

Growing health centers designed to ease ER strain

More clinics, which serve more than 7,000 patients, are needed

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Chris Stewart/Dayton Daily News Staff Photographer

Dr. Erin McConnell gives Karalynn Petitt, 9, a checkup at the East Dayton Health Center on Thursday, July 29. Patients without insurance or financial resources can get medical care on a sliding-scale fee based on ability to pay at the Community Health Centers of Greater Dayton.

DAYTON — Every time a factory closes or a business leaves the region, the patient list at the Community Health Care Centers of Greater Dayton grows. The network of three health centers, which treat patients regardless of their ability to pay, serves more than 7,000 patients, including 31 percent who do not have health care coverage.

Yet the network is thriving. Two additional physicians will join the staff in August and its 17-member governing board — including 51 percent who also are patients — is looking to absorb other health centers in the region.

“This is a growth time for us,” board member and patient Jim McGuire said. “The economy is causing us to grow.”

The 8,000 federally qualified community health center sites around the country are the centerpieces of federal health care reform, said Bryan Bucklew, president of the Greater Dayton Area Hospital Association.

No longer operated by community hospitals, the Dayton Health Centers are designed to alleviate the strain on hospital emergency rooms by giving people access to a family doctor even if they can't afford one.

"If we hadn't set this up, we would be in a world of hurt," Bucklew said. "A lot of federal reform, legislation and regulations, incentivizes these centers to become medical homes to a lot of people."

Adds Gregory Hopkins, director of Community Health Centers of Greater Dayton: "We are your family doctor."

In March 2009, the health network received a federal designation making it eligible to receive enhanced reimbursements for services provided to patients covered by Medicaid and Medicare. The clinics aren't free, but accept patients on a sliding-scale fee.

"We call it, getting reimbursed appropriately," Hopkins said of the federal incentives. "That enables us to go from losing hundreds of thousands of dollars to breaking even. It gives us a chance at survival."

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