

Medicaid and Uninsured patients obtain new patient appointments most easily at FQHCs

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Federally Qualified Health Centers (FQHCs) granted new patient appointments to Medicaid beneficiaries and uninsured patients at higher rates than other primary care practices (non-FQHCs), in addition to charging less for visits, according to results of a new 10-state University of Pennsylvania study published this month in *Medical Care*.

Using data from a previous "secret shopper" study conducted in 2012 and 2013, the investigators found that FQHCs—community health clinics that receive federal funding to provide [primary care](#) access to underserved populations—granted appointments to 80 percent of callers posing as Medicaid [patients](#), while only 56 percent of callers who reported having Medicaid insurance were able to get an appointment at other types of primary care practices. When callers to the same group of practices volunteered other types of insurance, they were able to schedule appointments in those practices about 80 percent of the time. The study also found that nearly 70 percent of FQHCs provided lower cost (\$100 or less) visits to uninsured patients, compared with only 40 percent at the same fee level at the non-FQHC practices studied.

The study, led by a team of physician scientists and public policy researchers at the University of Pennsylvania's Perelman School of Medicine and Leonard Davis Institute of Health Economics, utilized trained auditors, posing as patients requesting the first available new patient appointment. The callers were randomized to make 10,904 calls to primary care providers—including 544 calls to FQHCs.

"The higher acceptance rates of Medicaid and [uninsured patients](#) seems to indicate that Federally Qualified Health Centers will be an important source of primary care for these underserved populations moving forward, as more patients become insured under the Affordable Care Act," said lead study author Michael R. Richards, MD, PhD, MPH, a fellow in the Leonard Davis Institute of Health Economics, noting that the Affordable Care Act includes \$11 billion in funding over five years to bolster the capacity of these centers to meet increased demand for [primary care services](#). "This study suggests that FQHCs provide better availability and lower-cost options for these new patients, so it will be important to continue tracking FQHCs' accommodation of patients from these insurance groups in the early years of [health care reform](#)."

While the study also examined the difference between FQHCs and non-FQHCs in the patients' wait times until the scheduled visit, researchers found no clear evidence that wait times were longer for the underserved groups at FQHCs that offered appointments more readily.

"It's encouraging to see that FQHCs are meeting the needs of these individuals in appointment availability, cost and [wait times](#)," said the study's senior author, Daniel Polsky, PhD, executive director of the Leonard Davis Institute of Health Economics. "There are a considerable number of patients who will be seeking primary care for the first time in many years now that they are insured, so it's crucial that the system is prepared for this increase, and FQHCs are a key part of the equation."

Provided by University of Pennsylvania School of Medicine

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