

HRSA Program Requirements

Examining Requirement 6: Hospital Admitting Privileges and Continuum of Care

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Community health centers, or Federally Qualified Health Centers (FQHCs), are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. Awarded funding from the Health Resources and Services Administration (HRSA), these health centers must operate within 19 HRSA Program Requirements.

As the demand placed on FQHCs becomes more stringent, through Meaningful Use and Health Care Reform, a summary of these 19 health center program requirements will continued to be examined in *IPHCA HealthSource™*. The 19 program requirements fall into one of four categories: Need, Services, Management and Finance, and Governance.

Each article will provide an in-depth look at one requirement to assist health center leaders in understanding these program requirements and preparing for compliance in future HRSA site visits. HRSA Program Requirement 5 falls into the “Services” category.

Program Requirement 6: Hospital Admitting Privileges and Continuum of Care

According to the *HRSA Health Center Program Requirements*, Program Requirement 6 states:

“Health center physicians have admitting privileges at one of more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.”

- After hours coverage includes the provision, through clearly defined arrangements, for access of health center patients to professional coverage for medical emergencies after the center's regularly scheduled hours.
- Specific arrangements for after hours coverage (such as in a rural area) may vary by community. However, all health centers must have some type of clear arrangement(s) for after hours coverage.
- The coverage system should ensure telephone access to a covering clinician (not necessarily a health center clinician) who can exercise independent professional judgment in assessing a health center patient's need for emergency medical care and who can refer patients to appropriate locations for such care, including emergency rooms, when warranted.

Performance Improvement

Prompting questions for performance improvement discussions:

- What specific mechanisms or arrangements does the health center have for after hours coverage? Does this arrangement include health center clinicians or does it use other community clinicians?
- Do all patients receive a written or verbal explanation regarding the procedures for accessing emergency medical and dental care after hours?

- Does the general phone system provide information on how to access emergency care after hours?
- Is any written information about accessing care after hours provided in the appropriate languages and literacy levels of the health center's patient population?
- Is the answering service and/or provider able to communicate in the appropriate languages to serve the population?
- Does the coverage system have established mechanisms for patients needing care to be seen in an appropriate location and assure timely follow-up by health center clinicians for patients seen after-hours?

References

"Program Requirements." Health Resources and Services Administration website. Retrieved January 29, 2013, from <http://bphc.hrsa.gov/about/requirements/index.html>.

Health Center Site Visit Guide. Health Resources and Services Administration website. Retrieved January 28, 2013, from <http://bphc.hrsa.gov/policiesregulations/centerguide.html>.