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From the Bottom Up

By Michael McBride, Editor-in-Chief

Congress is moving to strengthen legislation and increase funding to the Federally Qualified Health Center program (FQHC), which provides funding for community health centers in rural and urban communities, and which Presidents Bush and Obama both support.

In a January 22nd article in *Politico*, Sen. Bernie Sanders, Ind-Vt., and Rep. Jim Clyburn, D-S.C., wrote, "Our current $2 billion-per-year investment in community health centers provides comprehensive primary healthcare through 1,100 community-run, nonprofit organizations in every region of the country. The average cost in federal funds comes to about $125 per patient, per year. By increasing funding to less than 0.5 percent of overall U.S. spending on medical care, we could provide primary healthcare to every American who needs it. In other words, for a total of $8.3 billion by the year 2015, we could have 4,800 health centers caring for 60 million more Americans in every area of the country that is designated medically underserved." Compared to other programs (SCHIP, for example, covers fewer people but costs far more), those are tangible results for the tax dollars spent.

Were this plan to bear fruit, it would transform healthcare as we know it and healthcare IT will be critical to its success. While physician staffs shrink and federal funds dwindle, the number of under-insured patients burdening America's hospitals continues to grow. That's a bad combination. Safety net hospitals are particularly vulnerable and we are losing them at an increasing rate each year, reducing healthcare to our poorest citizens. Growing the number of community clinics also would relieve the pressure on hospital emergency departments.

Besides providing affordable healthcare to millions of Americans, 4,800 community clinics also would provide thousands of physician, nursing, administrative and IT jobs. These clinics would need to be interconnected to a statewide data repository of patient information, which would involve nearly the entire healthcare IT community to achieve. They also could be an important factor in telehealth initiatives to extend disease management and care providing for the elderly into the home, again relieving our over burdened hospital systems.

Strengthening healthcare from the bottom up reinforces its entire structure. It's a small price tag for such a large and beneficial outcome.

Misplaced records

Slow claims processing

Inefficient collaboration

FUJITSU

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