% of charity clinics to 80% of FQHCs. Food insecurity or access to healthy food was the biggest concern reported by clinics, followed by affordable housing, employment, and financial support as the next highest concerns of patients.**

### Self-Reported Use of Non-Medical Drivers of Health Tools

Common Forms of Screening	Number of Clinics
Proprietary or Internal Tool	4
Intake Form	2
SDOH Form	2
Other	3
Resource Platform	
FindHelp	4
Unite Us	1
ConnectATX	1
211	1
Biggest Concern	
Food Insecurity	10
Employment/Financial	8
Affordable Housing	8
Access to Health Coverage	7
Transportation	6
Utilities Support	6

### Implementation Challenges And Solutions for Non-medical Drivers of Health (NMDOH)



Note: This graphic is based on the interviews with the clinics. Some clinics discussed challenges they were having and offered their own solutions. Other solutions were based on how other clinics described their program.

**Implementation Programs to Address Non-Medical Drivers of Health (NMDOH)**

	FQHCs (N=5)	Charity Clinics (N=6)	LMHA Clinics (N=2)	Other Clinics (N=4)	All Clinics (N=17)
Food Rx Program	3	1	0	0	4
On-site Food Pantry	2	2	0	3	7
Medical Legal Partnership	2	0	0	0	2
Transportation Support	4	4	2	1	11
Housing Assistance/Support	1	1	2	1	5
Food And Health Fairs in Community	2	4	1	1	8
Health Coverage Enrollment Support	5	2	2	2	11
Service Navigation	5	4	2	2	13

**Clinics—either directly or through referrals and partnerships, have varying capacity to address areas of NMDOH.**





## Non-Medical Partners

In the complex ecosystem of health care, the role of non-medical partners has become increasingly significant, highlighting the intricate interplay between health and various socio-economic factors. These partners, often drawn from sectors outside traditional healthcare, are crucial in addressing the broader determinants of health, which include economic stability, education, social and community context, health and health care, and neighborhood and built environment. These elements, frequently referred to as the social determinants of health, have a profound impact on individual and community wellness, often more so than medical interventions alone.

By collaborating with these varied non-medical partners, healthcare providers can offer a more holistic approach to health and wellness. This not only enhances the quality of care but also addresses the root causes of poor health that medical interventions alone cannot resolve. This integration ultimately leads to better health outcomes, reduced healthcare costs, and a more equitable health system that serves the needs of all its constituents.

Clinics evaluated their non-medical partnerships based on two key criteria: the effectiveness of the collaboration in serving patients and the level of difficulty in establishing and maintaining these collaborations. The partnerships that received the highest and lowest ratings are shown here.

### Clinics Highest and Lowest Rated Collaborations Based on Effectiveness and Easy to Establish

#### High Ratings For Effectiveness and Easy to Establish

Translation Services

Assistance with medical costs

#### Low Ratings for Effectiveness and Easy to Establish

Childcare

Social and emotional services

# Primary Care Capacity Assessment In Central Texas

Other Operational Issues



### Telehealth: An Evolving Tool

Following the widespread adoption of telehealth during the COVID-19 pandemic, healthcare providers are now leveraging this technology for more specific interventions tailored to individual cases. Telehealth has become a cornerstone for services such as mental health support, nutrition consultations, lab result follow-ups, medication refill management, and treatment of uncomplicated conditions. In addition to virtual visits, some clinics have integrated wearable technology to remotely monitor patients' vital signs like blood pressure and blood glucose levels. Furthermore, clinics employ text messaging and patient portals as tools to maintain communication with patients, offering health education and facilitating ongoing care management. This evolution reflects a broader integration of digital health solutions into routine healthcare delivery, enhancing accessibility and patient engagement across various medical disciplines.



Use of Telehealth by Clinic Type and Activity

	% FQHCs (N=5)	% Charity Clinics (N=6)	% LMHA Clinics (N=3)	% Other Clinics (N=4)	All Clinics (N=18)
Adult Primary Care	100%	50%	33%	50%	65%
Individual Behavioral Health Counseling	100%	17%	100%	25%	59%
Mental Health Screening & Assessment	80%	-	100%	25%	47%
Pediatric Primary Care	100%	-	33%	25%	41%
Nutrition	80%	33%	33%	-	41%

**“Our pediatricians like it because they can see how the patient behaves at home.”**

### Finding the Right Technology

Throughout interviews, several clinics highlighted ongoing transitions in their Electronic Health Record (EHR) systems, driven by various factors such as the need to integrate with Managed Care Organizations (MCOs) for Accountable Care Plans (AMPs), the outdated nature and complexity of their current systems, and financial considerations. Among the most frequently mentioned EHR platforms were Athena, Epic, Netsmart, Dentrix (specifically designed for dental providers), and Practice Fusion, a no-cost platform offered by the National Association of Free & Charitable Clinics. Clinics specifically praised Epic for its capability to compile data and generate reports, facilitating tracking of productivity, appointment attendance rates, and other key metrics essential for operational management and quality improvement initiatives.



Use of Technology by Clinic Type

	FQHCs (N=5)	Charity Clinics (N=6)	LMHA Clinics (N=2)	Other Clinics (N=4)	All Clinics (N=17)
Electronic Health Records (EHR)	5	6	2	4	17
Practice Management Software (PMS)	4	0	1	4	9
Revenue Cycle Management (RCM)	5	0	0	2	7
Clinic Data Repository (CDR)	2	2	1	0	5

**Clinics noted that Epic enables them to gather data and build reports to track productivity, appointment show rates, and other useful metrics.**

### Staff Recruitment and Retention

Clinics across the region encountered several recurring challenges in staffing, including difficulties in hiring dental hygienists, medical assistants, front desk personnel, nurses, data analysts, and, in some cases, physicians. There was also a notable demand for bilingual staff and those willing to work flexible hours, including evenings and weekends. These recruitment hurdles were largely attributed to the clinics' limitations in offering full-time employment, competitive benefits, and salaries comparable to larger healthcare institutions and tech companies in the area.

Feedback from interviews highlighted several potential solutions to these staffing challenges. These included implementing more competitive salaries and benefits packages, introducing retention incentives, establishing training pipelines for roles like medical assistants and dental hygienists, and embracing remote work flexibility. Additionally, leveraging telehealth more extensively emerged as a strategy to alleviate some of the staffing pressures. However, the survey also highlighted the contributions of volunteer staff, whose time and efforts are equally valuable to paid personnel. Volunteer clinics face unique challenges in ensuring provider availability for appointments, both in-person and virtually. Future iterations of the survey should incorporate specific questions tailored to clinics with volunteer staff, recognizing their vital role in the healthcare landscape in addressing their distinct operational needs.

Reported Staffing Demand, Supply, and Challenges by Clinic Type

Roles	Clinics Reporting Roles in High Demand		Clinics Reporting Roles in Low Supply		Clinics Reporting Recruitment Challenges	
	#	%	#	%	#	%
Primary Care Physicians	8	47%	5	29%	7	41%
Specialists	4	24%	1	6%	3	18%
Nurses	9	53%	8	47%	6	35%
Medical Assistants	10	59%	8	47%	7	41%
Psychiatrists	8	47%	6	35%	8	47%
Other Behavior Health Staff	5	29%	4	24%	5	29%
Front Desk Personnel	8	47%	4	24%	5	29%



## Staffing Challenges

Clinics varied widely in size, ranging from having just one to as many as 1,281 paid staff members. Managers from both FQHCs and charity clinics shared concerns regarding staffing. A key issue is the need to offer higher salaries to mitigate the impacts of inflation and to remain competitive with other clinics and hospitals. Also, retaining staff who serve uninsured and under-insured populations requires providing a positive and supportive work environment to maintain staff morale.

Common factors contributing to staff burnout included excessive workload, the need to perform multiple roles or cover for others due to chronic understaffing, challenges in addressing non-medical determinants of health, and frustrations with bureaucratic obstacles such as the Electronic Health Records (EHR) system.

Larger clinics face the necessity of hiring and retaining a diverse and extensive workforce. The success of smaller charity clinics often depends heavily on a few key individuals. Once adequate staffing levels are achieved in these smaller settings, staffing concerns often diminish.

To address these challenges, larger organizations have implemented several strategies to enhance staff recruitment and retention. These include creating a pipeline for new staff through partnerships with training programs, fostering internal training opportunities to promote from within, utilizing H1B visas to recruit internationally, and introducing more flexible work arrangements such as variable hours and remote work options.



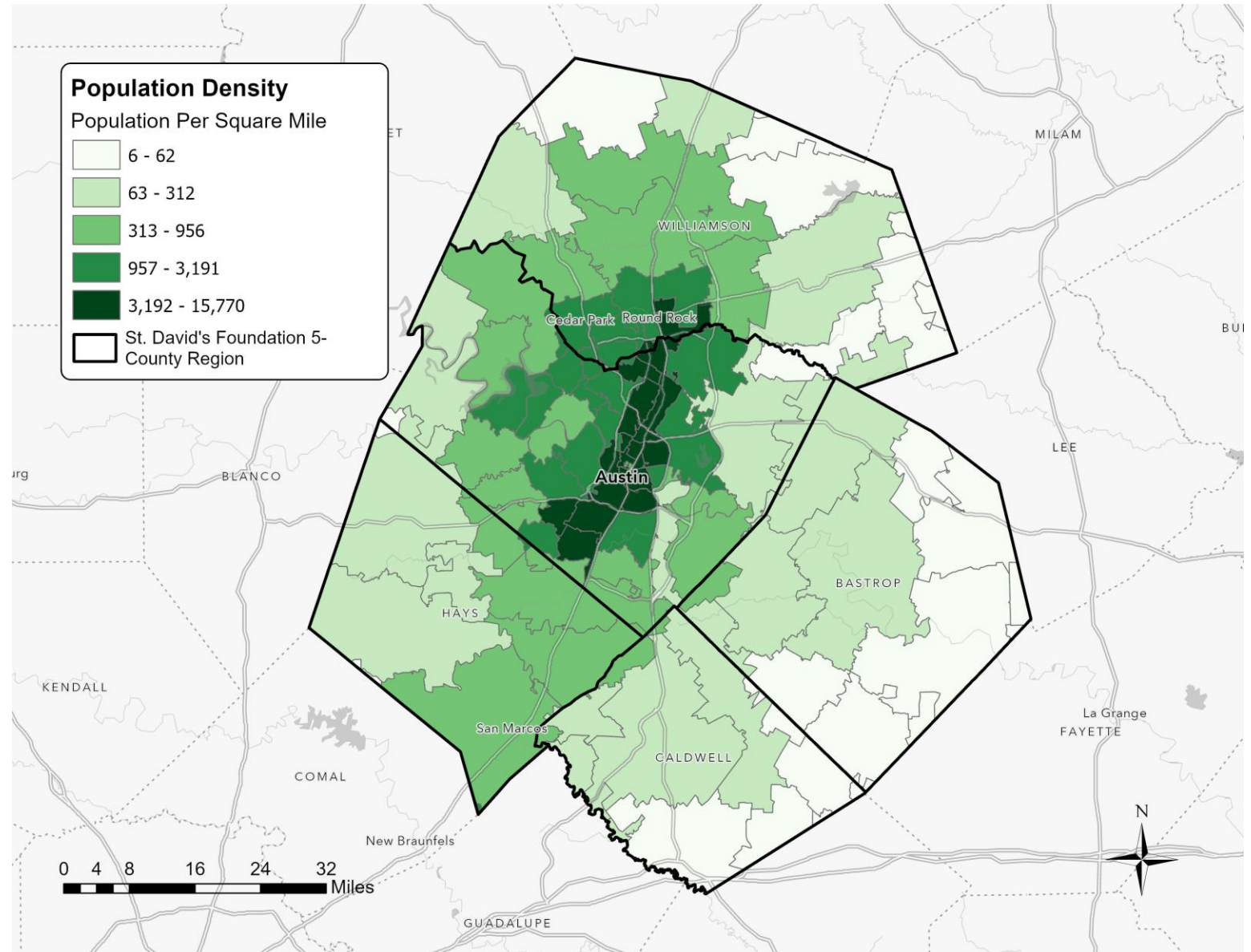
# Primary Care Capacity Assessment In Central Texas

Supply Capacity to Meet Demand



### Population Density

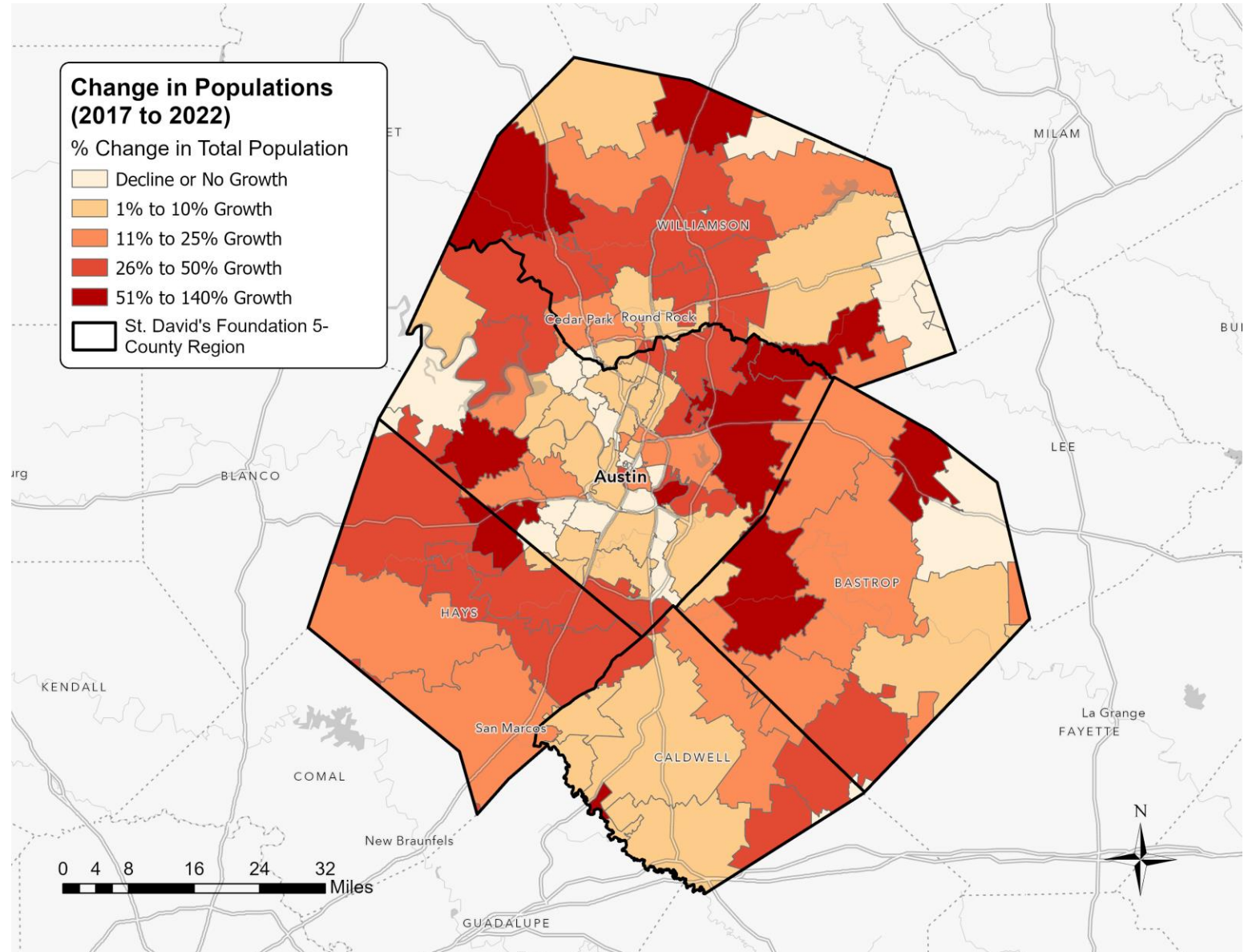
Population density and total population within a ZIP code can be important factors in healthcare site location. Central Travis County (Austin) and southern Williamson County have the highest population densities. In contrast, many of the surrounding areas in the outlying counties remain relatively rural, with lower population densities.





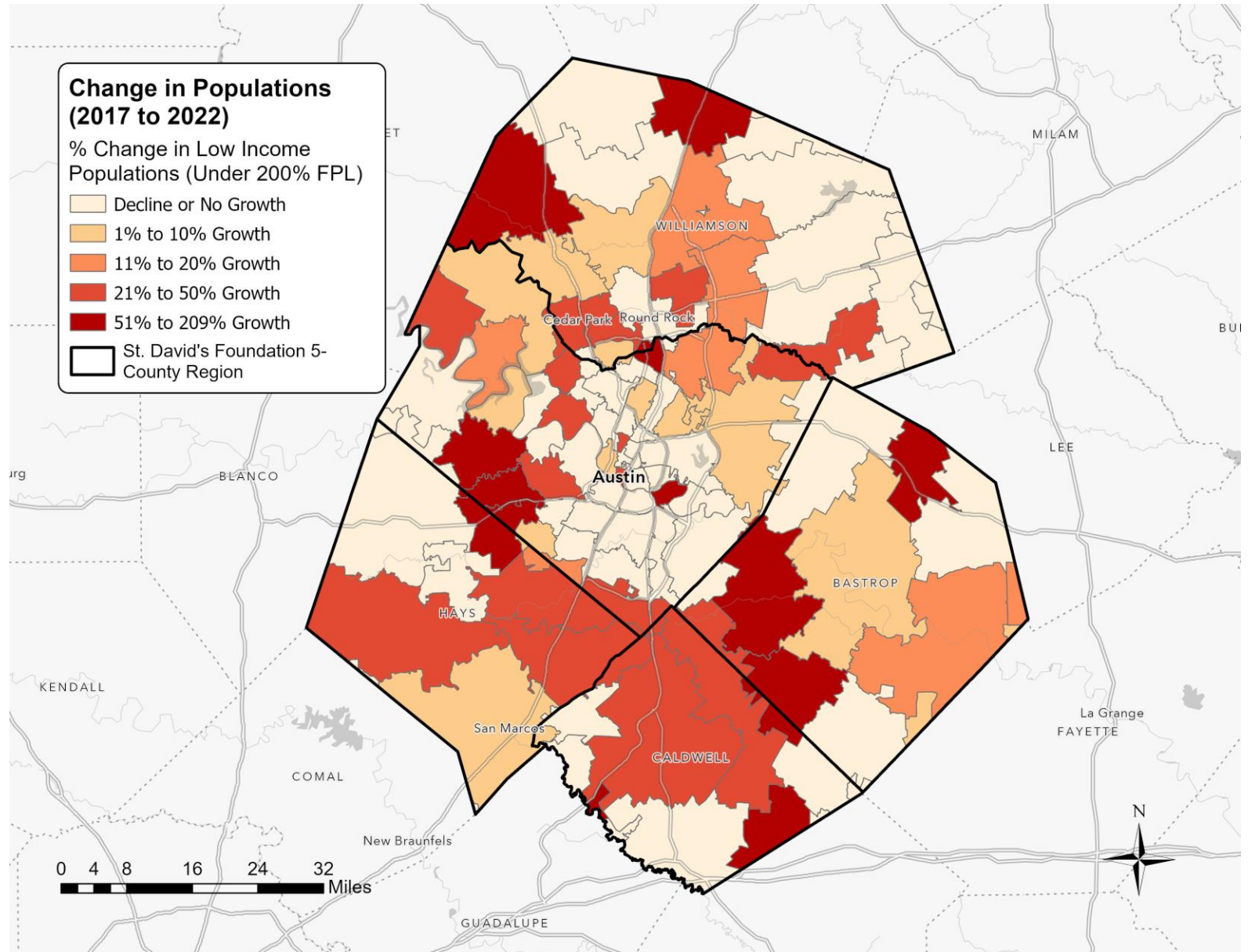
### Population Growth

Since 2017, the region's population has grown significantly, with 80% of ZIP codes experiencing some level of increase. On average, ZIP codes have seen nearly 18% growth. This expansion is particularly evident in suburban areas surrounding Austin, which have seen substantial increases in population.



### Shift in Low Income Population

Low-income populations in the region have grown, but not as rapidly as the overall population. While 47% of ZIP codes have seen an increase in low-income residents, the average growth across all areas is 8%. Much of this growth is concentrated in the outlying counties, as many new residents moving into the Austin area earn above 200% of the Federal Poverty Level (FPL). As a result, low-income populations are increasingly shifting to the suburbs and outer counties, leaving a noticeable reduction in low-income residents within Austin itself. This demographic shift is significant, as low-income populations are more likely to require affordable healthcare services, a key focus of this study.



## Metrics for Supply and Demand

To assess the breadth and depth of healthcare services in Central Texas and identify potential gaps, the study calculated both the demand for affordable healthcare and the available supply to meet that demand. Demand metrics, derived from the ACS 5-Year Estimates (2018–2022), included factors such as the proportion of low-income residents (under 200% FPL), median household income, uninsured rates, fertility rates, unemployment rates, part-time workers, and non-U.S. citizens. On the supply side, clinic data was used to evaluate metrics such as the penetration rate of services for low-income populations and the number of clinic sites per 1,000 low-income residents. This comprehensive analysis aims to highlight areas where healthcare needs are not adequately met by the current service infrastructure.

### Demand Metrics (ACS 5 Year Estimates, 2018-2022)

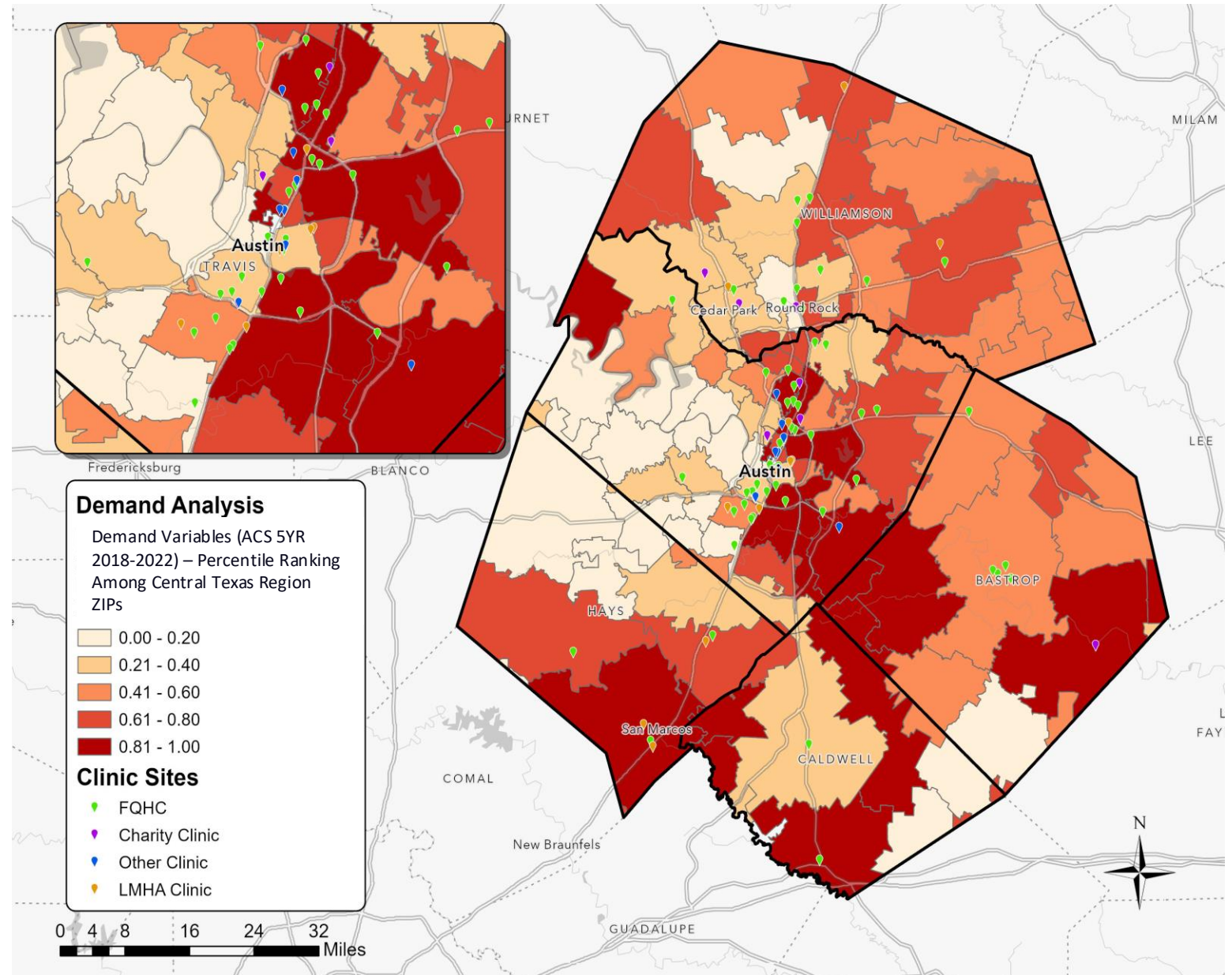
- Low Income (Under 200%)
- Median HH Income
- Uninsured
- Fertility Rate
- Unemployment Rate
- Part-Time Workers
- Non-US Citizens

### Supply Metrics (Clinic Data)

- Penetration Rate (Low Income)
- Clinic Sites Per 1,000 Low Income Residents

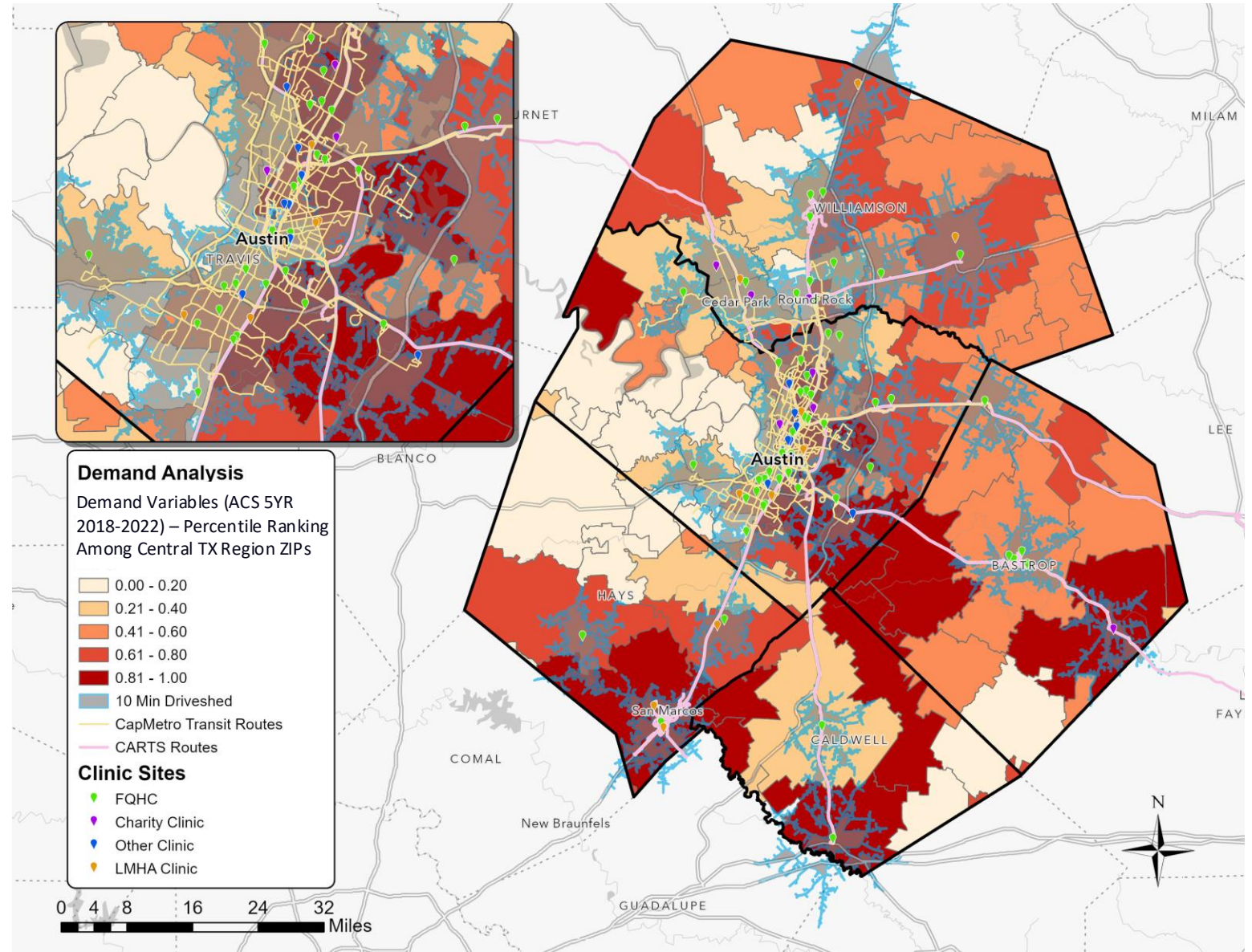
### Demand for Affordable Healthcare Services

Demand for healthcare services is highest in the central and eastern parts of Travis County. Additionally, rural areas outside Travis County also experience significant demand, yet these regions often have the fewest nearby providers. The map highlights this disparity, with bright orange and red indicating areas of the highest demand. This aggregate measure clearly shows that while central and eastern Travis County face intense demand, rural areas are particularly underserved.



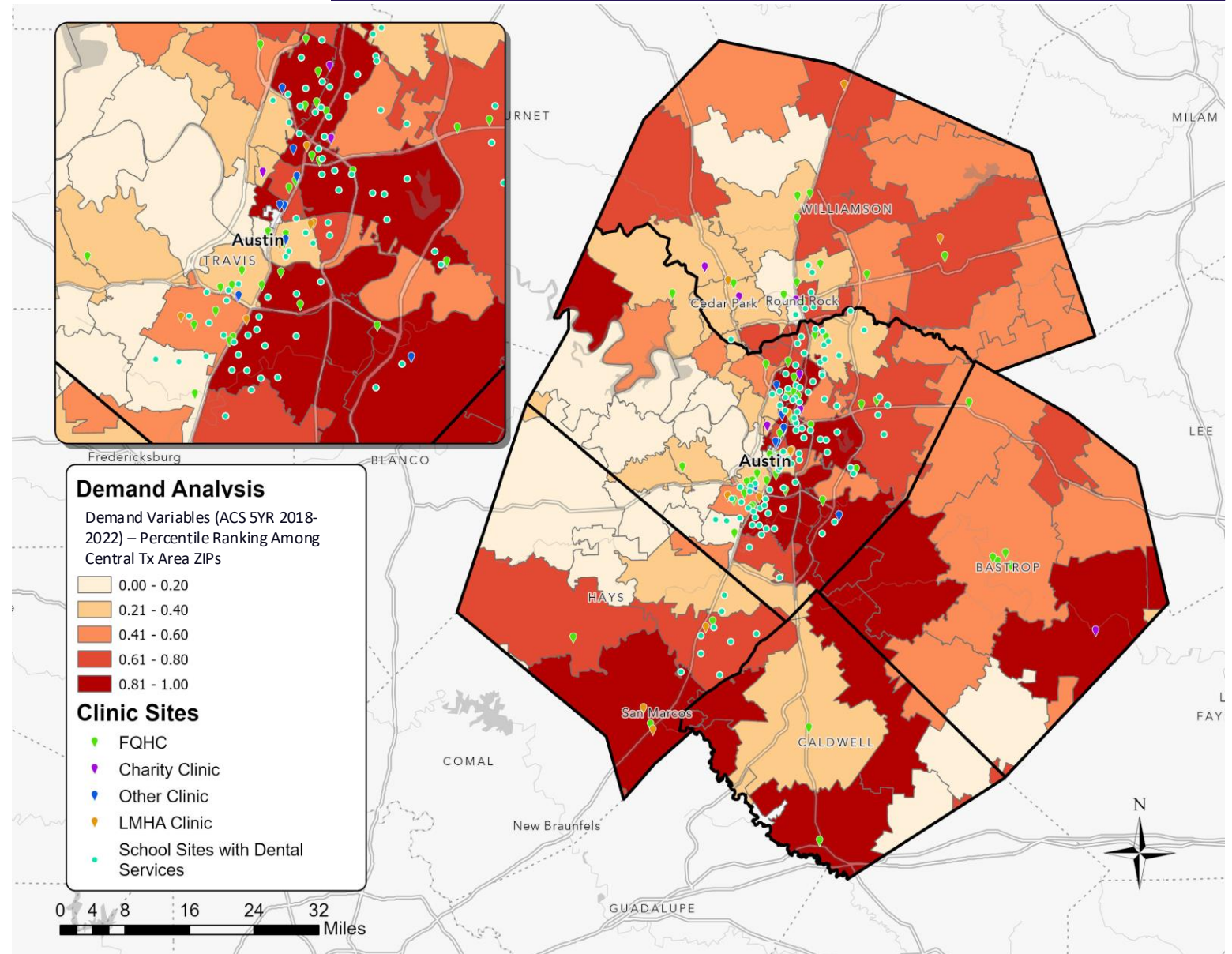
### Demand and Accessibility

Most clinics are strategically positioned to be accessible via public transportation, including those in rural communities served by the Capital Area Rural Transportation System (CARTS). However, certain high-demand rural areas face limited access to clinics, often requiring patients to travel long distances. In eastern Travis County, some high-demand regions also lack nearby clinics, though many of these gaps are due to green spaces or undeveloped land. The blue outline on the map represents a drive shed, indicating that anyone within this area is within a 10-minute drive of a clinic included in the study. Overlaying this map with Metro sites shows that clinics are well-aligned with public transit lines. Despite this alignment, there remain significant gaps in rural areas and some parts of Austin, primarily due to natural or undeveloped land.



### Demand and Accessibility with SDF Dental School Sites

In the rural expanses surrounding Austin, and even within parts of the city itself, numerous gaps in infrastructure are evident. These gaps often arise amidst stretches of green spaces, parks, lakes, and swathes of undeveloped land. Amidst these geographical features lie school sites that also offer essential dental services, enhancing healthcare access for communities across these varied landscapes.

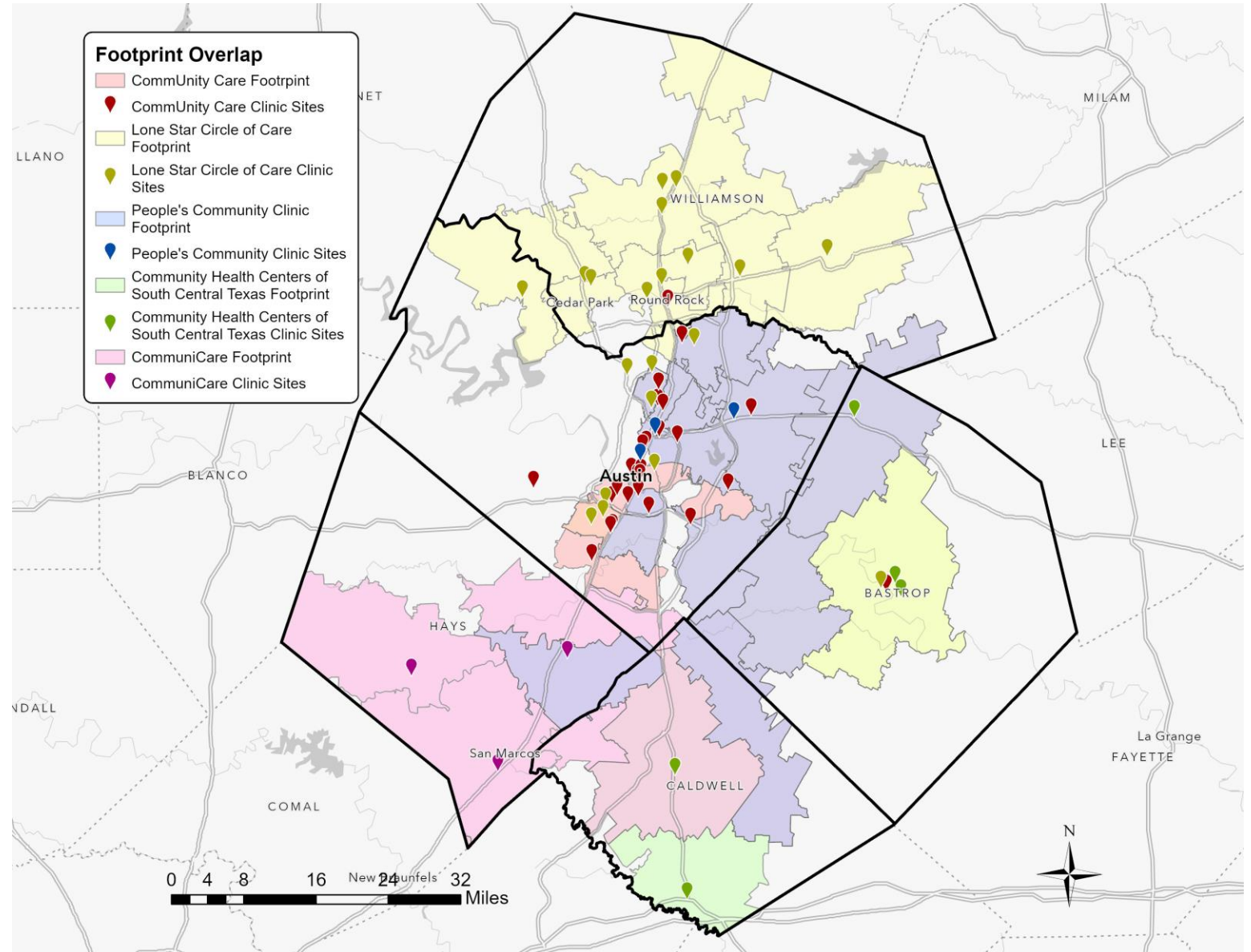


### Demand and Accessibility among FQHCs

The Supply Analysis vividly illustrates the extent of overlap among the footprints of Federally Qualified Health Centers (FQHCs) across the region. In particular, clinics' coverage areas intersect significantly, notably on the eastern side of Travis County and the western reaches of Bastrop County.

Competition among FQHCs in Travis, Bastrop, and Caldwell Counties is notably intense, driven by their close proximity and overlapping service areas.

In contrast, Lone Star Circle of Care has established a robust presence in Williamson County, enjoying relatively minimal competition from other FQHCs. A similar, albeit less pronounced, situation exists for CommuniCare in Hays County.

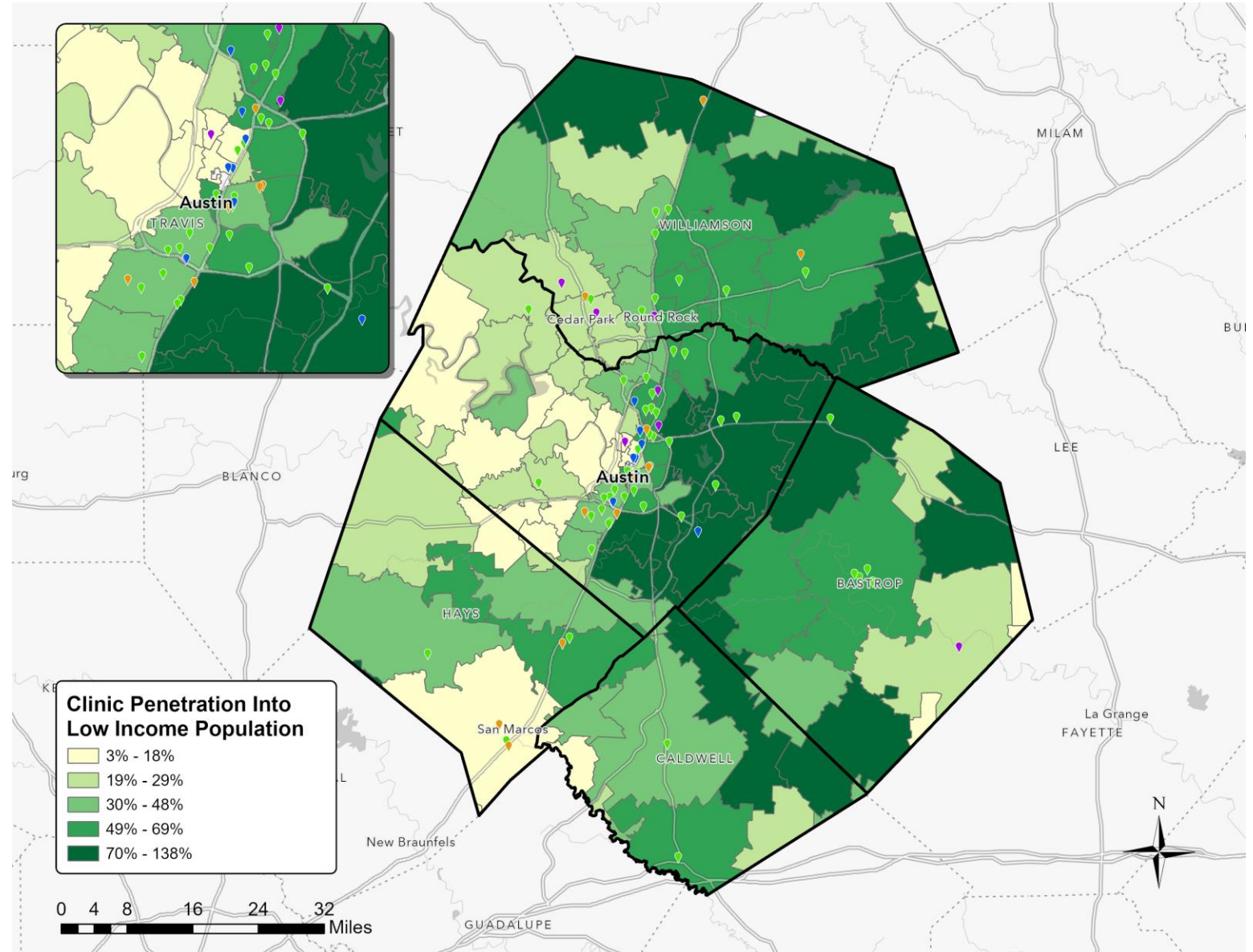


### Penetration of the Supply

In Central Texas, the depth of service is notably high compared to the Greater Houston region, especially reaching a significant 46% penetration into low-income populations overall. The eastern side of Travis County, along with substantial portions of Bastrop and Williamson Counties, benefit from robust coverage.

Interestingly, within central Austin itself, where the concentration of healthcare providers is abundant, penetration into low-income populations is comparatively lower. This phenomenon might be attributed partly to the composition of providers in the area. While there are several Federally Qualified Health Center (FQHC) sites, others operate as charity or specialized clinics, potentially limiting their capacity or focusing on specific demographic groups.

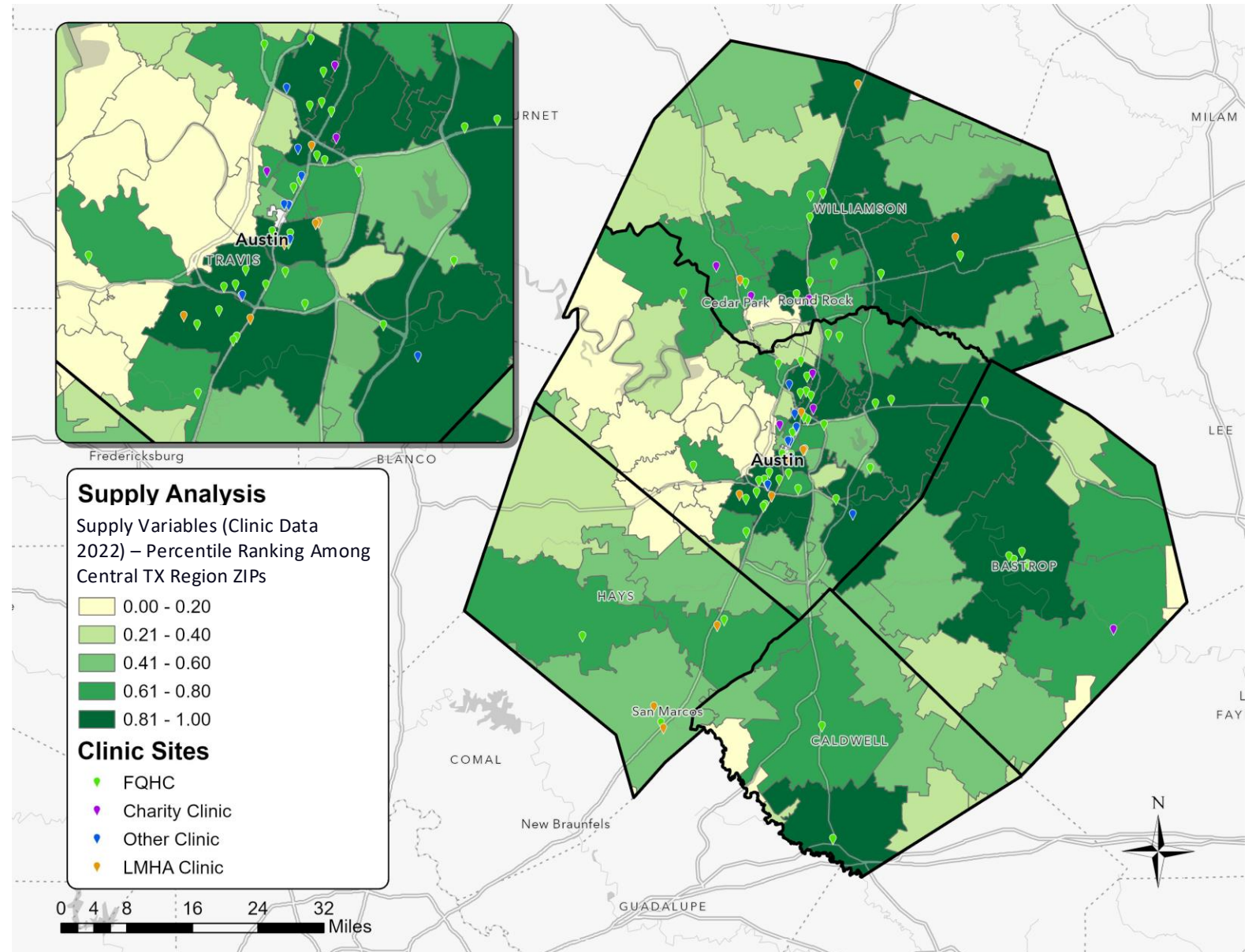
Additionally, proximity to the University of Texas could pose a barrier for low-income populations, who may perceive the sites in that area as less accessible or desirable for seeking healthcare services.





### Penetration of the Supply

The availability of affordable healthcare providers was assessed based on the breadth and concentration of FQHC clinics in each ZIP code. Areas with the highest supply include eastern Travis County, Williamson County, and western and central Bastrop County. However, disparities in penetration rates, alongside the influence of higher-income demographics, may result in comparatively lower supply levels within the Austin area.

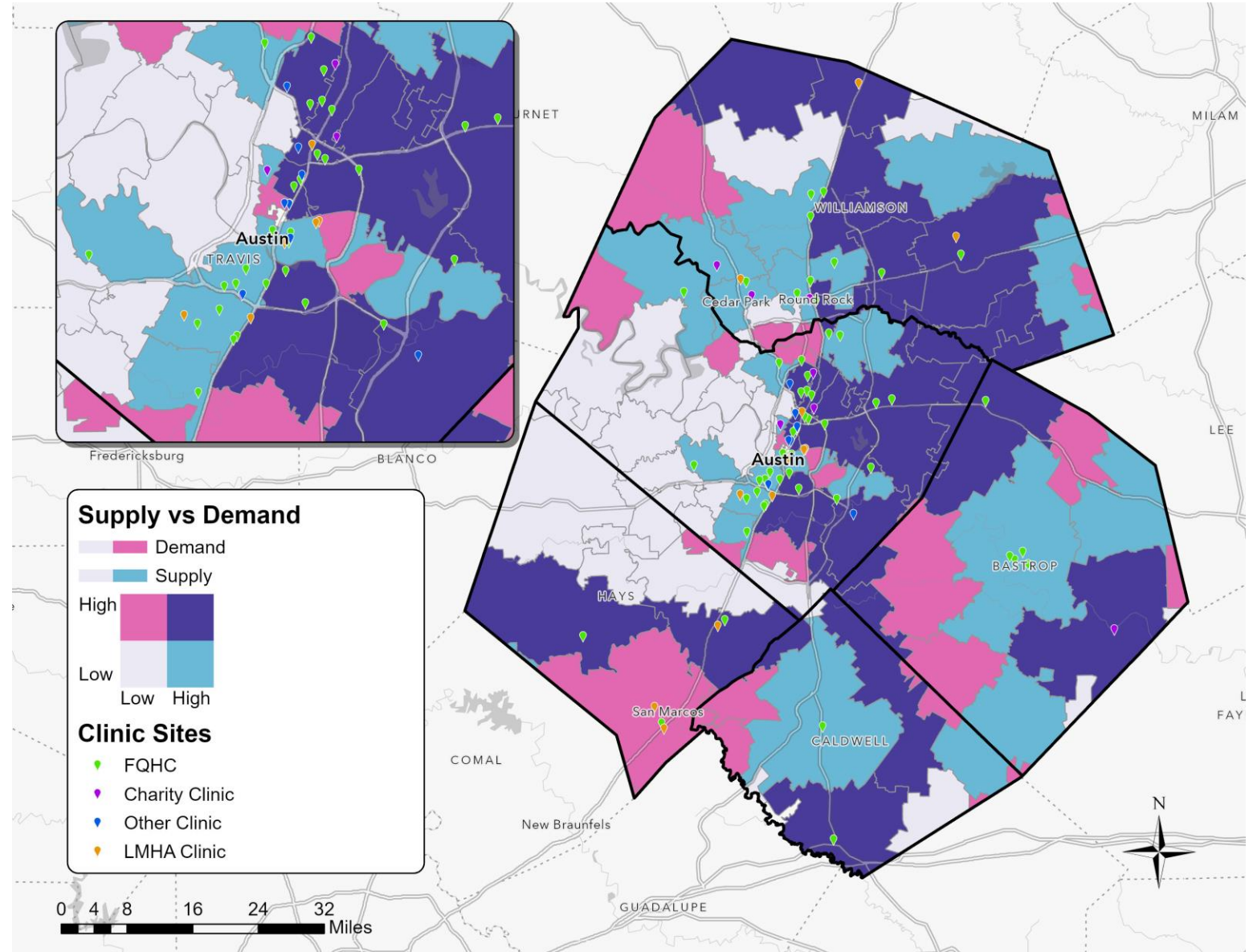


The bivariate map juxtaposes supply and demand within healthcare provision:

- Areas shaded in **PINK** denote regions with above-average demand for healthcare services but below-average supply, highlighting significant unmet needs.
- **BLUE** areas indicate places where supply exceeds demand, suggesting an excess of healthcare services relative to local requirements.
- **DARK PURPLE** areas represent zones where both demand for healthcare services and supply are above average, indicating well-met healthcare needs.

The map exclusively considers Federally Qualified Health Centers (FQHCs) due to their provision of detailed patient data at the zip-code level.

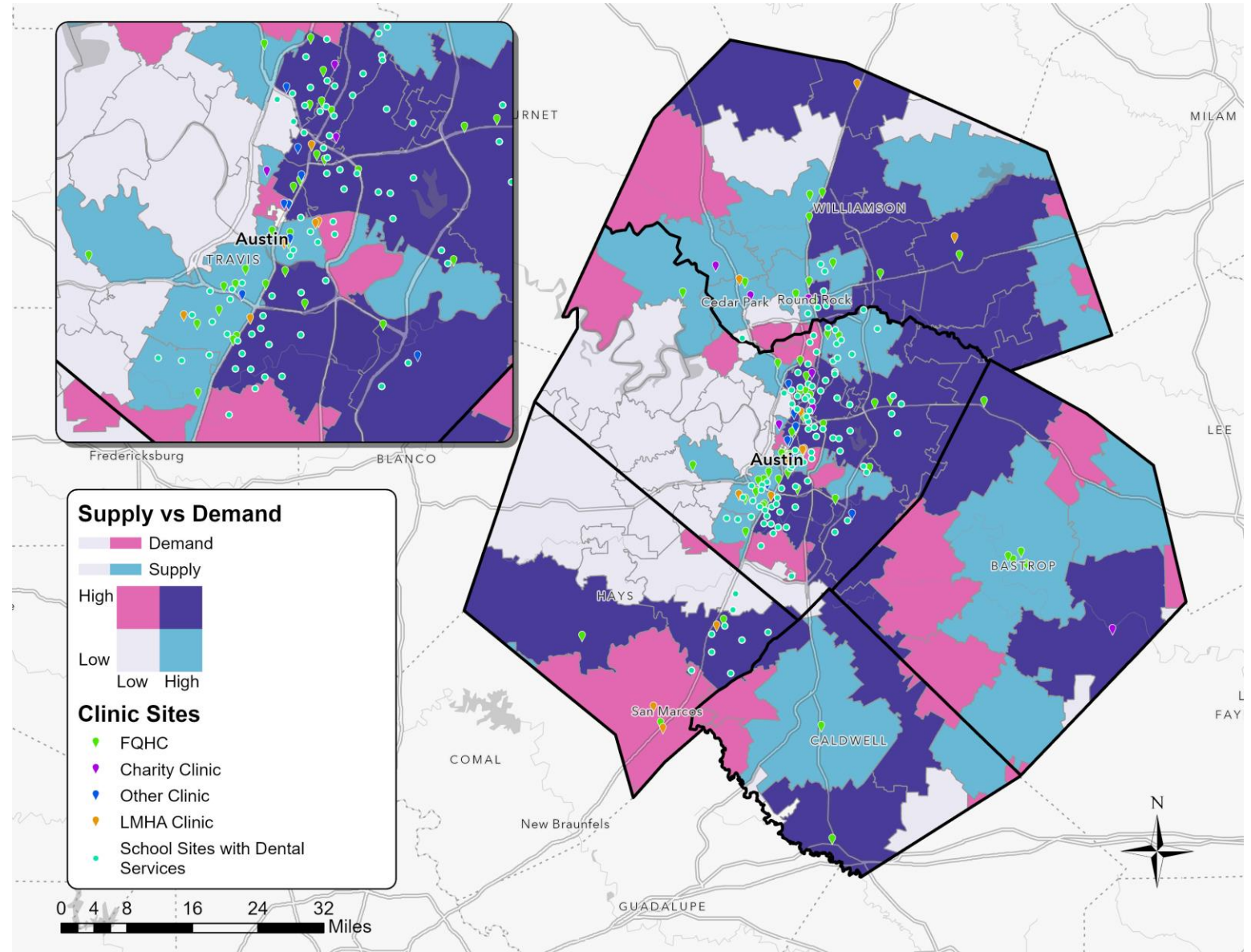
To interpret this map accurately, additional zip code population data is essential. For instance, some pink areas, particularly those further west, may appear as high demand and low supply due to factors like sparse population or their classification as industrial or underdeveloped areas.



The bivariate map presents a comparison between supply and demand for healthcare services with the location of clinics and school dental sites:

- Areas shaded in **PINK** denote regions with above-average demand for healthcare services but below-average supply, highlighting significant unmet needs.
- **BLUE** areas indicate places where supply exceeds demand, suggesting an excess of healthcare services relative to local requirements.
- **DARK PURPLE** areas represent zones where both demand for healthcare services and supply are above average, indicating well-met healthcare needs.

This map integrates school sites offering SDF Dental Services; however, the analysis is focused exclusively on FQHCs due to their ability to provide patient data at the zip code level.



# Primary Care Capacity Assessment In Central Texas



Financial Stability



### Finances in 2022

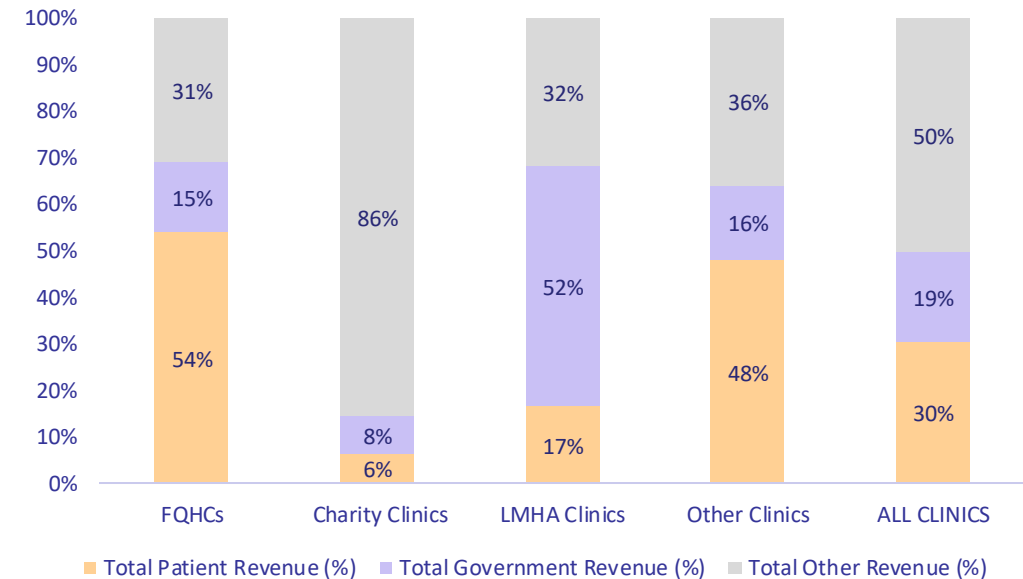
Clinics’ 2022 financial data provide a detailed comparison of revenue streams and expenses among different types of clinics, namely Federally Qualified Health Centers (FQHCs), charity clinics, Local Mental Health Authority (LMHA) clinics, and other clinics.

- FQHCs** reported total revenue of \$366,491,553, with the majority (54%) derived from patient revenue. Government sources contributed 15%, while other revenue streams accounted for 30%. Despite high operational expenses totaling \$346,721,468, FQHCs still managed a significant net revenue of \$19,770,084, highlighting their greater financial sustainability and compared to other clinic types.
- Charity Clinics** operated on a much smaller financial scale with total revenue amounting to \$4,066,433. These clinics relied heavily on other sources of revenue (86%), with a minimal contribution from patient revenue (6%) and government funding (8%). However, they faced challenges as their expenses slightly exceeded their revenue, resulting in a net loss. This underscores the financial vulnerability of charity clinics and their dependence on non-traditional funding sources.
- Local Mental Health Authority (LMHA) Clinics** had a total revenue of \$164,237,302, with a significant portion (52%) coming from government funding. Patient revenue contributed 17%, and other sources 32%. LMHAs also experienced a small net loss.
- Other clinics** reported \$20,701,709 in total revenue, with nearly half (48%) from patient revenue, indicating robust patient service utilization. Government funding was comparatively low at 16%, with other revenue making up 36%. These clinics had positive net revenue in 2022, perhaps benefitting from their diverse funding sources.

Revenue by Clinic Type

	FQHCs	Charity Clinics	LMHA Clinics	Other Clinics
<b>Total Revenue</b>	\$366,491,553	\$4,066,433	\$164,237,302	\$20,701,709
<b>Expenses</b>	\$346,721,468	\$4,135,930	\$164,812,151	\$20,026,509
<b>Net Revenue</b>	<b>\$19,770,084</b>	<b>(\$69,497)</b>	<b>(\$574,849)</b>	<b>\$675,200</b>

Percent of Revenue by Clinic Type

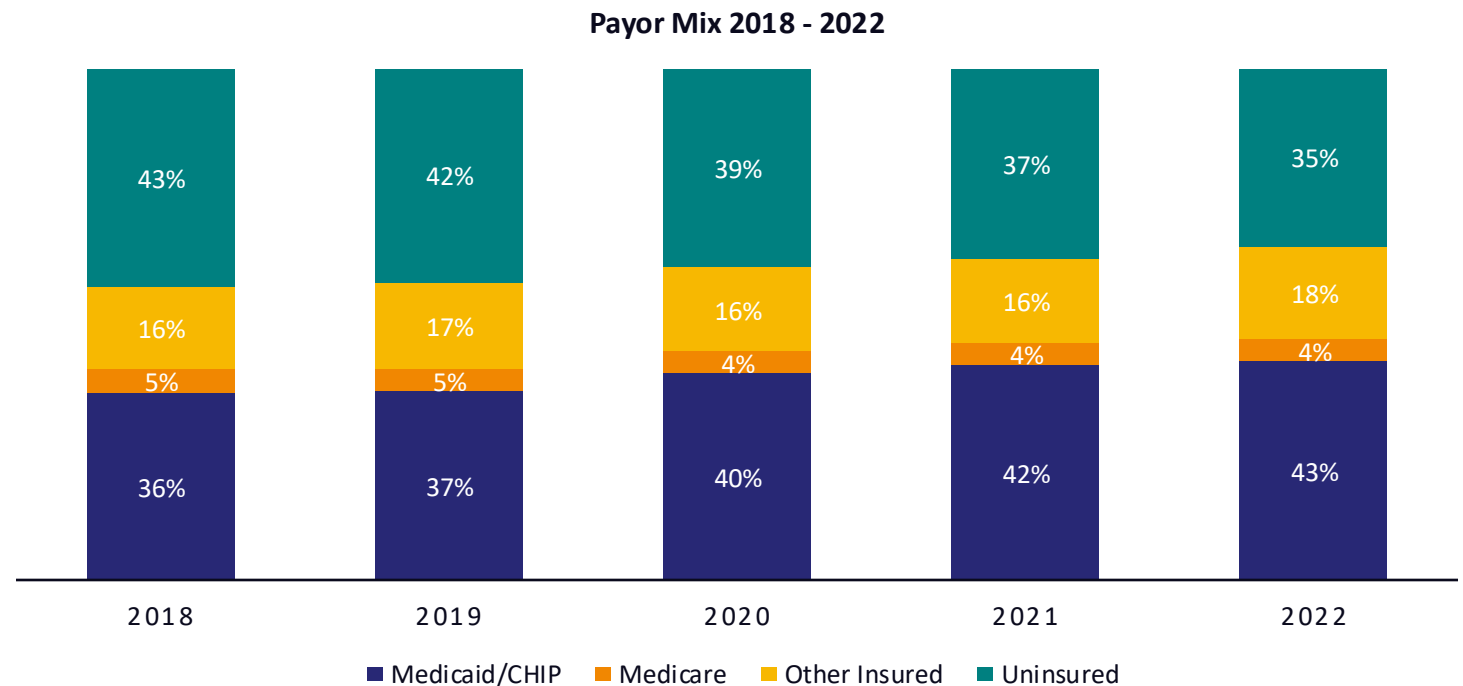


### Financial Outlook

During interviews, clinics shared their financial outlook for the upcoming year and the next five years. Many clinics found the prospect of planning for the next five years particularly daunting due to uncertainties around revenue streams and escalating costs. However, almost all clinics anticipated a growth in patient volume and demand for their services. FQHCs expressed specific worries about future federal funding levels, the adaptation to Alternative Payment Methods, and potential impacts of Medicare/CHIP disenrollment. Clinics across types also highlighted potential changes in foundation funding and the challenges of aligning with foundation requirements to secure necessary financial support.

The accompanying chart illustrates the payor mix from 2018 to 2022 for five FQHCs involved in this assessment. Notably, there has been a decrease in the percentage of uninsured patients since the onset of the COVID-19 pandemic, likely from the temporary suspension of regular enrollment requirements for Medicaid and CHIP during the pandemic. However, with post-pandemic Medicaid disenrollment, the proportion of patients covered by Medicaid/CHIP is expected to revert from 43% back to more standard 36–37%. This shift is anticipated to increase financial pressures on clinics that predominantly serve uninsured and underinsured populations.

**With Medicaid/CHIP disenrollment, potential changes in revenue, and increased patient volume, many clinics expressed concerns about meeting the future needs of Central Texas’ un- and under-insured.**



# Primary Care Capacity Assessment In Central Texas

Key Points, Limitations, and Opportunities



### Service Coverage, Needs, and Demand

- FQHCs are the dominant safety-net provider in the Central Texas region.
- There are higher demand areas dispersed outside Travis County, but some of these areas have fewer nearby providers.
- There is a growing need for dental services and behavioral/mental health services in the region as identified by current providers.
- Addressing the need for services in languages other than English is increasingly critical due to the region's changing demographics.

### Chronic Disease Management

- Some charity clinics are managing more patients with chronic disease, decreasing their patient volume and limiting the patient's ability to transition to other care providers.

### Financial and Operational Challenges

- Only a few clinics reported their financial status as “struggling,” but many report having low cash reserves, putting them in a precarious financial standing, especially with an expected increase in the number of uninsured individuals due to recent Medicaid disenrollment.
- There are notable shortages in specific staffing positions, including mental health specialists, nurses, dental and medical assistants, and front office medical staff.





### Technology and Service Delivery Innovations

- The use of telehealth and technology is seen as an opportunity to expand service provision, especially in rural areas, though these solutions have limitations for addressing certain medical issues.

### Socioeconomic and Demographic Considerations

- There are increases in the number of low-income individuals and a continuing demographic shift towards a larger low-income population in certain parts of Central Texas, especially outside of Travis County. This underscores the need for targeted services, particularly in medical, dental, and mental health care for these populations in outlying areas.

### Research and Data Limitations

- The research did not gather data on services provided by hospital-affiliated clinics, which is a limitation that, if addressed, could provide a more comprehensive view of the actual and potential supply of services.
- More detailed data on residential location (zip code) of users of services from non-FQHC clinics could facilitate more robust supply and demand analysis in the future.

