Primary Care Capacity Assessment

In Central Texas

DIR

Decision Information Resources, Inc.

Contents

Sponsors:

St David's FOUNDATION

EPISCOPAL HEALTH FOUNDATION

Collaborator:

WORKING PARTNER

Primary Care Capacity Assessment In Central Texas

Summary

The goal of this study was to identify the capacity of the Central Texas region to meet the primary care needs of uninsured and underinsured residents and to identify gaps in services and accessibility.

Lack of timely access to primary care among the uninsured and underinsured population is known to lead to greater health care debt and poorer health outcomes, compared to those individuals with adequate insurance.[1]

- St. David's Foundation and Episcopal Health Foundation of Texas commissioned this Primary Care Capacity Assessment (PCCA) to identify the capacity of the Central Texas region to address the primary care needs of its uninsured and underinsured residents. The region is defined as Travis, Bastrop, Caldwell, Hays, and Williamson counties.

- This PCCA study sought 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) clinics, and other specialized clinics, and to identify gaps in services and accessibility.

[1]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.

Primary care

- A comprehensive, accessible healthcare provided by clinicians who address a wide range of personal health needs, including preventive, acute, and chronic care, with a focus on maintaining long-term health through partnerships with patients in their family and community context. It encompasses various disciplines such as family medicine, internal medicine, pediatrics, behavioral health, and preventive dental services, ensuring holistic, patient-centered care.[2]

Safety-net provider

- A healthcare organization and clinicians that deliver essential healthcare services to individuals, regardless of their ability to pay, often focusing on vulnerable populations such as the uninsured, underinsured, or those with low income.[3]

Clinic types

- **Federally Qualified Health Centers (FQHCs):** FQHCs are community-based providers funded by the federal government to offer comprehensive primary care services, including preventive, dental, and behavioral health care, in underserved areas. They serve patients on a sliding fee scale based on income, ensuring access regardless of a patient's ability to pay.[2]
- **Charity Clinics:** Charity Clinics are often run by non-profits or volunteers, provide free or low-cost healthcare to uninsured or low-income individuals who do not qualify for government assistance. These clinics focus on basic health services, preventive care, and sometimes specialty care, relying on donations and volunteers for operation.[2]
- **Local Mental Health Authorities (LMHAs):** LMHAs are government-designated agencies that provide behavioral health services to individuals within a specific region. They offer counseling, crisis intervention, and rehabilitation services, often prioritizing care for low-income and underserved populations.[2]
- **Hospital-Affiliated Clinics:** Hospital-affiliated clinics extend the care provided by hospitals into outpatient settings, offering a range of services from primary care to specialty follow-up care. These clinics ensure continuity of care after hospital discharge and are usually integrated within the hospital's broader health system.[2]
- **Other Clinics:** Other Clinics are private non-profit organizations that are funded differently than charity clinics and most focus on specific health services.

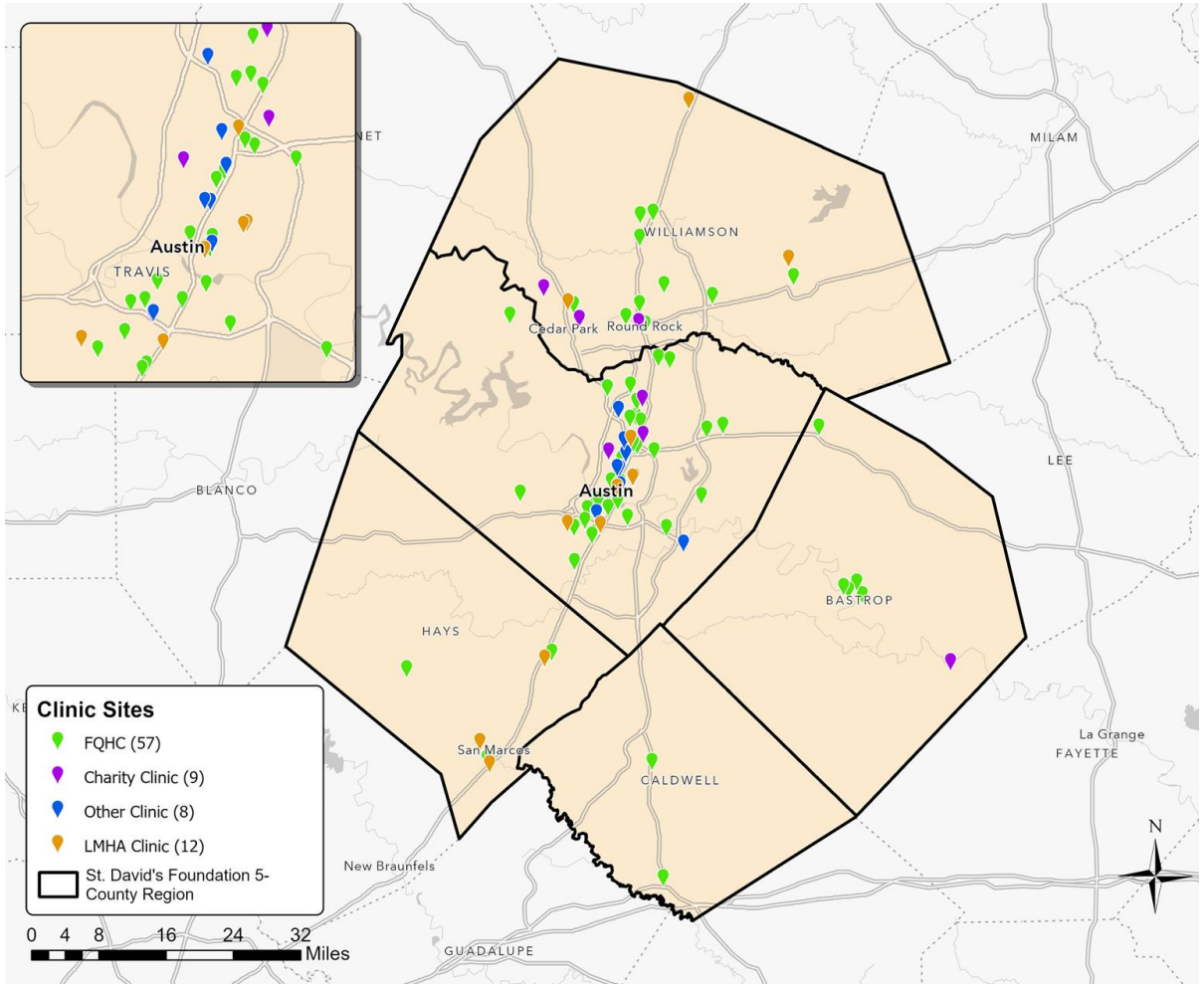
References

[2]Institute of Medicine (IOM). (1996). *Primary Care: America's Health in a New Era*. National Academies Press.

[3]Institute of Medicine (IOM). (2000). *America's Health Care Safety Net: Intact but Endangered*. National Academies Press.

Summary: Methods

- Publicly-available data sources, web searches and reviews, and organizational directories were used to identify and catalogue health clinics in the target area.
- Data (e.g., location, contact information, services provided, and hours of operation) were collected and recorded for each clinic.
- A web-based survey was deployed, followed by in-depth interviews with clinic staff, to collect and/or verify data obtained from clinics
- Study team completed surveys and interviews with 17 of 22 identified clinics (77 percent), which operate 108 sites in Central Texas.
- None of the 3 hospital-affiliated clinics participated in the survey and interviews, so detailed analysis is available for only 86 sites (excluding 22 sites operated by the 3 hospital systems)



Note: Twenty-two sites run by 3 hospital-affiliated clinics were initially identified for the study. They did not participate and, without verification of the population they are serving, it is assumed that they are not primarily serving the uninsured and underinsured populations that are the target for this study. These 22 sites are not included in the study.

Summary: Key Takeaways

Geographical Availability

- FQHCs are the dominant safety-net health care provider in the Central Texas region. They operate 53 percent of the clinic sites and accounted for over 90 percent of patient visits in 2022.
- Most sites that provide primary care to uninsured and underinsured individuals are clustered along the I-35 corridor in Austin and Travis County with smaller clusters of FQHC sites in Round Rock, Georgetown, Cedar Park, and Bastrop.
- Increases in the number of low-income individuals and a continuing demographic shift towards a larger low-income population, especially outside of Travis County, underscores the need for targeted services for populations in outlying areas.

Who is Being Served

- Although FQHCs serve the vast majority of all patients, other types of clinics serve some focused patient characteristics, for example, Charity Clinics see a high proportion of female clients, those best served in a language other than English, and those without access to insurance.

Types of Primary Care Services Available

- Although medical visits far outweigh all other types, there is a growing need for dental services and behavioral health services throughout the region, as identified by current providers.
- The use of telehealth and technology provides an opportunity to expand service provision, especially in rural areas, though these solutions have limitations for addressing certain medical issues.
- Clinics vary in their capacity and ability to address non-medical drivers of health.

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 behavioral health specialists, nurses, dental and medical assistants, and front office medical staff.

Primary Care Capacity Assessment In Central Texas

Introduction

Primary Care Capacity Assessment

In Central Texas, many individuals face significant barriers to accessing healthcare due to being uninsured or underinsured. These individuals often struggle to receive primary care, frequently delaying medical attention or necessary medications.

St. David's Foundation (SDF) and Episcopal Health Foundation (EHF) initiated a comprehensive study to assess primary care capacity in Central Texas, conducted by Decision Information Resources, Inc. (DIR), with support from Working Partner. By collecting data on patient demographics, clinic services, and healthcare access, and conducting interviews with healthcare providers, the study team sought to identify needs and critical gaps in services. Access to primary care is determined by several factors that were evaluated as part of this study, including the following:

Geographical Availability: Ensuring Convenient Access to Care
This study examined the location of the primary care sites serving individuals who often face challenges in accessing care and used American Community Survey data to help identify demand.

Types of Primary Care Services Available
This study examined the types of primary care services which were provided by clinics to address healthcare needs, especially for uninsured and underinsured residents.

Addressing Non-medical Drivers of Health: Overcoming Barriers to Access
The study investigated how clinics identify and address non-medical needs, such as social, economic, and environmental factors, to improve overall access to primary care.

Operational Accessibility: Enhancing Accessibility Through Extended Hours
This study assessed which clinics offer services beyond traditional business hours and on weekends to accommodate a wider range of patient schedules.

This report's findings are organized by the four topics above, as well as patient demographics and financial stability, for multiple clinic types (See Glossary slide above)

FQHCs operate 53 percent of the 108 identified primary care sites.

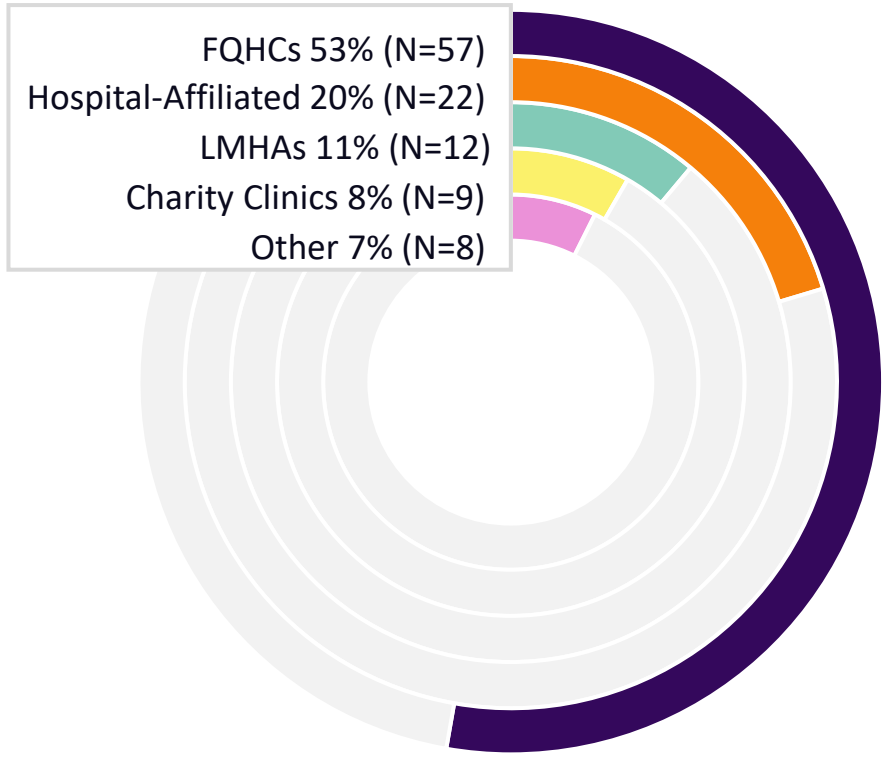
An assessment of publicly-available data sources, web searches, and organizational directories identified and catalogued health clinics in the target area. This preliminary assessment observes geographic accessibility of sites potentially providing care to uninsured and underinsured patients. There are 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) Clinics:** 12 sites, comprising 11% of the total sites.
- **Other Clinics:** 8 sites, comprising 7% of the total sites.

The 108 sites are run by 22 clinics. Clinics operate 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 Seton, Baylor Scott & White Health, St. David's HealthCare, and Integral Care.

When available, administrative data were used including publicly available annual reports, information about site locations, services and hour of operation, and information about financial accessibility for uninsured and underinsured individuals.

Number and Percent of Sites per Clinic Type



Note: Twenty-two sites run by 3 hospital-affiliated clinics were initially identified for the study. They did not participate and, without verification of the population they are serving, it is assumed that they are not primarily serving the uninsured and underinsured populations that are the target for this study. These 22 sites are not included in the study.

The response rate illustrates significant engagement from the invited clinics.

The clinics were invited to participate via email to a survey and interview. The overall response rate was high at 77.3%, indicating significant engagement from the invited clinics. However, the response rates varied notably by clinic type:

- **FQHCs** and **Other Clinics** had a 100% response rate.
- **Charity Clinics** demonstrated a strong response with an 85.7% rate.
- **LMHA Clinics** had a response rate of 66.7%.

One LMHA Clinic provided partial responses, and public access information was gathered about the one Charity Clinic that did not participate.

Primary Care Capacity Assessment Participation by Type of Clinic

Type of Clinic	Invited to Participate	Completed Survey & Interview	Response Rate
All Clinics	22	17	77.3%
FQHC	5	5	100.0%
Other Clinics	4	4	100.0%
Charity Clinics	7	6	85.7%
LMHA Clinics	3	2	66.7%
Hospital-Affiliated Clinics	3	0	0.0%

Primary Care Capacity Assessment In Central Texas

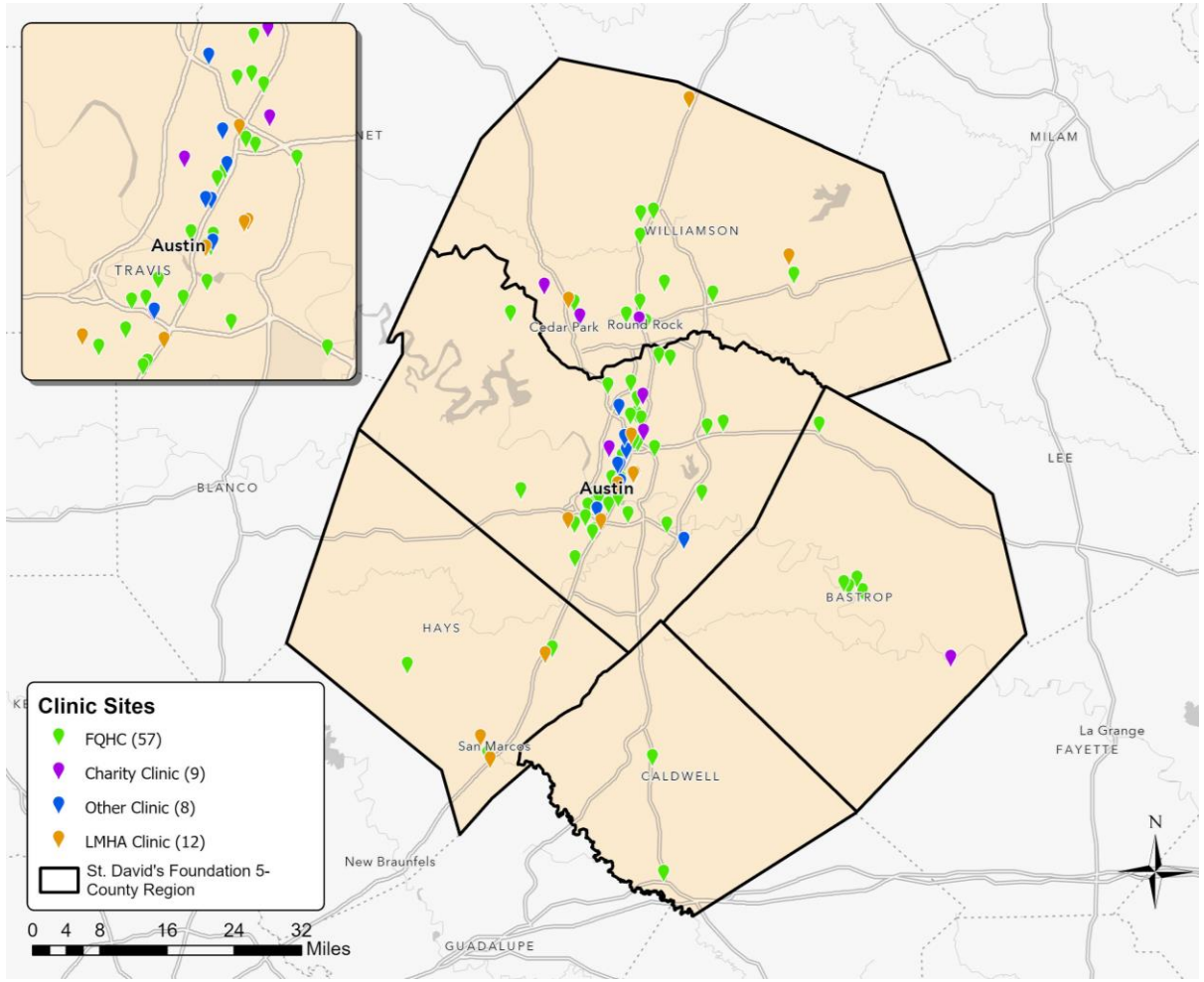
Geographical Availability: Does Local Capacity Meet the Demand?

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 sites included in the study. (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.



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)

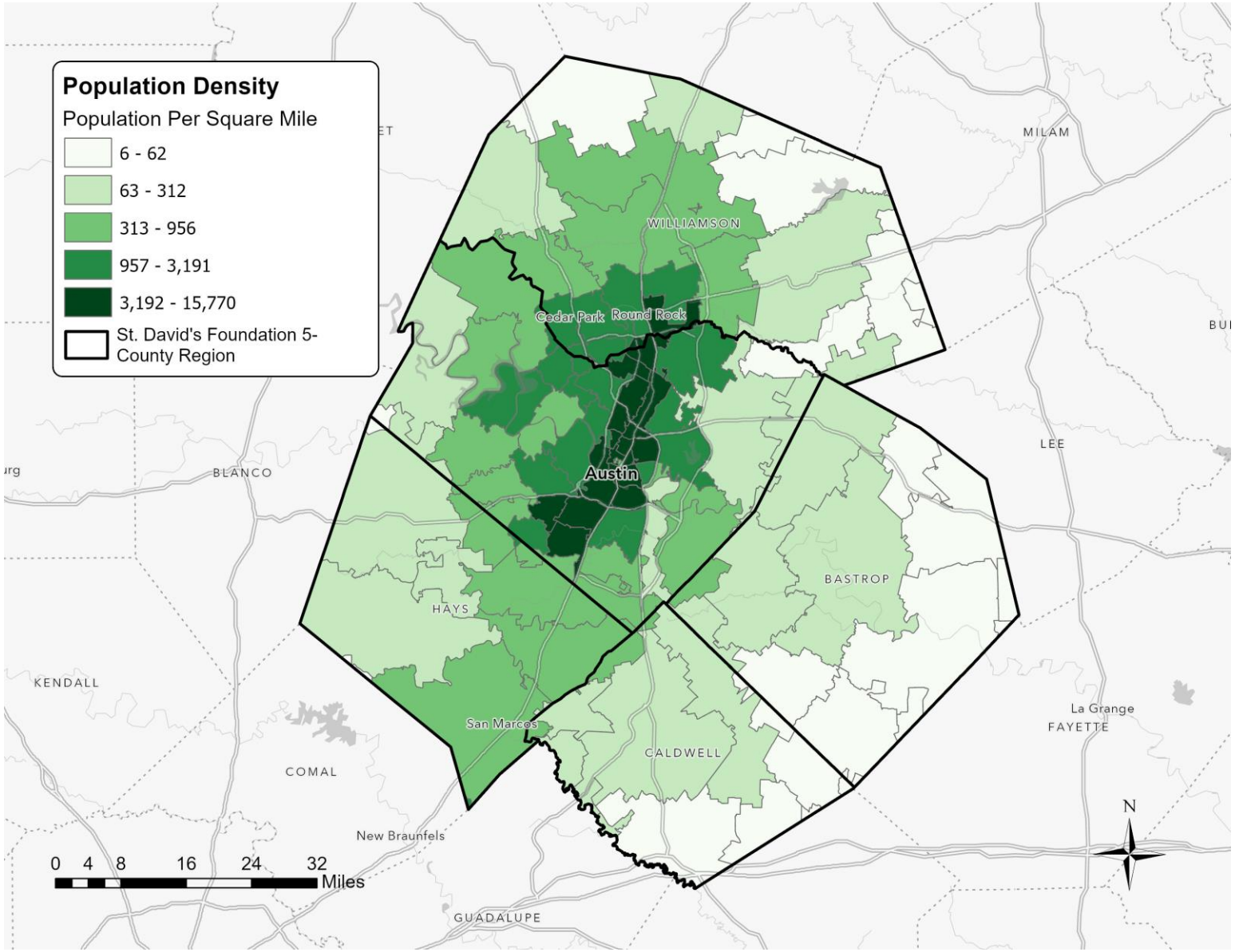
- Low Income (Under 200%)
- Median HH Income
- Uninsured
- Fertility Rate
- Unemployment Rate
- Part-Time Workers
- Non-US Citizens

Supply Metrics (Clinic Data)

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

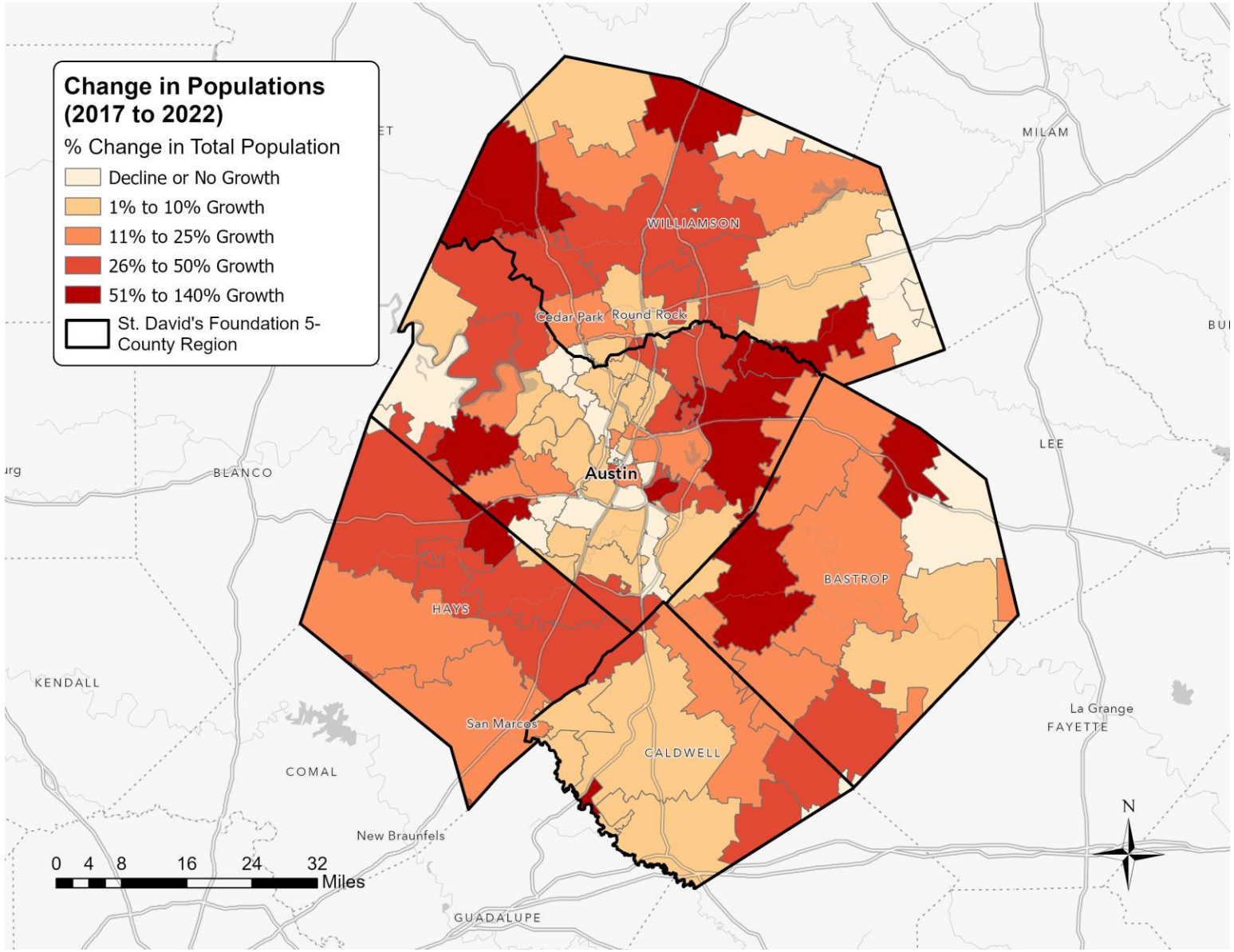
Population Density

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.



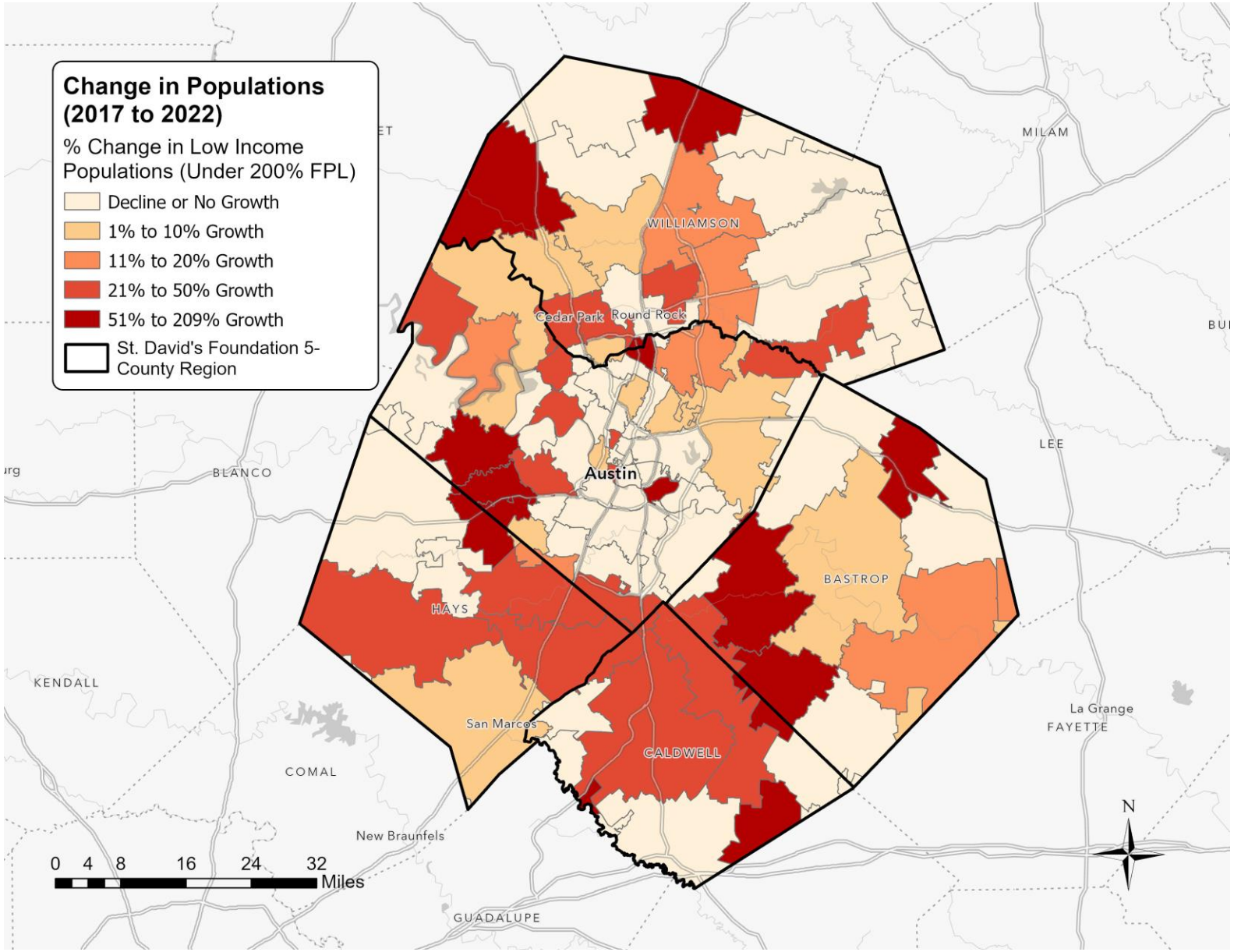
Population Growth

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.



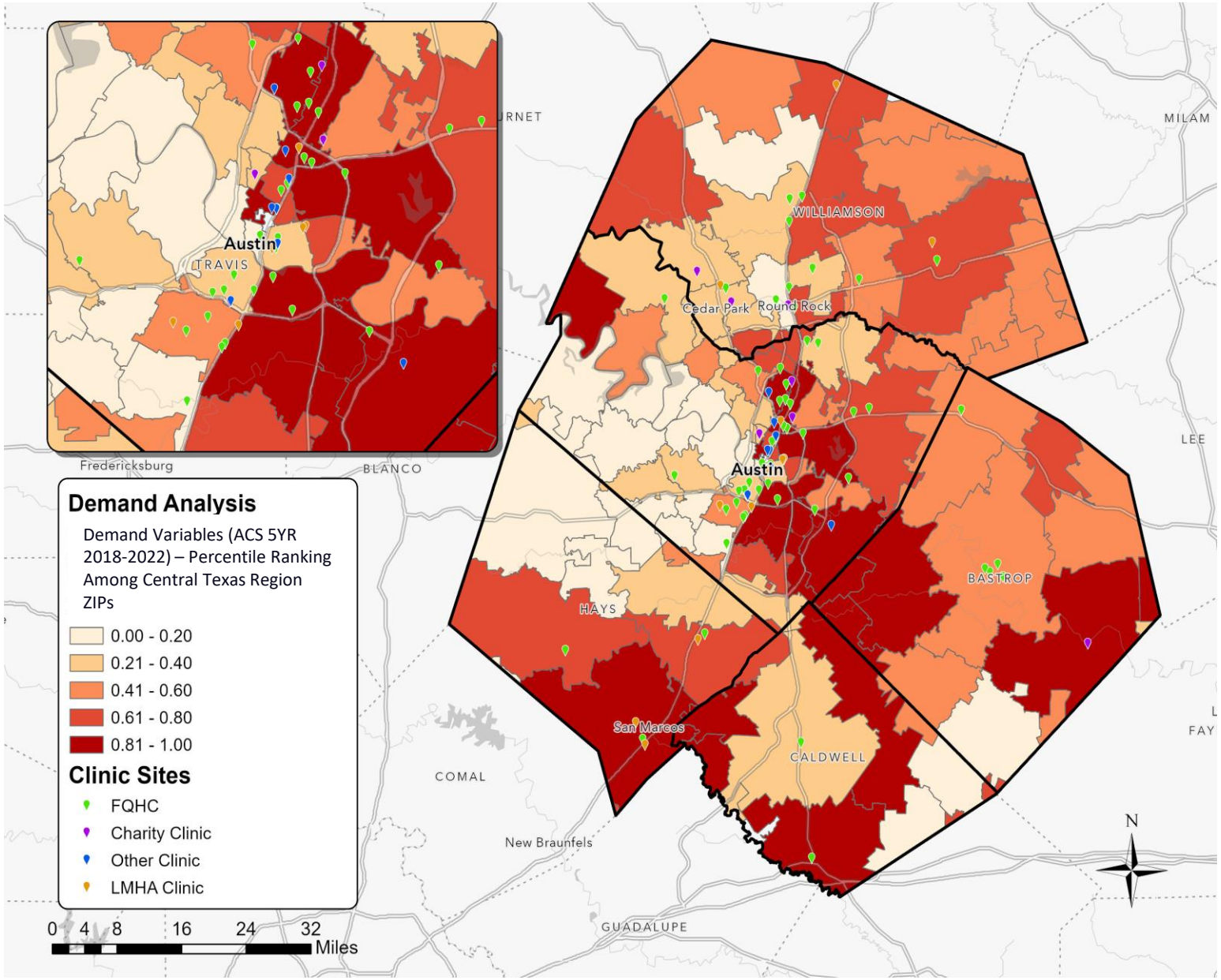
Shift in Low Income Population

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.



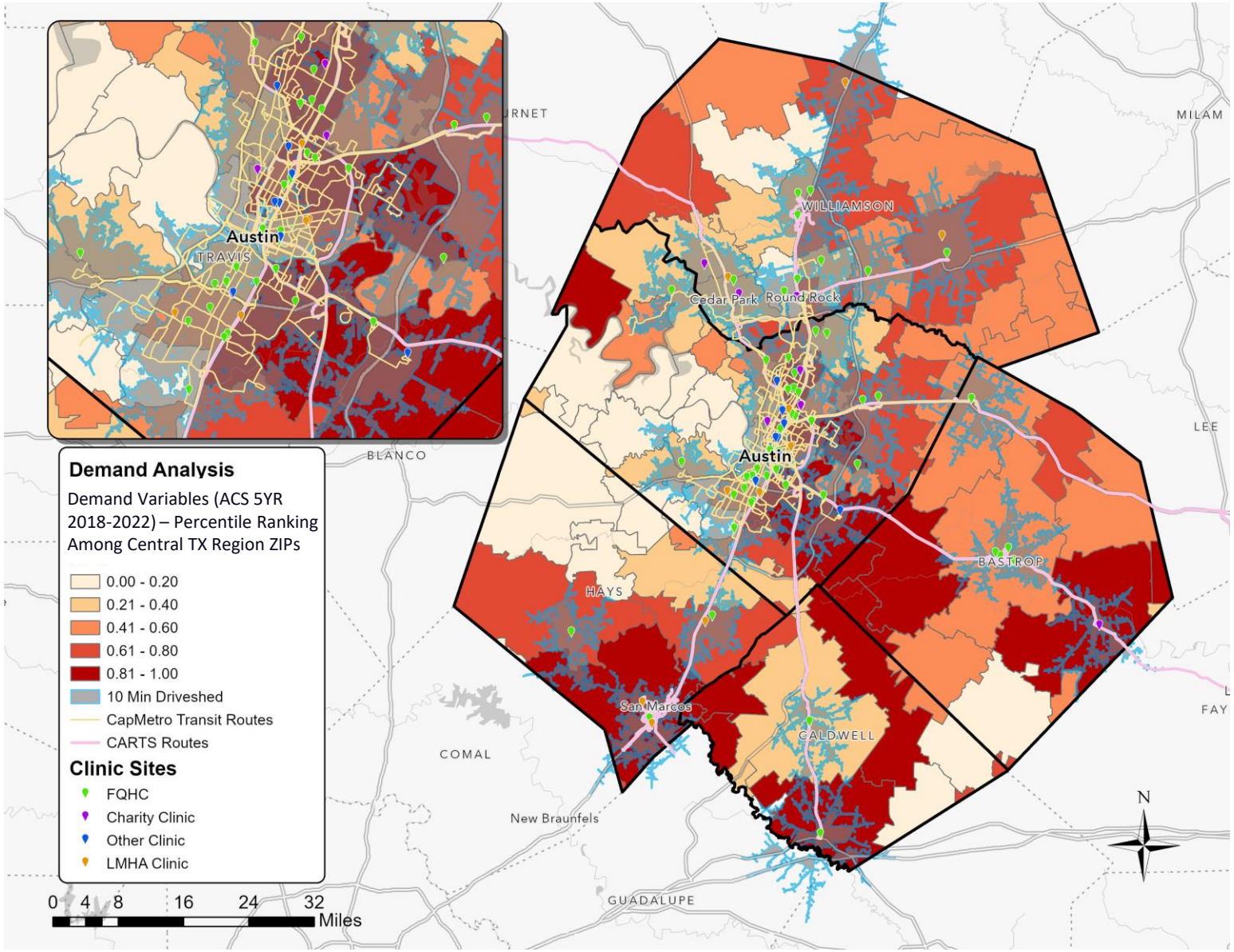
Demand for Affordable Healthcare Services

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

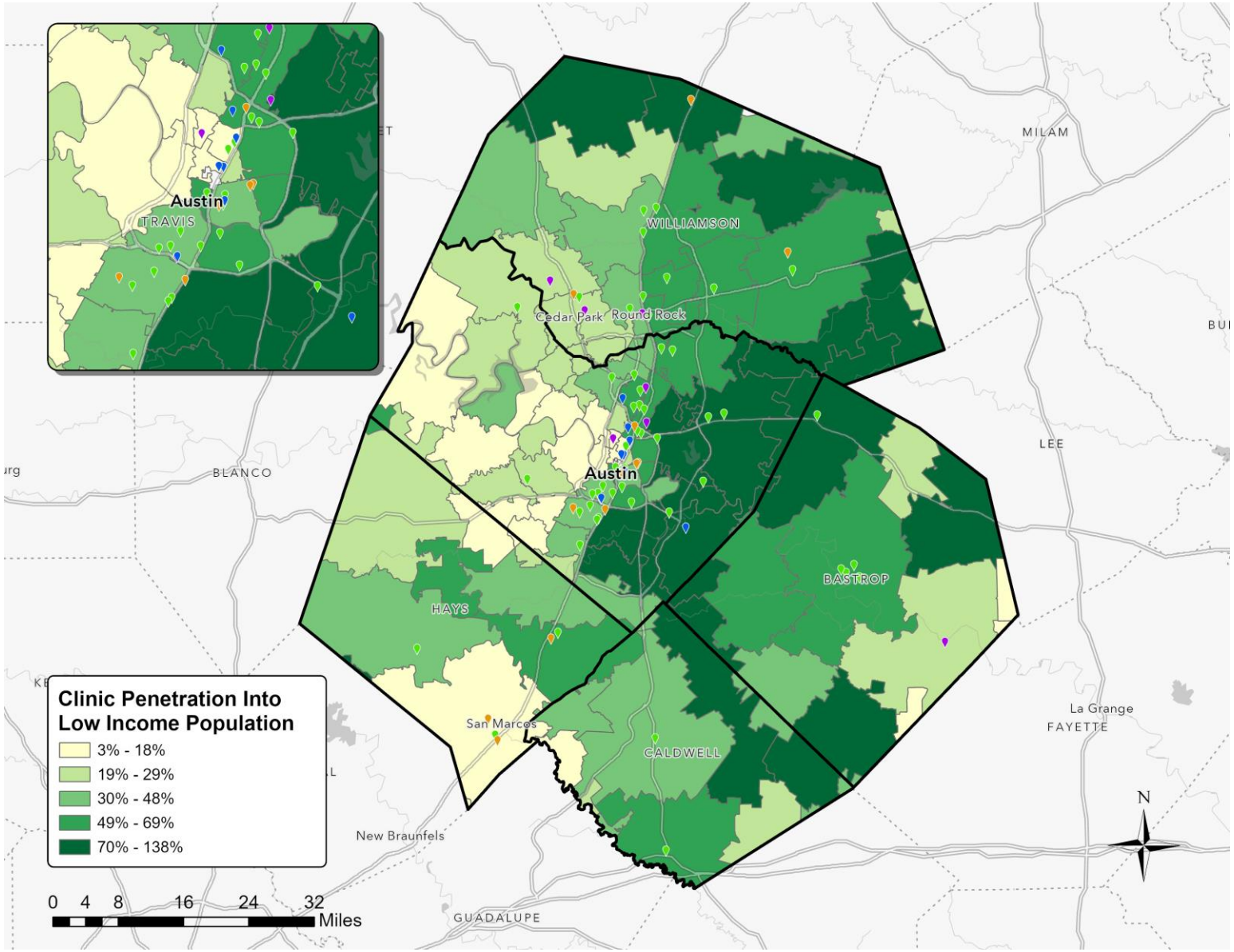
Most clinics are strategically positioned to be accessible via public transportation, including those in rural communities served by the Capital Area Rural Transportation System (CARTS). However, certain high-demand rural areas face limited access to clinics, often requiring patients to travel long distances. 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.



Penetration of the Supply

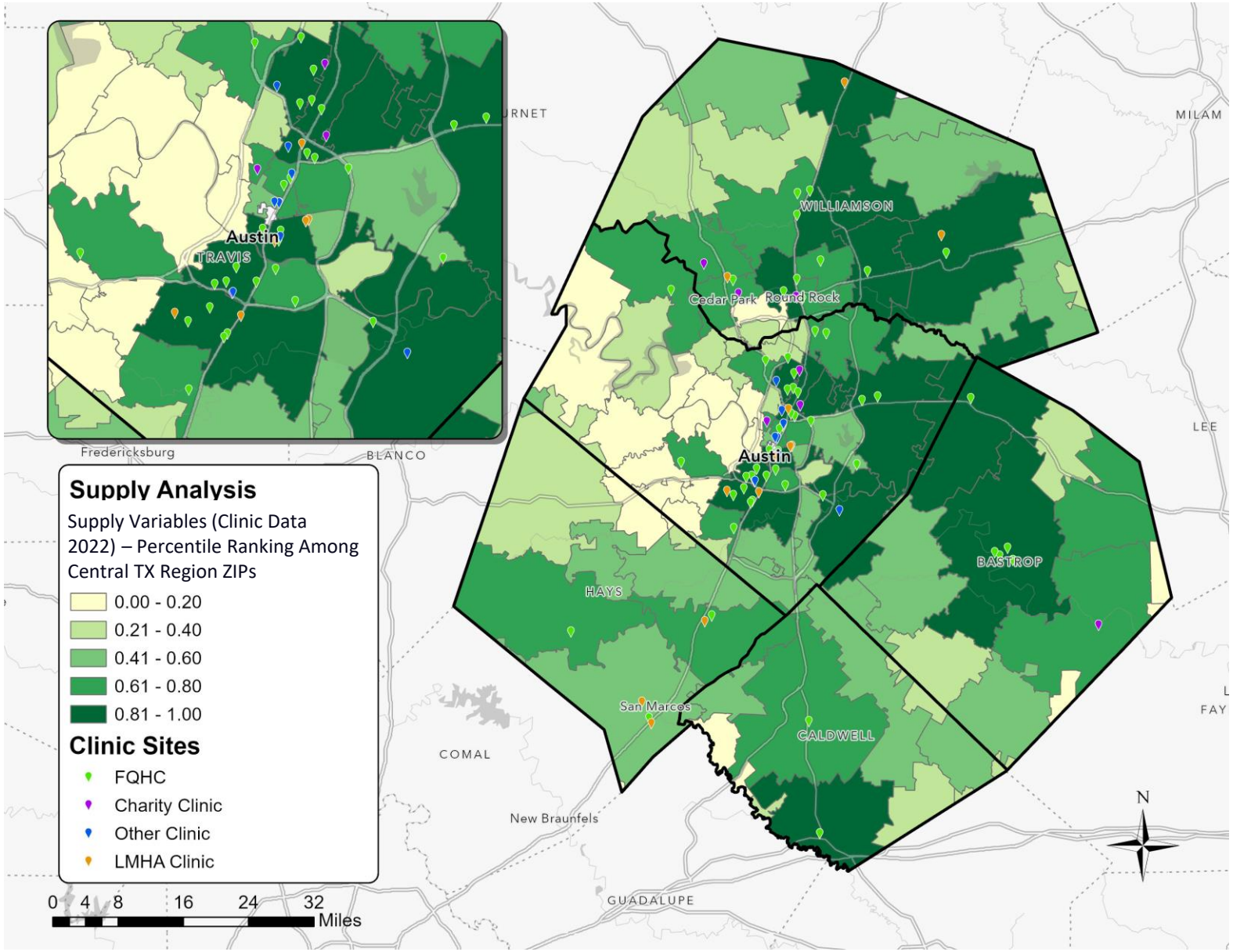
In Central Texas, the depth of service is notably high compared to other regions, reaching 46% penetration into low-income populations overall. The eastern side of Travis County, along with substantial portions of Bastrop and Williamson Counties, benefit from robust coverage.

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.



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.



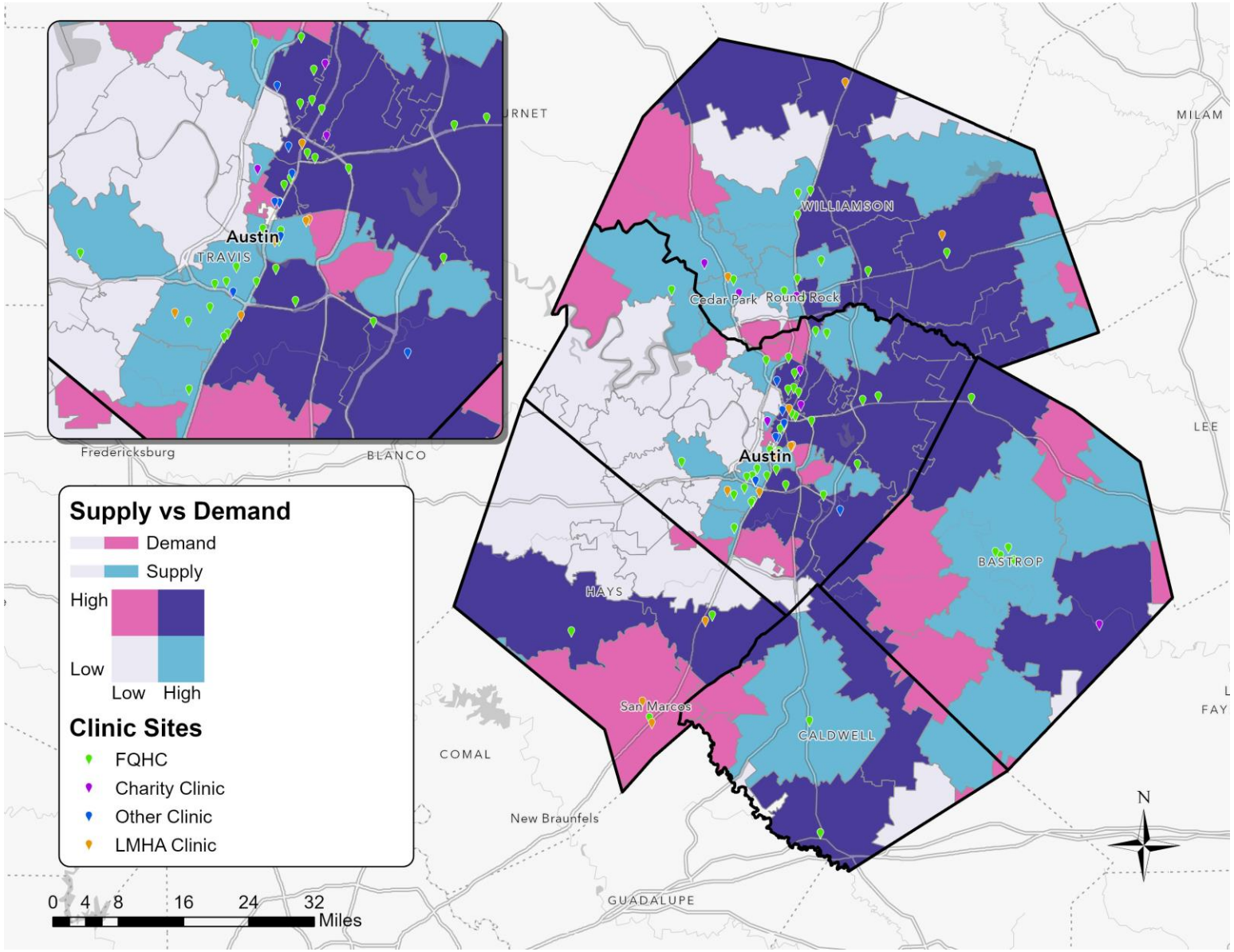
Supply vs Demand

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.

Some pink areas, particularly those further west, may be the result of sparse population or their classification as industrial or underdeveloped areas.



Primary Care Capacity Assessment in Central Texas

Who is Being Served

More than 315K patients were served, with 82 percent being seen at FQHCs.

Participating clinics provided the study with the number of patients served in 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. This is the standard way to report patient visit data. One Charity Clinic noted they were not able to provide data in this format and was excluded from our analyses. 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 2,985 patients (1%), and Other Clinics served 22,469 patients (7%). 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 from a larger sample to estimate the number of patients in the five-county region included in this assessment.*

FQHCs provide care to children at nearly twice the rate of their presence in the Central Texas population. FQHCs also treat approximately three-fourths of all adults.

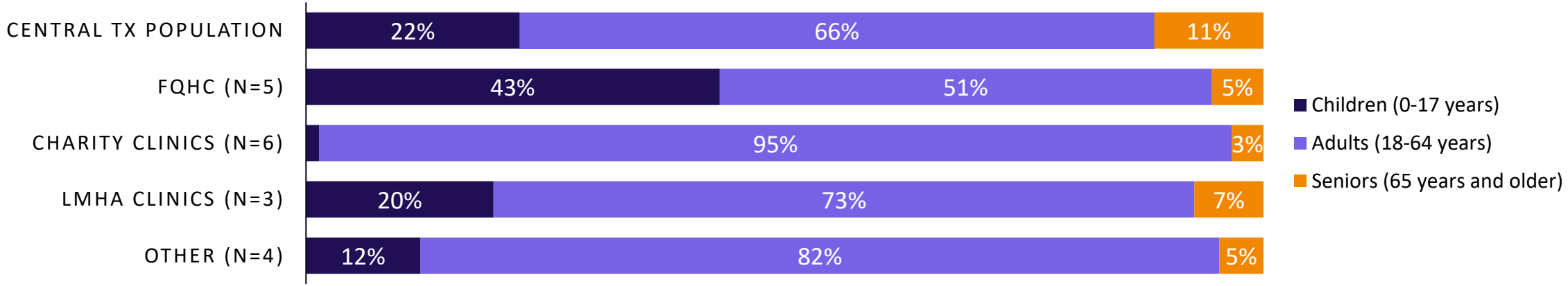
Age Distribution

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 LMHAs show a demographic distribution similar to the general population.

- **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. The access to public insurance, which includes widespread coverage of children, likely drives the demographic differences at FQHCs.
- **Charity Clinics and Other Clinics**: These clinics serve a smaller proportion of children and seniors compared to the general population of Central Texas. Charity Clinics and Other Clinics target specific populations and, in most cases, Charity Clinics are focused on serving uninsured adults. Other Clinics accept insurance but may not serve as many children because they were established specifically to serve specific populations (e.g., Planned Parenthood) or provide specific services (e.g., dental)

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.

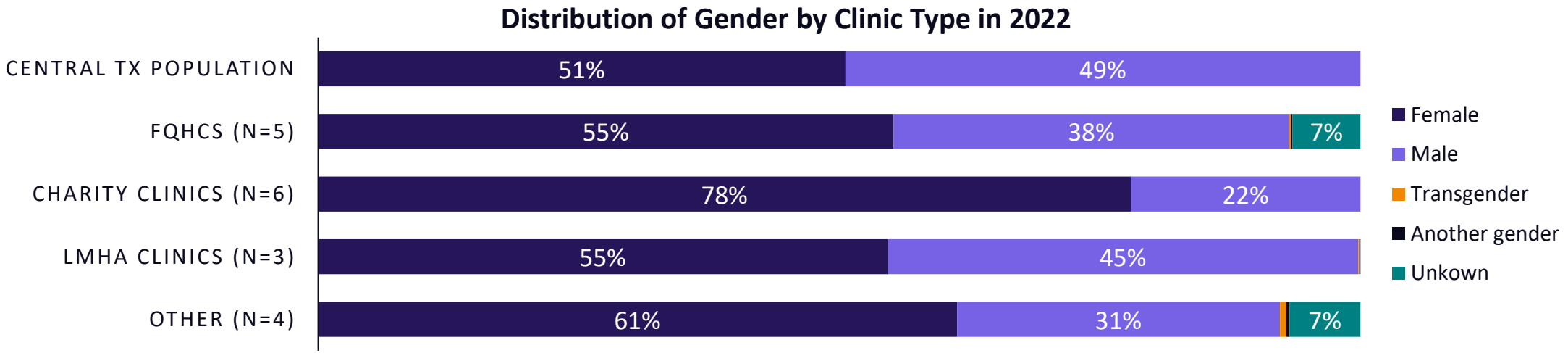
Distribution of Patient Age by Clinic Type in 2022



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

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.[4] 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.

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.



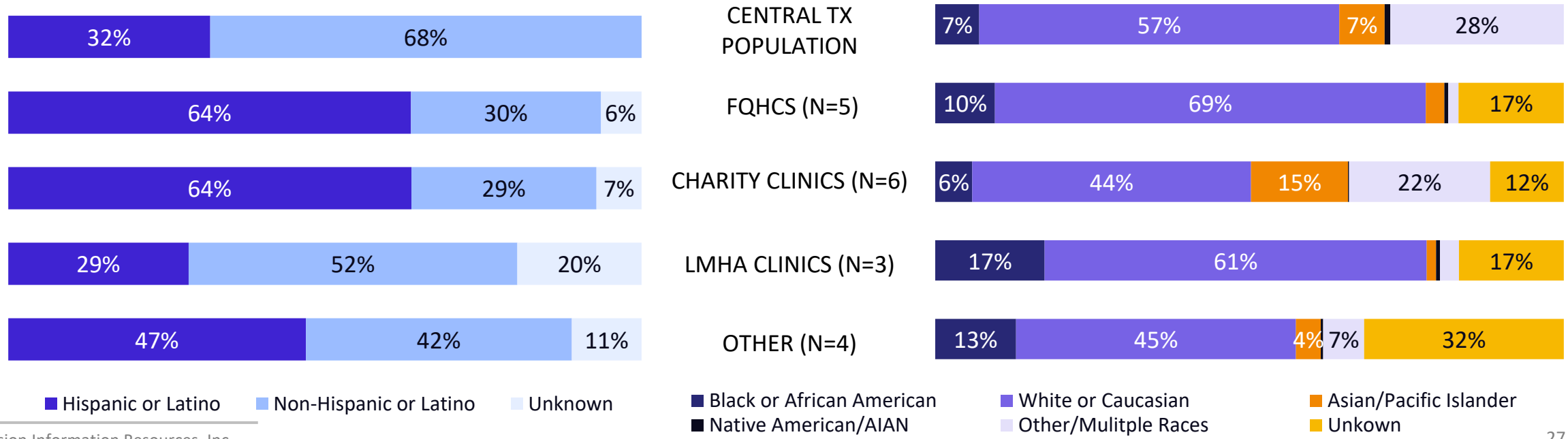
[4]Richard C. Wasserman, Susan E. Varni, Matthew C. Hollander and Valerie S. Harder The Annals of Family Medicine September 2019, 17 (5) 390-395; DOI: https://doi.org/10.1370/afm.2416

FQHCs and Charity Clinics serve Hispanics or Latinos at almost twice their rate in the Central Texas population. Charity Clinics serve Asians at more than twice their rate in Central Texas.

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.

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



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

Best Language when Served

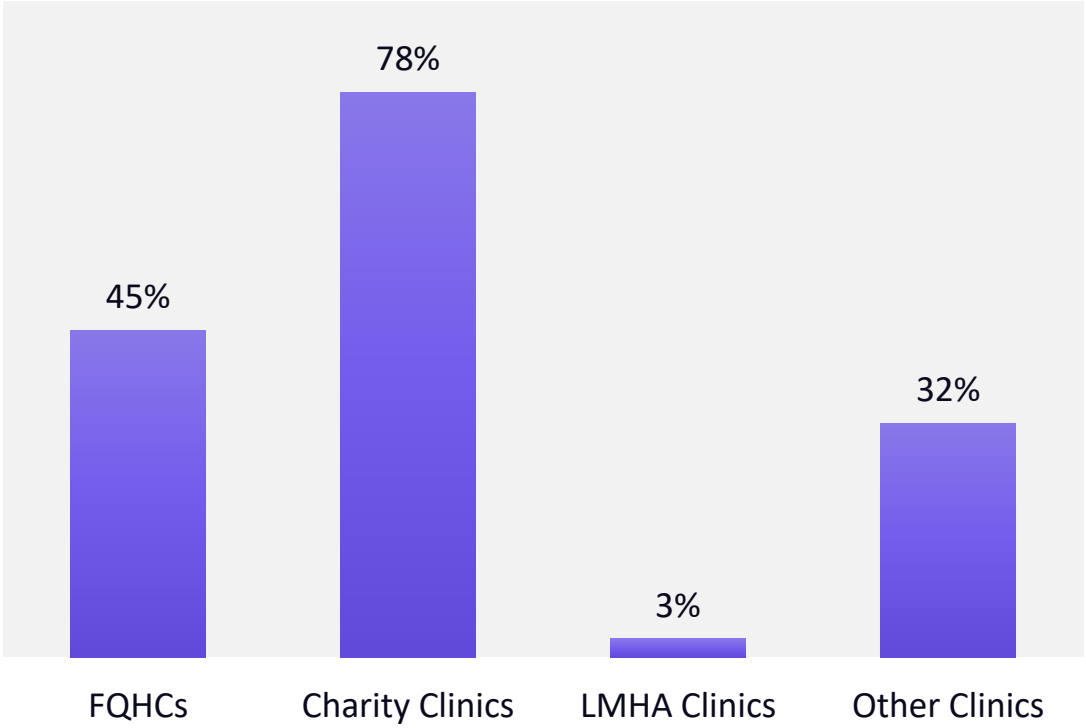
Charity Clinics see a higher proportion of patients who are best served in a language other than English. This bar chart shows the weighted average across clinic type of the percentage of patients who are better served in another language.

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 are 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."
- Clinic Executive Director

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

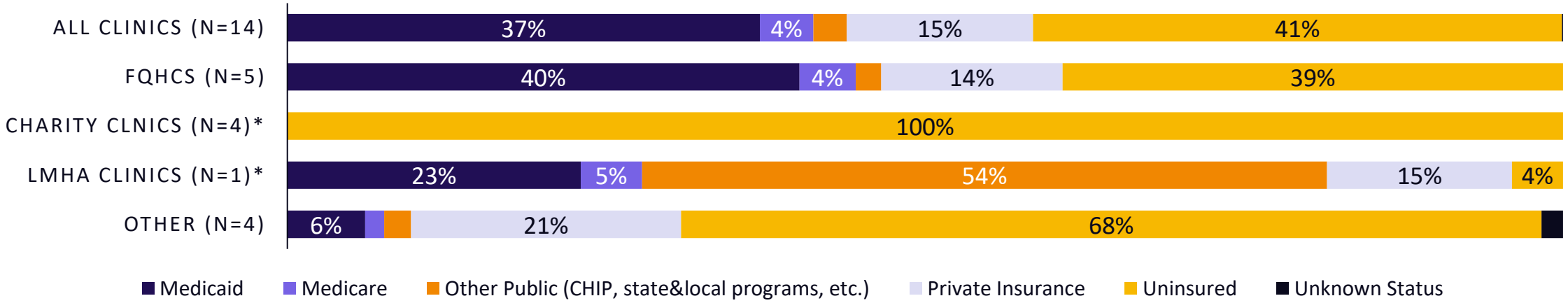


Clinics overall report that almost 41 percent of patients in 2022 were uninsured—ranging from 39 percent of FQHC patients to 100 percent of Charity Clinic patients. Thirty-seven percent of patients used Medicaid coverage to support their access to healthcare.

In 2022, clinics reported 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:

- **FQHCs** - A mixture of Medicaid (40%) and uninsured (39%)
- **Charity Clinics** - Notably, 100% of the patients at Charity Clinics were uninsured.
- **LMHA Clinics** - A majority (54%) received other forms of public funding to pay for services.
- **Other Clinics** - 68% of patients were uninsured.

Payor Mix by Clinic Type in 2022



Source: Primary Care Capacity Assessment survey or Uninform Data System data

Primary Care Capacity Assessment In Central Texas

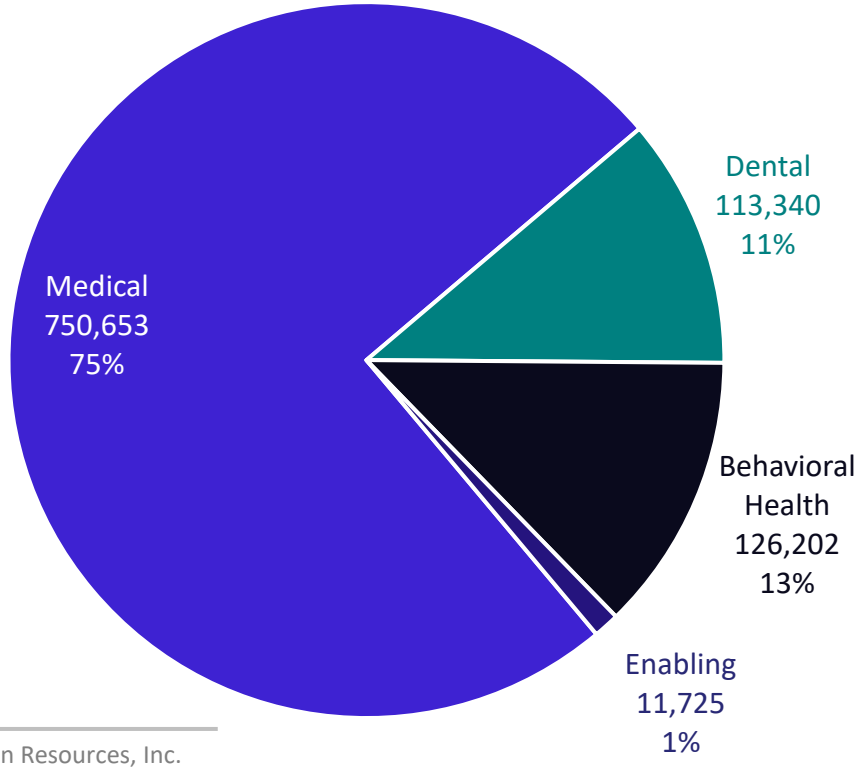
Types of Primary Care Services Available

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

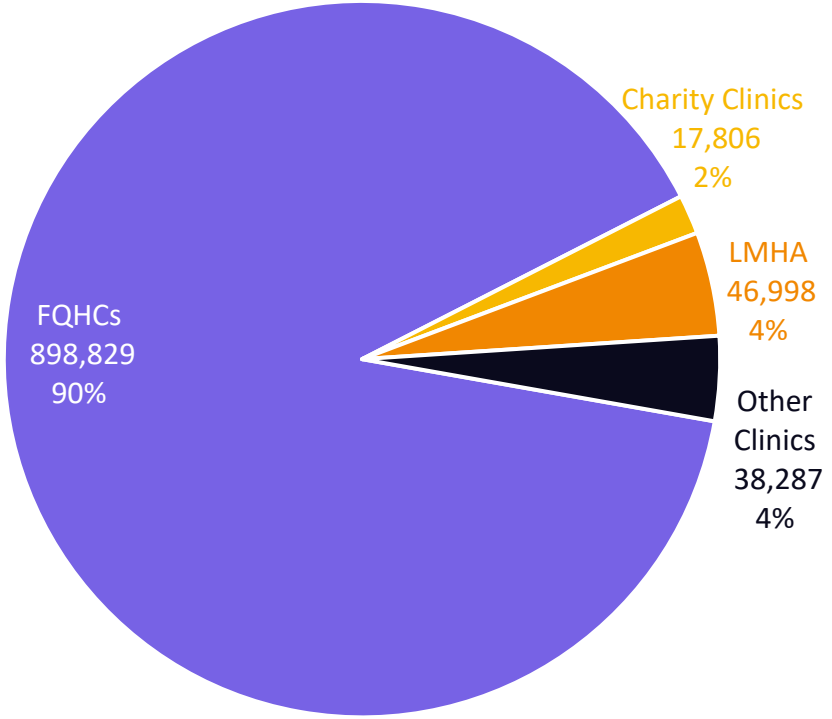
In 2022, there were 317,127 patients with over 1 million patient visits. Approximately 75% of all patient visits or appointments are for medical services, underscoring the focus of the clinics. The remainder is split among dental services (11%), behavioral health services (13%), and enabling services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

FQHCs had 82% of the patients with 258,999 patients in 2022. When looking at patient visits, FQHCs account for 90% of patient visits. Although Charity Clinics, LMHA Clinics, and Other Clinics had about 10 percent of all patient visits, they more likely provide specific services or focus on a specific population.

Visits by Type of Service



Visits by Clinic Type

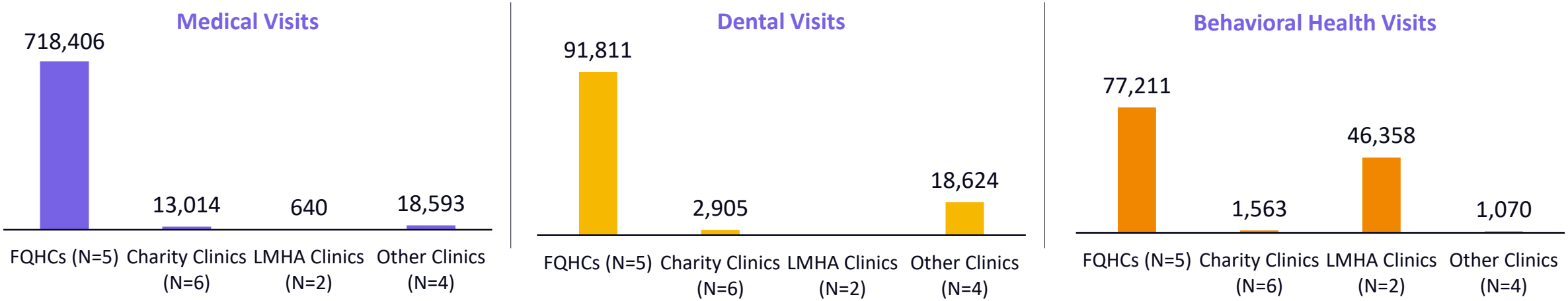


Most appointments were at FQHCs as they lead in medical, dental, and behavioral health visits. Other Clinics provide many dental visits and LMHAs provide mostly behavioral health visits.

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, which typically provide multiple services at one site, predominate in providing services across all health services, as reflected in 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 seen at Other Clinics.
- **Behavioral Health Appointments** : The distribution of behavioral health services is somewhat different, with FQHCs and LMHA Clinics serving most patients, reflecting LMHAs specialized focus.

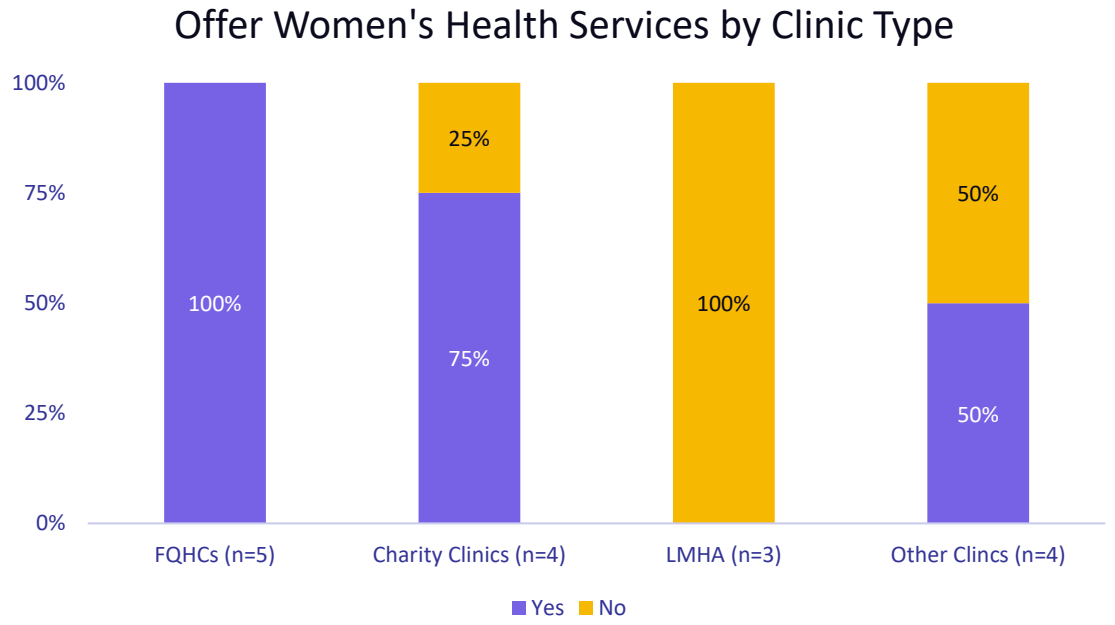
Patient Visits by Clinic Type in 2022



Ten clinics stated they offer women's health services.

Primary care clinics can offer a wide variety of 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.

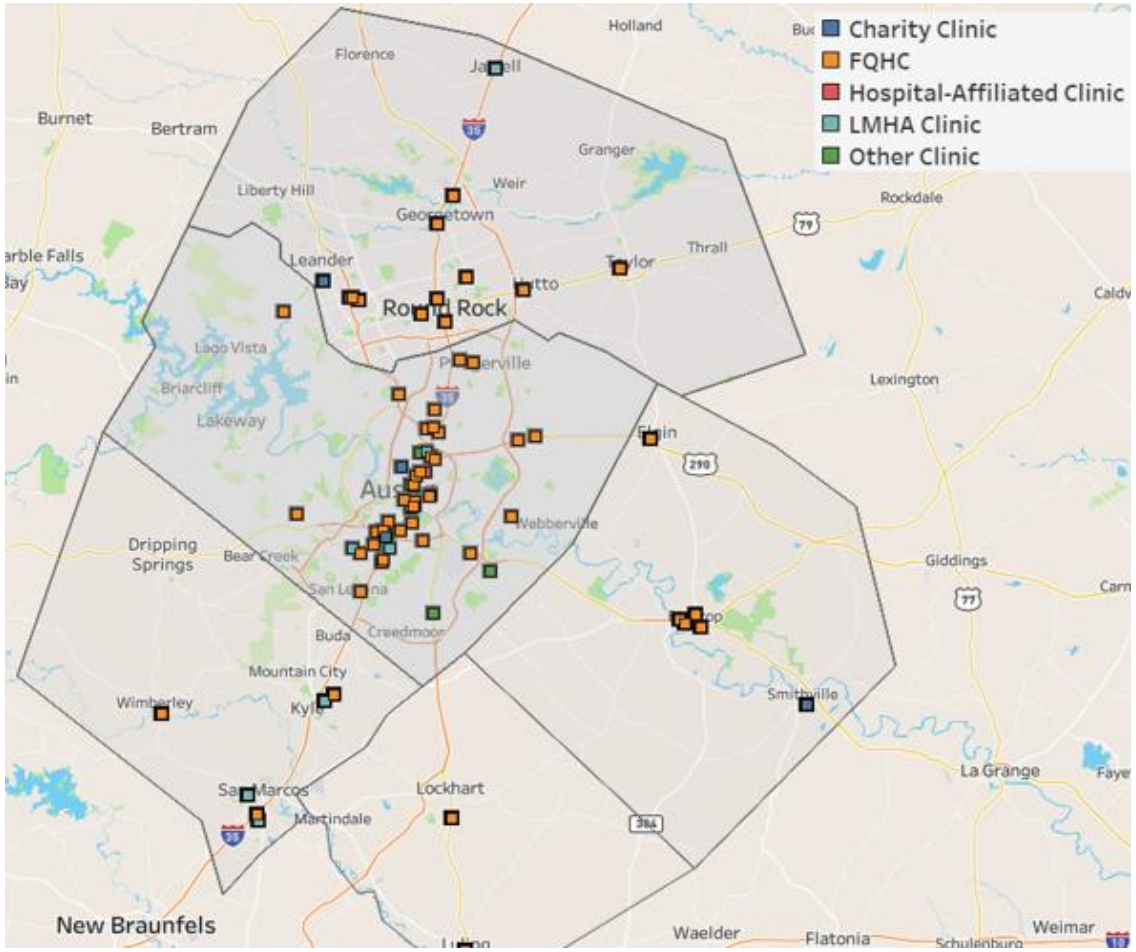
- Several clinics focus solely on providing primary preventive gynecological services instead of pre, peri, or post-natal services.
- Charity Clinics refer pregnant women to FQHCs or private doctors because they become eligible for Medicaid.
- All FQHCs in this assessment offer obstetrics services.
- 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.



There is a critical gap between the demand for services and the availability of providers.

With behavioral health care, a critical gap exists 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, behavioral health services are increasingly being offered via telehealth, which, while beneficial, isn't a complete solution. LMHA Clinics 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 behavioral health services, making geographic accessibility less of an impediment.



Clinics are promoting exercise and healthy eating as part of a diabetes management program.

One of the concerns raised by the clinics surveyed and interviewed was the increasing volume of patients with chronic diseases. Clinics are employing various methods to address these issues, including case management, education programs, and enhanced monitoring. Diabetes was frequently mentioned as a growing concern, especially regarding treatment access for uninsured and underinsured patients dealing with diabetes complications.

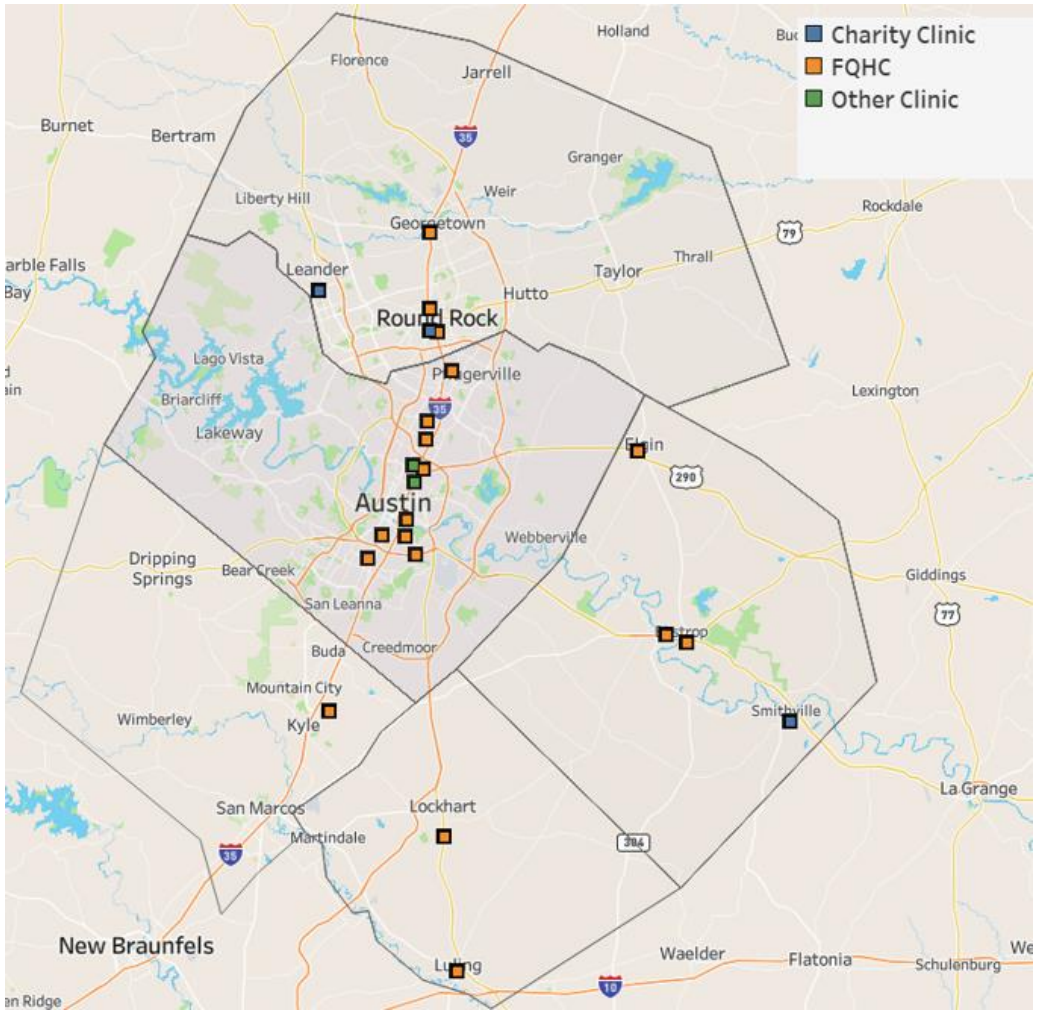
Diabetes Prevention Programs

Although none of the clinics reported having a dedicated diabetes prevention program, when asked, many clinics, including most FQHCs, have implemented initiatives to address prediabetes and diabetes management (e.g., nutrition and exercise programs). A few clinics also mentioned interventions when patients have high Body Mass Indexes (BMIs).

There is a rising demand for dental services with challenges in increasing accessibility.

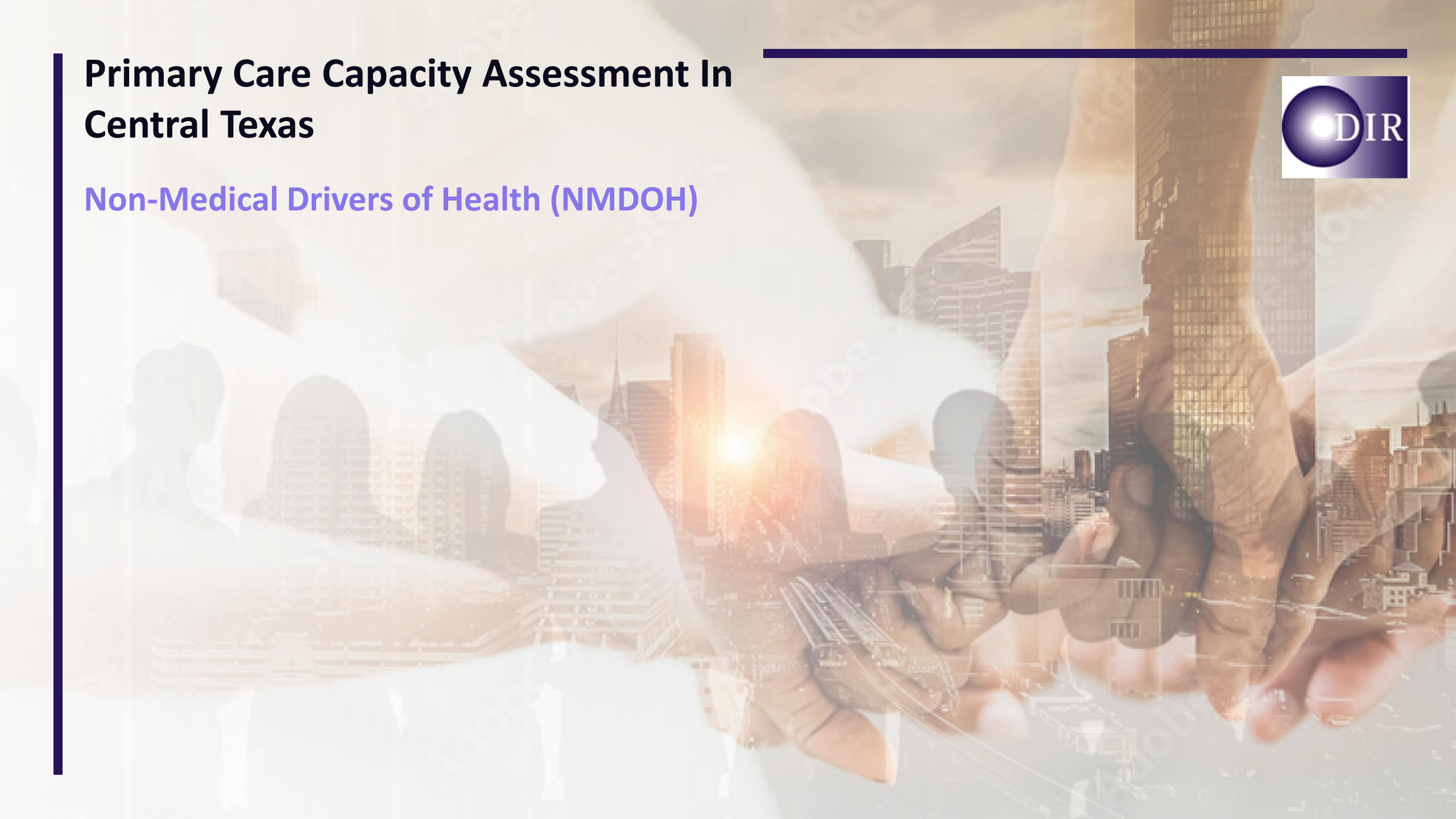
Several clinics, both those offering dental services and those that do not, have reported a rise in demand for dental care and a struggle to meet this need. In 2022, dental visits accounted for 11% of all services provided across these clinics.

- One major challenge is limited accessibility, as patients often experience long wait times for dental services.
- The situation is further complicated by the scarcity of clinics providing specialized dental care, such as urgent dental surgery.
- Resource constraints also play a significant role, with difficulties in recruiting qualified dental professionals like dentists and hygienists and the high costs associated with expanding or establishing new dental facilities.



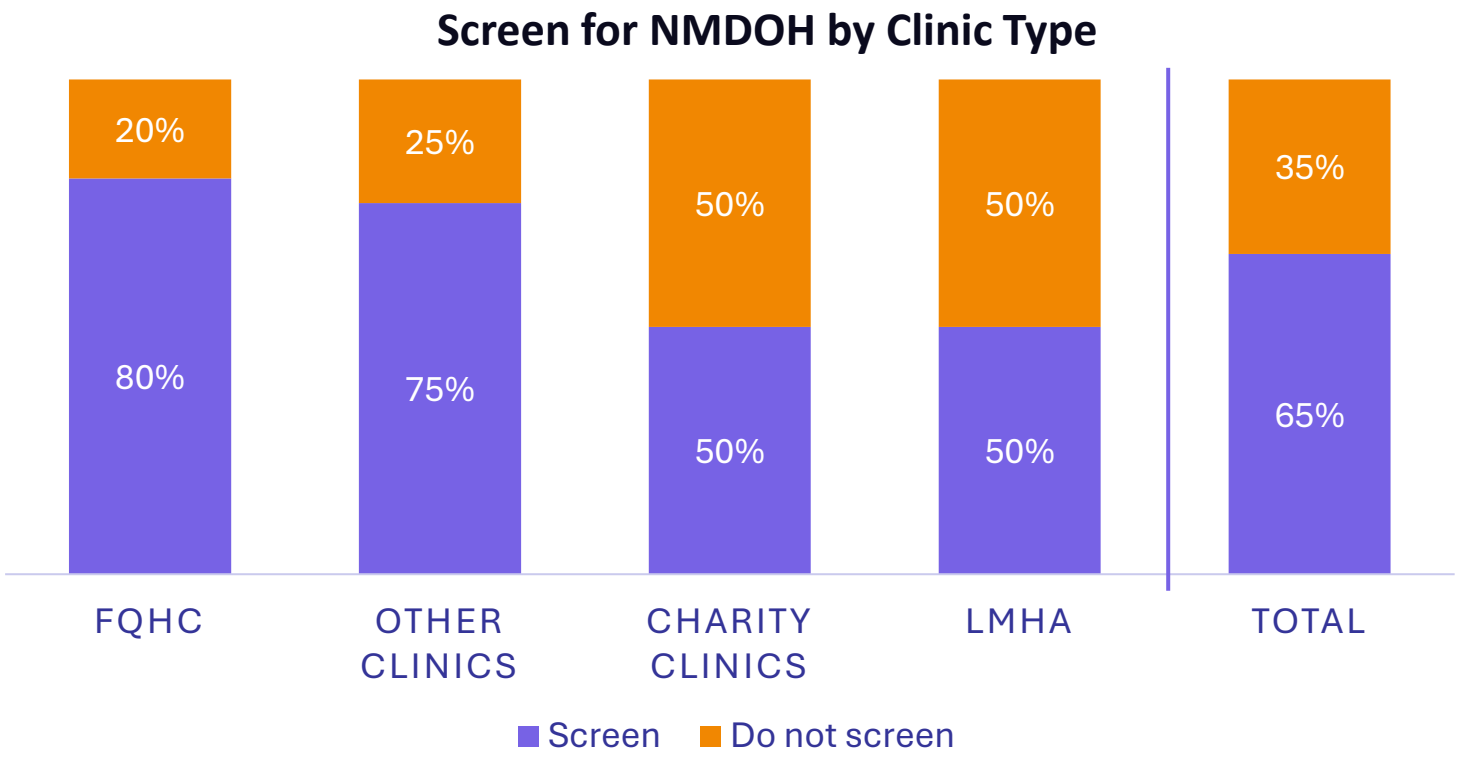
Primary Care Capacity Assessment In Central Texas

Non-Medical Drivers of Health (NMDOH)



65% of clinics screen for Non-Medical Drivers Of Health (NMDOH)—ranging from 50% of Charity Clinics and LMHAs to 80% of FQHCs.

Among the surveyed FQHCs, 80 percent reported actively screening for NMDOH, accounting for four out of the five FQHCs reviewed. Overall 65 percent of the clinics reported screening for NMDOH with 75 percent of Other Clinics and 50 percent of Charity Clinics and LMHAs screening. Interviews revealed that several clinics did not use screening systematically. Some of these clinics, instead, rely on addressing ad-hoc needs identified during medical visits.



Reasons for the lack of systematic screening included insufficient staff and time, changing Electronic Health Record (EHR) systems, as well as limited external resources for patient referrals.

Many clinics assess patient needs by using internally created questionnaires to assess NMDOH. Some clinics use tools such as the Protocol for Responding to and Assessing Patients' Assets, Risks & Experiences (PRAPARE), Epic Foundations, or the We Care Survey. Some clinics, without a formal screening tool, address patient needs ad hoc during intake or during the medical visit. For clinics that do not systematically screen, the reasons included insufficient staff and time, changing Electronic Health Record (EHR) systems, as well as limited external resources for patient referrals.

After clinics assess needs, they leverage their connections to link patients with food pantries, transportation, employment assistance and other services. Other clinics provide patients with website addresses of resource platforms, like FindHelp.org, that provide the patients with the name and contact information of resources in their community.

Common Forms of Screening	# of Clinics
Proprietary or Internal Tool	4
Intake Form	2
SDOH Form	2
Other	3

Resource Platform	# of Clinics
FindHelp	4
Unite Us	1
ConnectATX	1
211	1

Food insecurity or access to healthy food was the biggest concern reported by clinics, followed by affordable housing, employment, and financial support.

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 on how to seek follow-up care independently. One method of connecting people to services and resources are online tools called resource platforms.

Biggest Concern	# of Clinics
Food Insecurity	10
Employment/Financial	8
Affordable Housing	8
Access to Health Coverage	7
Transportation	6
Utilities Support	6

Clinics, either directly or through referrals and partnerships, have varying capacities to address areas of NMDOH – Service Navigation, support with Health Coverage Enrollment, and Transportation are most utilized.

Implementation Programs to Address Non-Medical Drivers of Health

	FQHCs (N=5)	Charity Clinics (N=6)	LMHA Clinics (N=2)	Other Clinics (N=4)
Food Rx Program	60%	17%	0%	0%
On-site Food Pantry	40%	33%	0%	75%
Medical Legal Partnership	40%	0%	0%	0%
Transportation Support	80%	67%	100%	25%
Housing Assistance/Support	20%	17%	100%	25%
Food And Health Fairs in Community	40%	67%	50%	25%
Health Coverage Enrollment Support	100%	33%	100%	50%
Service Navigation	100%	67%	100%	50%

Note: Purple shading indicates a higher percentage of clinics use NMDOH programs.

Implementation Challenges And Solutions for Non-medical Drivers of Health (NMDOH) based on interviews with the clinics who identified challenges and offered solutions.

CHALLENGES		PROPOSED SOLUTIONS
Medical Assistants, who often screen, are in high demand, making identifying and training staff to consistently use a screening tool a challenge.	**Identify Patient Needs**	Develop a screening process that utilizes multiple roles to minimize the burden on the staff.
Given that not all clinics have EHR systems with screening forms and staff is limited, the information available is not easily accessible and thus not utilized.	**Data Utilization**	Ensure staff have easy access to screening information.
Access to resources to help patients is limited, affecting service delivery.	**Access to Tools**	Develop feedback loops to ensure patient received needed resource.
Clinics lack resources to analyze patient screening data, limiting the ability to identify which resources are needed and to provide solutions.	**Data Driven Decisions**	Some EHR systems can provide easier data analysis solutions.

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.

Primary Care Capacity Assessment in Central Texas

Operational Accessibility

Meeting the needs of the uninsured and underinsured requires clinics to offer extended hours, but this is often hindered by staffing and cost challenges.

Days & Hours of Operation

Part of meeting the primary care access needs of the uninsured and underinsured is being open when needed. The charts to the right show the availability of sites by clinic type. The graph represents the percent of sites with consistent weekday and weekend availability, as well as regular and extended hours.

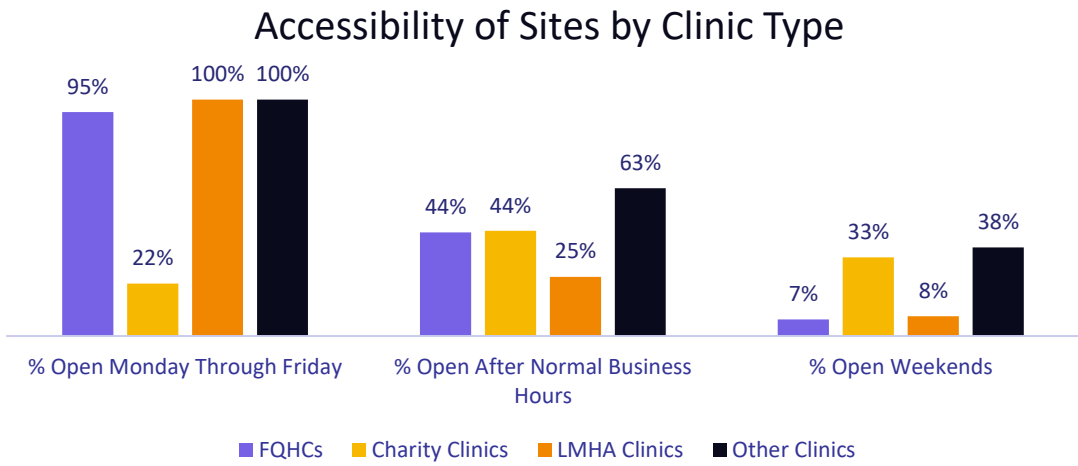
Clinics most likely to have sites open Monday Through Friday:
- FQHCs (95% of sites)
- LMHA Clinics (100% of sites)
- Other Clinics (100% of sites)

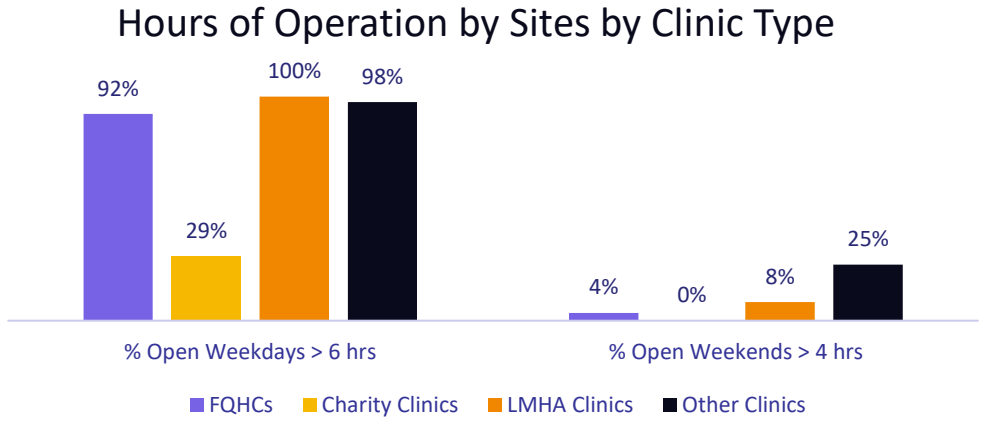
Clinics most likely to have sites open after normal business hours:
- Other Clinics (63% of sites)
- FQHCs (44% of sites)
- Charity Clinics (44% of sites)

Clinics most likely to have sites open on weekends:
- Other Clinics (38% of sites)
- Charity Clinics (33% of sites)

Clinics with sites open longer hours:
- 25% of Other Clinic sites open more than 4 hours on weekends

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.





Primary Care Capacity Assessment In Central Texas

Operational Challenges

Clinics face staffing challenges, particularly in hiring dental hygienists, medical assistants, and psychiatrists. Hiring bilingual staff and those willing to work flexible hours is challenging.

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 Staff Role

	Clinics Reporting Roles in High Demand		Clinics Reporting Roles in Low Supply		Clinics Reporting Recruitment Challenges	
Roles	**#**	**%**	**#**	**%**	**#**	**%**
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%

Clinics face staffing challenges due to the need for higher salaries, staff burnout, and bureaucratic obstacles. Strategies to address these issues include creating training pipelines, promoting internal career growth, utilizing H1B visas, and offering flexible work arrangements.

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 underinsured 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.

After the widespread use of telehealth due to COVID-19 pandemic, healthcare providers have found it helpful for specific interventions and enhancing accessibility and monitoring.

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 behavioral 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)
Adult Primary Care	100%	50%	33%	50%
Individual Behavioral Health Counseling	100%	17%	100%	25%
Mental Health Screening & Assessment	80%	0%	100%	25%
Pediatric Primary Care	100%	0%	33%	25%
Nutrition	80%	33%	33%	0%

"pediatrician … [said] the pros of telehealth was that it allows you to see the child in their environment." – Clinic CEO

"We've actually seen substantial uptake in older populations who have, despite all the barriers they face, found ways to do both audio only but also video and audio visits as well." – FQHC Executive

Clinics noted that Electronic Health Records enable them to gather data and build reports to track productivity, appointment show rates, and other useful metrics.

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 Alternative Payment Models (APMs), 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.

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

Primary Care Capacity Assessment In Central Texas

Financial Stability

In 2022, FQHCs and Other Clinics achieved a positive net revenue due to diverse funding sources.

Clinics' 2022 financial data provide a detailed comparison of revenue streams and expenses among different types of clinics, namely FQHCs, Charity Clinics, LMHA Clinics, and Other Clinics.

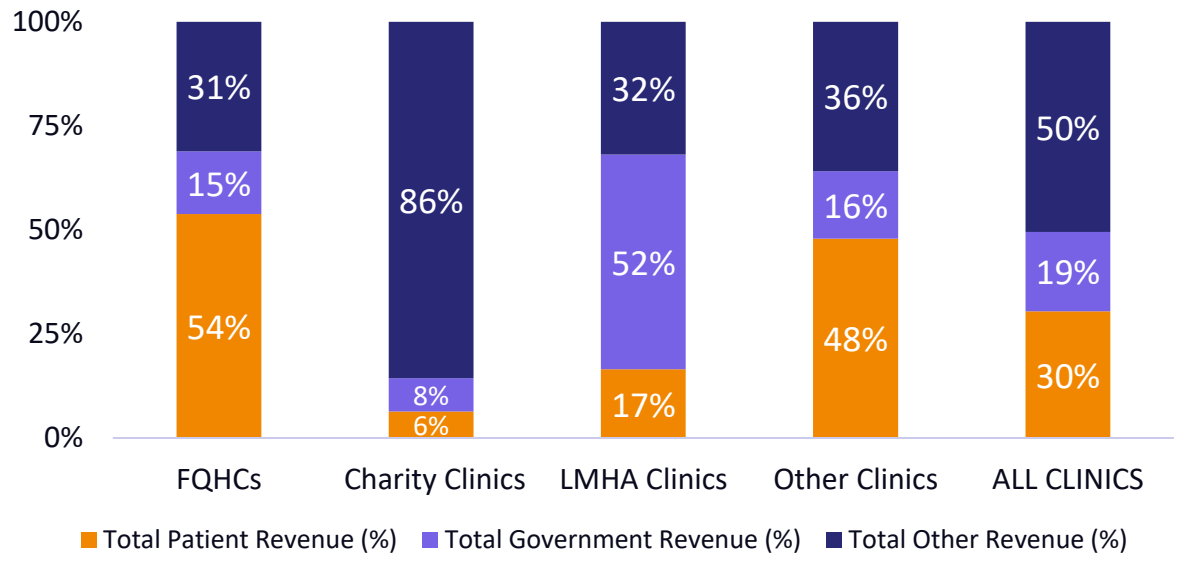
- **FQHCs** reported total revenue of $366,491,553, with the majority (54%) derived from patient revenue. Government sources contributed 15%, while other revenue streams accounted for 30%. Despite high operational expenses totaling $346,721,468, FQHCs still managed a significant net revenue of $19,770,084, 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.
- **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.

Source: Primary Care Capacity Assessment survey, Uniform Data System data, or data on provider's website

Revenue by Clinic Type

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

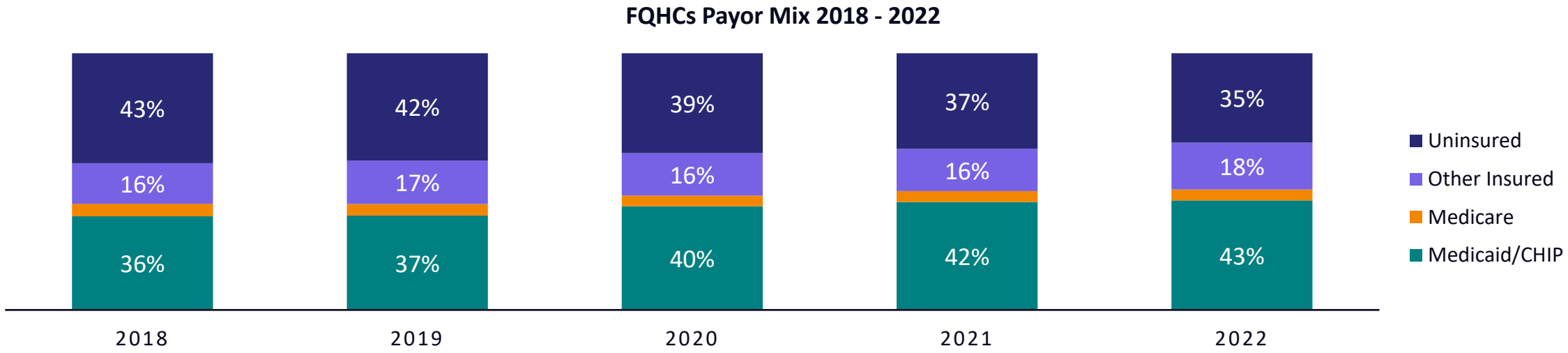
Percent of Revenue by Clinic Type



Many clinics find planning for the next five years daunting due to uncertainties around revenue streams and escalating costs; however, they anticipate a growth in patient volume and demand for their services.

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 the potential impacts of Medicaid/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.



Primary Care Capacity Assessment In Central Texas

Key Takeaways and Conclusion

The Primary Care Capacity Assessment was undertaken by St. David's Foundation and Episcopal Health Foundation of Texas to identify the capacity of the Central Texas region's safety net of primary care health providers to meet the needs of the region's uninsured and underinsured residents. Through a combination of quantitative and qualitative data sources, the study team identified key findings and takeaways in a variety of areas.

Geographical Availability

- FQHCs are the dominant safety net health care provider in the Central Texas region. They operate 53 percent of the clinic sites and accounted for 90 percent of patient visits in 2022.
- Clinic sites are clustered along the I-35 corridor in Austin and Travis County with smaller clusters of FQHC sites in Round Rock, Georgetown, Cedar Park, and Bastrop.
- While central and eastern Travis County have intense demand for services, they also have substantial supply of sites. The absence of clinic sites in outlying areas of several counties as well as portions of Bastrop County and pockets within Travis County indicate that some areas have remaining unmet need.
- Increases in the number of low-income individuals and a continuing demographic shift towards a larger low-income population, especially outside of Travis County, underscores the need for targeted services for populations in outlying areas.

Who is Being Served

- Although FQHCs see the vast majority of all patients, other types of clinics serve some focused patient characteristics, for example, charity clinics see a high proportion of female clients, those best served in a language other than English, and those without insurance. FQHCs provide care to children at nearly twice their proportion in the Central Texas population.
- Addressing the need for services in languages other than English is increasingly critical due to the region's changing demographics.

Types of Primary Care Services

- Although medical visits far outweigh all other types, there is a growing need for dental services and behavioral health services throughout the region, as indicated by providers. Dental services are needed, but clinics have limited capacity to expand services due equipment limitations and lack of providers.
- A majority of clinics reported offering women's services although the type of services available varied by type of clinic.
- Clinics report an increasing volume of patients with chronic diseases, with diabetes a growing concern. Some clinics reported nutrition and exercise programs to assist with the management of pre-diabetes and diabetes.
- The use of telehealth and technology provides an opportunity to expand service provision, especially in rural areas, although these solutions have limitations for addressing certain medical issues. Telehealth has greatest application for behavioral health services.

Addressing NMDOH

- Clinics vary in their ability and capacity to screen and address non-medical drivers of health. Food insecurity and patient access to healthy food were the biggest concern of clinics.

Financial & Other 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 post-pandemic Medicaid/CHIP disenrollment.
- Clinics face staffing challenges and have notable shortages in specific staffing positions, including behavioral health specialists, nurses, dental and medical assistants, and front office medical staff. Hiring bilingual staff is also challenging.

This assessment provides findings and insights to help support evidence-based decision making.

This Primary Care Capacity Assessment identified areas in the Central Texas region where the availability and accessibility (the supply) of health care providers for the low-income and uninsured population appears to meet the demand for health services. This was true especially in areas in Travis and Williamson County along the I-35 corridor. At the same time, in several outlying areas of the region, health care supply does not appear to be sufficient to meet demand. And throughout the region, but especially in more rural areas, the need for more dental and behavioral health services appear to be increasing. The assessment's interviews with clinic staff also revealed increasing concerns about chronic diseases. These issues are complex and will require more detailed understanding of the factors driving them as well as the potential solutions. Further, ongoing financial stability and reach of clinics, the impact of these issues on the ability to serve patients, and possibly expand to locations where the needs are high will require a deeper understanding of the levers at play. Finally, future research should strive to include data on the services provided by hospital-affiliated clinics in the region to provide a more comprehensive view of the actual and potential supply of services for uninsured and underinsured residents. Similarly, more detailed data on residential location (zip code) of users from non-FQHC clinics could also facilitate more robust supply and demand analysis in the future.