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HEALTH CARE EXTRA

Community health centers expected to reap millions

- Southeast Michigan safety net providers are expected to receive millions of dollars beginning in 2011 to expand federally qualified health centers and community clinics.

Because of its high levels of unemployment, lack of insurance and proportion of people with chronic diseases, metro Detroit is expected to garner more than its share of \$14 billion in federal health care reform funds, said Kim Sibilsky, executive director of the **Michigan Primary Care Association**.

Nearly \$3 billion will be available each year from 2011 to 2016 to expand and staff federally qualified health centers and community clinics.

Of the \$14 billion provided to the **Community Health Centers and National Health Service Corps Trust Fund**, \$9.5 billion will help expand operations to serve nearly 20 million new patients.

Another \$1.5 billion will be for capital projects for new or existing centers in a competitive grant bidding process.

Health reform also includes \$1.5 billion for the **National Health Service Corps**, which will place up to 15,000 primary care providers in underserved communities.

"Southeast Michigan has a strong case historically (that) we have been underfunded," Sibilsky said.

Chris Allen, executive director of the **Detroit Wayne County Health Authority**, has met with safety net providers for months to develop a grant strategy, Sibilsky said.

"Chris will spearhead this effort to get the message to the federal government," Sibilsky said. "We are planning a unified and coordinated effort."

The law also authorizes a \$230 million grant program to develop residency programs at health centers and creates a mechanism to pay for teaching programs.

While providers are needed to staff the health centers, Rick Murdock, executive director of the **Michigan Association of Health Plans**, said Michigan should do more to fund training and loan repayment for primary care providers.

"The state needs to look at ways to increase the supply of nurse practitioners and physician assistants and make sure the existing scope of practice (does not restrict appropriate care-giving)," he said.

— Jay Greene