

# The Value and Impact of Louisiana Primary Care Association

Thirty-five **Louisiana Primary Care Association** health centers provide tremendous value and impact to the communities they serve, including **CARE FOR VULNERABLE POPULATIONS**, **SAVINGS TO THE SYSTEM**, **ECONOMIC STIMULUS**, and **STATE-OF-THE-ART PRACTICES** and **INTEGRATED CARE** with a focus on **MANAGING CHRONIC CONDITIONS**, **PREVENTIVE CARE**, and **QUALITY HEALTH OUTCOMES**.

This report highlights their **2018 savings and contributions**.

## SAVINGS TO THE SYSTEM

**24%**  
LOWER COSTS  
FOR HEALTH CENTER  
MEDICAID PATIENTS



**\$868 Million**  
SAVINGS TO THE  
OVERALL HEALTH  
SYSTEM

**\$645 Million**  
SAVINGS TO  
MEDICAID

## ECONOMIC STIMULUS



**5,784**  
TOTAL JOBS

**3,149**  
HEALTH CENTER JOBS

**2,635**  
OTHER JOBS  
in the community



**\$772 Million**  
TOTAL ECONOMIC  
IMPACT of current  
operations

**\$416 Million**  
DIRECT HEALTH  
CENTER SPENDING

**\$356 Million**  
COMMUNITY  
SPENDING



**\$101 Million**  
ANNUAL TAX  
REVENUES

**\$27 Million**  
STATE & LOCAL TAX  
REVENUES

**\$74 Million**  
FEDERAL TAX REVENUES

## CARE FOR VULNERABLE POPULATIONS



**448,480**  
PATIENTS SERVED

**95%** of patients  
are **LOW INCOME**

**66%** of patients  
identify as an **ETHNIC  
OR RACIAL MINORITY**

**0%** of patients are  
**AGRICULTURAL  
WORKERS**

**1,679,609**  
PATIENT  
VISITS

**42%**  
4-YEAR PATIENT  
GROWTH

**115,018** of patients  
are **CHILDREN &  
ADOLESCENTS**

**1%** of patients  
are **VETERANS**

**5%** of patients are  
**HOMELESS**

## INTEGRATED CARE



**344,160** patients received **MEDICAL** care



**99,342** patients received **DENTAL** care



**66,264** patients received **BEHAVIORAL HEALTH** care



**1,980** patients received **VISION** care



**62,495** patients received at least one **ENABLING SERVICE** to overcome barriers to care

Patients also received non-clinical services to connect them to community resources such as **HOUSING, JOB TRAINING, AND CHILD CARE**

## MANAGING CHRONIC CONDITIONS



**15,533** patients were diagnosed with **ASTHMA**



**9,883** patients were diagnosed with **CORONARY ARTERY DISEASE**



**37,659** patients were diagnosed with **DIABETES**



**89,422** patients were diagnosed with **HYPERTENSION**

## PREVENTIVE CARE



**35,241** children attended **WELL-CHILD VISITS**



**75,804** patients received **IMMUNIZATIONS** and **SEASONAL FLU VACCINES**

## STATE-OF-THE-ART PRACTICES



**100%** of health centers have installed and currently use an **ELECTRONIC HEALTH RECORD (EHR)**

**80%** of health centers are currently participating in the Centers for Medicare and Medicaid Services **EHR INCENTIVE PROGRAM "MEANINGFUL USE"**



**29%** of health centers are using **TELEHEALTH TO PROVIDE REMOTE CLINICAL CARE SERVICES**

## QUALITY HEALTH OUTCOMES

**97%** of health centers met or exceeded at least one **HEALTHY PEOPLE 2020 GOAL FOR CLINICAL PERFORMANCE**



Capital Link prepared this Value & Impact report using 2018 health center audited financial statements and Uniform Data System information. Economic impact was measured using 2017 IMPLAN Online.

## REFERENCES AND DATA SOURCES

- Economic Stimulus: Economic impact was measured using 2017 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, [www.IMPLAN.com](http://www.IMPLAN.com). Learn more at [www.caplink.org/how-economic-impact-is-measured](http://www.caplink.org/how-economic-impact-is-measured).
- Savings to the System: Nocon et al. *Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings*. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
- Care for Vulnerable Populations, Integrated Care, Managing Chronic Conditions, State-of-the-Art Practices: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System. Note: UDS data collection for telehealth began in 2016.
- Quality Health Outcomes: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System, and relevant Healthy People 2020 targets at [www.healthypeople.gov/2020/data-search](http://www.healthypeople.gov/2020/data-search).
- “Low Income” refers to those who earn below 200% of federal poverty level guidelines.
- Full-Time Equivalent (FTE) of 1.0 is equivalent to one full-time employee. In an organization that has a 40-hour work week, an employee who works 20 hours per week (i.e., 50 percent of full time) is reported as “0.5 FTE.” FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as “0.33 FTE” (4 months/12 months).

### SUMMARY OF 2018 ECONOMIC STIMULUS

		Economic Impact	Employment (# of FTEs*)
Community Impact	Direct	\$415,447,731	3,149
	Indirect	\$120,773,042	878
	Induced	\$235,502,170	1,757
	<b>Total</b>	<b>\$771,722,943</b>	<b>5,784</b>

### SUMMARY OF 2018 TAX REVENUE

		Federal	State
Community Impact	Direct	\$49,140,801	\$7,160,912
	Indirect	\$8,939,557	\$5,338,055
	Induced	\$15,989,235	\$14,352,274
	<b>Total</b>	<b>\$74,069,593</b>	<b>\$26,851,241</b>
<b>Total Tax Impact</b>		<b>\$100,920,834</b>	

## ACKNOWLEDGEMENTS

This report was created by Capital Link and funded by Louisiana Primary Care Association for its members.

Capital Link is a non-profit organization that has worked with hundreds of health centers and primary care associations for over 20 years to plan for sustainability and growth, access capital, improve and optimize operations and financial management, and articulate value. We provide an extensive range of services, customized according to need, with the goal of strengthening health centers—financially and operationally—in a rapidly changing marketplace. Capital Link maintains a database of almost 12,000 health center audited financial statements from 2005 to 2018, incorporating approximately 75% of all health centers nationally in any given year. This proprietary database is the only one of its kind as it exclusively contains health center information and enables us to provide information and insights tailored to the industry. For more information, visit us at [www.caplink.org](http://www.caplink.org).

## HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Access Health Louisiana  
Arbor Family Health  
Baptist Community Health Services, Inc.  
Baton Rouge Primary Care Collaborative, Inc.  
CareSouth  
CASSE Community Health Institute  
Catahoula Parish Hospital District #2  
Common Ground Health Clinic  
CommuniHealth Services  
CrescentCare  
David Raines Community Health Center  
Delhi Community Health Center  
EXCELth, Inc.  
Health Care for the Homeless  
Iberia Comprehensive Community Health Center, Inc.  
InclusivCare  
JeffCare  
Marillac Community Health Centers  
NOELA Community Health Center  
Odyssey House Louisiana  
Open Health Care Clinic  
Outpatient Medical Center  
Primary Care Providers for a Healthy Feliciana  
Primary Health Services Center  
Priority Health Care  
Rapides Primary Health Care Center, Inc.  
Southeast Community Health Systems  
Southwest Louisiana Primary Healthcare Center  
St. Gabriel Health Clinic, Inc.  
St. Thomas Community Health Center  
Start Corporation  
SWLA Center for Health Services  
Teche Action Board, Inc.  
Tensas Community Health Center  
Trinity Community Health Centers of Louisiana