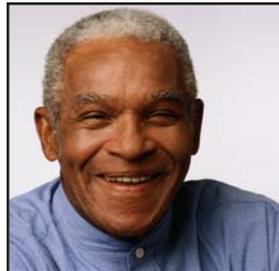
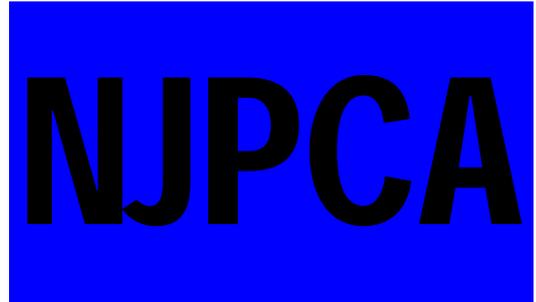


Federally Qualified Health Centers A Medical Home Model That Works!

REVISED 2010



Your Community
Your Health
Our Commitment

New Jersey Primary
Care Association

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What is a Medical Home?

A medical home is not an actual place, but rather a concept. A medical home addresses how a primary health care professional works in partnership with the patient/family to assure that all of the medical and non-medical needs of the patient are met.

Receiving care through a medical home can improve the health outcomes of patients by promoting timely use of health care services, increasing continuity of care, and raising satisfaction of care by families and providers. When patients have a stable and continuous source of care they are more likely to receive appropriate preventive care, early diagnosis and maintenance of chronic care conditions, and less likely to be hospitalized for preventable conditions. A medical home is defined as primary care that is:

- ♦ Accessible
- ♦ Continuous
- ♦ Comprehensive
- ♦ Family centered
- ♦ Coordinated
- ♦ Compassionate, and
- ♦ Culturally effective¹

Additionally, National Committee for Quality Assurance (NCQA) asserts that medical home standards should include:

- ♦ Access and communication
- ♦ Patient tracking and registry functions
- ♦ Care management
- ♦ Patient self management support
- ♦ Electronic prescribing
- ♦ Test tracking
- ♦ Referral tracking
- ♦ Performance reporting and improvement
- ♦ Advance electronic communications

As later discussions in this document will demonstrate, New Jersey health centers have used their primary care model to ensure compliance with NCQA standards. They have done so by improving patient access and communication; integrating patient tracking and registry functions, care management and patient self management goals via various disease collaborative/initiatives; and are working hard to adopt electronic medical records (EMRs) and health Information technology (HIT) to facilitate electronic prescribing, referral and test tracking, and performance improvement/reporting processes.

¹ As defined by the American Academy of Pediatrics.

Health Care Homes Save Lives and Money

According to the National Association of Community Health Centers (NACHC), when patients have an established health care home, they have improved odds of being in good health. They receive continuous primary care services that reduce the risk of new health problems and better management of chronic care conditions. This ultimately results in fewer hospitalizations and visits to the ER, and reduces the need for specialty care services.

NACHC reports that regular use of a primary care provider is directly linked to lower morbidity and reduced health care costs. Nationally, health centers' average annual cost of care is \$552 per patient or about \$1.51 a day per patient served. This is 10 times less than the average per capita spending on personal health care, despite the fact that health centers include a broad array of enabling services such as case management, transportation, translation, and health education services.² Health center uninsured and Medicaid patients report better primary care experiences in terms of access, having a regular source of care, and comprehensiveness than uninsured and Medicaid patients nationally.³ Also, communities with a health center site are likely to have fewer (33% less) visits to the ED than communities that do not have a health center.⁴ Aside from delivering better health outcomes for the medically underserved, studies have also found that health centers save the Medicaid program roughly 30% in annual spending per Medicaid beneficiary due to lower specialty care referrals, ER visits, hospital admissions and prescription drug costs. Patients living in underserved areas with a health center have 5.8 fewer preventable hospitalizations per 1,000 people over 3 years than patients who live in areas that do not have a center. According to NACHC estimates, if avoidable visits to ERs were redirected to health centers, over \$18 billion in annual health care costs could be saved nationwide.⁵

New Jersey's Health Centers- "Models for Medical Homes"

In recent years, medical homes, especially patient centered medical homes that can deliver well coordinated and high quality health care for patients have gained currency in the national dialogue over delivery of health care services. Patient Centered Medical Homes (PCMH), as propounded by NCQA, "is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want in a culturally and linguistically appropriate manner."⁶ Towards this goal, the Commonwealth Fund along with 8 other partners, is funding a national Safety Net Medical Home Initiative at 68 community health centers in five states.⁷ Via this initiative, the Fund will provide technical assistance, training and funding support to these health centers to

² National Association of Community Health Centers, Inc., "A Sketch of Community Health Centers: Chart Book 2009.

³ Shi L. and Stevens GD. "The Role of Community Health Centers in delivering Primary Care to the Uninsured." April-June 2007. *Journal of Ambulatory Care Management*, 30(2):159-170.

⁴ Rust George, et al. "Presence of a Community Health Center and Uninsured Emergency Department Visit Rates in Rural Counties." *Journal of Rural Health*. Winter 2009, 25(1):8-16.

⁵ National Association of Community Health Centers, Inc., "A Sketch of Community Health Centers: Chart Book 2009.

⁶ Available at <http://www.ncqa.org>.

⁷ Colorado, Idaho, Massachusetts, Oregon, and Pennsylvania.

improve care delivery to their patients including better coordination of primary care, enhancing access to care, improving doctor-patient interactions, and implementing quality improvements.⁸

Independent of this effort, as the following discussion will illustrate, many of the medical home activities have already been incorporated in the health care delivery services at New Jersey's health centers.

New Jersey health centers provide easily accessible comprehensive health care services: New Jersey's health centers provide high quality and affordable primary care and prevention services to their most vulnerable populations- the uninsured and the medically underserved. They provide these services with a culturally sensitive, family-oriented focus to anyone needing care regardless of their ability to pay. These health centers are located in medically underserved communities-mostly isolated rural and inner city areas. They bring health care services to populations that would otherwise remain isolated from traditional form of medical care because of their financial status, who they are, the language they speak, and the complexity of their health care needs.

Currently, there are 20 health centers and 97 satellite sites located in twenty counties providing health care services to 372,193 individuals annually. They provide a broad array of services such as treatment for medical problems, immunizations, pre-natal care, cancer screening, well baby care, dental exams, family planning services, diagnostic laboratory and radiological services, and health education services.⁹ These centers are federally mandated to provide 24-hour coverage for their patients and their physicians are required to have admitting privileges at local hospitals. Additionally, in an effort to reduce barriers to access to care, these centers also provide transportation, outreach, patient education, and translation services to their patient populations. The level of care provided at these centers are comprehensive, easily accessible, continuous, and culturally sensitive. In other words, New Jersey health centers have long been delivering services to its patient populations that lie at the core of the "medical home" concept of care.

Expanded network to reach underserved communities: Supported by both national and local funding, New Jersey health centers have worked tirelessly to bring accessible and affordable comprehensive primary care services to the underserved communities in the state. Over a period of 9 years (between 2000 and 2009), they increased the number of sites from 55 to 97 in 20 counties of the state. For areas that do not have a health center site, the health centers have worked hard to secure mobile van services to reach the communities in those areas. Currently, 9 health centers operate 9 mobile vans to serve underserved communities in the following counties: Burlington, Camden, Cape May, Hudson, Hunterdon, Middlesex, and Passaic. They have sought out every possible funding opportunity to extend their hours of operation so that working patients have access to care and do not end up in emergency rooms.

⁸ "New national Initiative to Transform Safety-Net Clinics Into Medical Homes in Five States." Available at <http://www.commonwealthfund.org/Content/News/News-Releases/2009/May/>.

⁹ Please see figure 1 for a list of some of the major services provided by New Jersey Health centers (as a percentage of total number of health centers providing these services).

Focus on chronic disease management: To improve delivery of health care services and patient care, New Jersey health centers have also actively participated in the Asthma and Diabetes Collaborative. Initiated in 2005, 17 centers participated in the asthma collaborative. Since inception, the collaborative has benefited more than 2,500 pediatric asthma patients. The health center patients impacted by the collaborative now have asthma management goals, fewer visits to the ERs, fewer hospitalizations, fewer missed days of school, and overall improvement in their health.

Initiated in January 2007, 15 health centers participated in the Diabetes Collaborative. The primary focus of this collaborative was to ensure that every provider at every level of patient care work together to better manage a patient's diabetes and educate the patient on how he or she can take charge of their own care and help control their own disease. To date, the state of New Jersey has committed \$1 million to develop, initiate, and grow the disease collaborative infrastructure for the health centers. The diabetes and the asthma collaborative keep patients out of the hospitals, save money, make patients more responsible for their own care, and allow them to be more productive citizens.

In 2008, New Jersey health centers also teamed up with the New Jersey Department of Health Services to implement an Obesity Education Program Initiative. Obesity, among both children and adults, impedes a healthy lifestyle and increases the risk of many diseases and conditions such as type 2 diabetes, coronary heart disease, hypertension, dyslipidemias, gallbladder and liver disease, sleep apnea and respiratory problems, and reproduction.¹⁰ To promote better health for their patients, 16 health centers participated in the initiative. They focused their attention on creating greater awareness of the health risks associated with obesity and promoting healthier lifestyles for their patients with obesity education, weight management classes, and nutrition education programs.

Focus on quality and safety in care delivery: New Jersey health centers have been working hard to standardize quality and safety in the delivery of their health care services and nothing symbolizes quality and safety and commitment to performance than accreditation rendered by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Currently, 6 of New Jersey's 20 health centers are JCAHO accredited, 3 are pending accreditation, and the rest have teamed up with NJPCA to access Joint Commission education opportunities supported by HRSA/BPHC. Each health center that is not currently accredited has been scheduled for on site mock surveys to prepare for the real JCAHO survey. The process is intended to:

- ♦ Increase health centers' competitiveness in the marketplace.
- ♦ Provide a structure for health centers to integrate ongoing quality improvement into their daily operations.
- ♦ Increase patient safety and enhance health care quality.

¹⁰ Centers for Disease Control and Prevention. "Overweight and Obesity; Introduction." Department of Health and Human Services. 2008. Available at: www.cdc.gov/nccdphp/dnpa/obesity/index.htm

Focused on improving patients' access to quality care, 9 health centers have also signed on to participate in a series of webinars focused on the process of examining current performance and establishing the organizational goals needed to improve patient access and flow. Via these webinars (provided by the Primary Care Development Corporation, PCDC), health centers are trying to develop the tools needed to scrutinize current patient care delivery model, wait times, no-shows, cycle times, and make the essential changes to improve access and patient flow.

Keeping patients out of emergency rooms: Timely use of primary and preventive care services reduce the need for episodic care that patients receive in hospital emergency rooms (ERs) when medical conditions go undetected and untreated. It is widely acknowledged that when patients have a regular source of care or a health care home, they are more likely to be in better health and less likely to be hospitalized for preventable conditions. Many New Jersey health centers have collaborative relationships with their area hospitals to reduce inappropriate ER usage by their patients. One New Jersey health center, North Hudson Community Action Corporation (NHCAC), has been recognized in a NACHC publication as having a successful medical home health delivery model that focuses on reducing ER usage by their patients.

NHCAC, located in Northern Hudson County has been a federally qualified health center since 1994. It serves about 61,184 patients annually via seven sites and one mobile center. The broad array of services provided by the center includes adult medicine, pediatrics, dental, prenatal and obstetrics and gynecology, family planning, mental health, and substance abuse treatment. Services are available six days a week with many centers open until 7pm on weekdays and for extended hours on Saturdays. The main site is open until 10pm on four days of the week and on Sunday for at least six hours.

In an effort to provide health care that is easily accessible, continuous, timely, and comprehensive, NHCAC, in collaboration with Palisades Medical Center, has initiated an Emergency Department (ED) diversion program. Under this program, health center doctors provide care within the hospital through a 24 hours a day, 7 days a week on-call service for pediatrics and OB/GYN. The program seeks to address the health care needs of NHCAC's uninsured and underinsured patients who may be frequent users of the ED. Once a patient is seen by an on-call doctor at the ED, patients are given appointments at the health center for their timely follow-up care. The health center reserves approximately five appointment slots a day from 1-3 pm for these follow-up visits at the health center. The primary goal of this program is to improve and establish continuity of care for patients. Since the program's inception, both Palisades Medical Center and NHCAC have reported decreased overcrowding in the ED and improvement in receipt of continuous primary care by patients.

Two other centers are also working hard to promote timely use of primary and preventive care services and reduce unnecessary ER visits for their patients. In 2008, two New Jersey FQHCs, the Monmouth Family Health Center (MFHC) and the Newark Community Health Center (NCHC) received funding from CMS through the New Jersey Office of Medicaid to collaborate with two partnering hospitals to implement an ER Diversion project. The project titled "Community Partnership for ED Express Care and Case Management" is focused on

identifying Medicaid patients who present at the ERs of the two collaborating hospitals for primary care conditions; treating and educating them on the proper use of the ER services; educating the patients on the benefits of having a primary care home; and setting them up for follow-up visits at the partnering health centers; and tracking patient care at the partnering health centers to evaluate the impact of the project. The focus of this project is on reducing inappropriate ER usage, educating patients on the benefits of having a health care home, and in the process improving the overall health status of the patients that show up in the ERs. As of July 2009, both Express Pilot EDs have handled 1,959 project patients and 1,860 of those patients have been referred to the partnering health centers for follow-up care.

Use of Electronic Medical Records (EMR) and adoption of Health Information Technology (HIT):

To ensure better quality and safety in patient care, an increasing number of New Jersey health centers are also trying to acquire HIT and EMRs. Health information technology can help providers improve quality of care, reduce medical errors, increase efficiency, reduce duplicative services, provide timelier patient/provider interactions and in the process provide significant savings in the delivery of healthcare services.¹¹ EMRs are a central component of the health information technology that makes patient data more available for care decisions, and integrate programmed decision supports in the system to produce prompts and reminders for providers to ensure that best practices are observed and opportunities for preventive care opportunities are not missed.¹²

Approximately half of the New Jersey health centers are using (or will soon implement) EMRs. In addition, 95% of the health centers have used or are still using chronic disease patient registries. NJPCA hosted a HIT/EMR seminar in September 2009, which provided a forum for New Jersey health centers to hear from other health care facilities that have already implemented EMRs and how health care reform will influence medical practice in community health centers. The NJPCA will continue to provide technical assistance to the health centers in their efforts to implement HIT/EMRs.

Expanding access to care by expanding health center hours of operation:

At present, there are twenty health centers in New Jersey that provide services through a network of ninety seven (97) active satellite sites. More new sites will be opening their doors very soon. In recent years, the health centers have experienced a tremendous surge in demand for their services. In 2008, the health centers in New Jersey and their satellite sites handled about 372,193 patients and provided over 1.1 million patient visits. To keep pace with the growing demand for their services, majority of these health centers provide morning and evening services, and many offer Saturday services to accommodate the health care needs of working families. Hours of operation information collected from the health centers indicate that on average 95% of the main health center sites are open during evening hours on weekdays, 75% of the main sites are open on Saturdays, and 15% are

¹¹ Lardiere, Michael R. "A national Survey of Health Information Technology (HIT) Adoption in Federally Qualified Health Centers." 2009 National Association of Community Health Centers (NACHC). Available at www.nachc.com.

¹² "Health Centers and the Medically Underserved: Building a Research Agenda." Prepared by Neil Calman, MD and Diane Hauser, The Institute for Urban Family Health. Paper commissioned by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Available at www.nachc.com.

open on Sundays for their patients. Availability of Saturday services at the main health center sites, which increased from 58% in 2007 to 75% in 2009, and addition of Sunday services at 3 health centers are expected to ease weekend health care access issues for patients (please see Figures 2 and 3 and also Appendix A: Health Center Extended Hours).

For some areas in the state, expansion of service hours may not be a feasible option. Each health center in New Jersey weighs very carefully whether or not to extend operational hours within their respective communities given the demand for services. In some areas, when the sun goes down, many potential patients will not venture outside their homes. For example, in Trenton New Jersey, with increased gang activity, staying open late is a major safety issue since both patients and staff may be potential targets of gang violence.

Addressing workforce issues facing New Jersey health centers: Health centers' capacity to deliver high quality health care services to their local communities is closely tied to the health care workforce they employ. There is an increasing awareness among public health professionals and others in the field that the ever decreasing pool of primary care physicians nationwide is going to pose a major health problem for Americans in the near future. While the pool of this category of physicians has been decreasing, it is estimated that the demand for primary care physicians will increase by 38% from 2000 to 2020.¹³ As a major recruiter of primary care physicians, New Jersey's health centers are already confronting shortages in their primary care workforce.

Despite provider shortages in certain localities and high turnover rates among access/front desk staff, New Jersey health centers strive to maintain the same level and quality of services that their patients expect from them. However, lingering staff shortages can put excess work load on existing workforce and lead to burnout and attrition; exacerbating existing staff shortages. To get a better handle of the workforce issues confronting them, human resources (HR) professionals at all the New Jersey health centers participated in a survey conducted by NJPCA. As reported by the HR professionals at the New Jersey health centers, recruitment and retention of medical as well as other health care personnel are equally challenging. Some of these challenges they identified are as follows:

- ♦ High rate of turnover among access/registration staff/office staff. Recruiting qualified people for these positions and retaining them over a longer period is hard because of pay issues. It is also hard to attract suitable candidates with professional demeanor and responsibility for these positions because pay scales are lower than what these employees can earn elsewhere.
- ♦ Lack of adequate pool of skilled/qualified candidates to recruit from. Available pool of candidates often does not have the proper work ethic or organizational experience; and consequently requires longer training time for optimal productivity.
- ♦ Lack of adequate pool of LCSWs and managerial level nurses.

¹³ Lewin Group. *The Critical Care Workforce: A Study of Supply and Demand of Critical Care Physicians*

- ♦ Lack of an adequate pool of qualified bilingual candidates to fill these positions.
- ♦ Lack of salary competitiveness at all levels of medical and other professional positions.
- ♦ In some counties, high concentration of competitors (hospitals, ambulatory care facilities, other practices) poses challenges for recruitment and retention (i.e. Hudson County).
- ♦ Over all, management and supervision of staff at multiple site locations is hard because of lack of resources.

To address some of these recruitment and retention issues at the health centers, with grant support from Health Resources and Service Administration (HRSA)/Bureau of Primary Health Care, NJPCA developed a resource manual to serve as a guide for staff recruitment at all levels of the New Jersey health centers. The manual identifies multitude of valuable web based and printed resources available locally and nationally for the recruitment of physicians, nurses, medical assistants, health educators, nutritionists, social workers, and bilingual staff for the North, Central, Shore, and Southern Jersey regions of the state. The manual also identifies professional schools and associations in New Jersey and the surrounding areas for the purpose of developing partnerships and identifying opportunities for internships/placement at the health centers. In addition to this resource manual, all the health centers will continue to:

- ♦ Participate in monthly meetings to provide a common forum for HR professionals to share and discuss health center specific problems, share best practices, and identify feasible solutions to human resource problems for their centers.
- ♦ Receive assistance from NJPCA to identify and secure additional local and national resources and training opportunities to support recruitment and retention efforts at the health centers.
- ♦ In these efforts, NJPCA will continue to support health centers post and recruit for their open positions.

Moving Forward in Hard Economic Times

At the state level, community health centers continue to be supported by our state representatives with a view to expanding medical capacity and infrastructure. As the economic downturn hit the nation, budget deficits in New Jersey and everywhere else made it clear that health centers would have to do more with less. However, even with statewide funding cuts across all programs, New Jersey health centers have been able to maintain local funding supports for their services.

Additionally, New Jersey health centers along with health centers nationwide, received a helping hand from the federal government under the American Recovery and Reinvestment Act (ARRA 2009). Over \$2.0 billion were appropriated (one-time funding for a period of 2-

years) for major health center initiatives under the ARRA of 2009. About 1.5 billion of that appropriation was designated to fund major infrastructure projects including health information technology projects and about \$500 million was allotted to support health center operations (i.e. new sites and service areas, service expansions, and to provide supplemental payments for spikes in uninsured populations). Under this first funding stream, of the \$500 million allotted for health center operations, \$155 million was used to fund 126 new access points and 75 existing health centers. Under this initiative, 2 New Jersey health centers received a total of \$2.6 million in grants to attain full-fledged Federally Qualified Health Center (FQHC) status.

In the second stream, of the \$340 million that was designated for increased demand for services (IDS) grants, \$6.8 million flowed to all 20 health centers in New Jersey. This new money is expected to help the health centers serve an estimated 57,189 new patients of which 39,554 may be new uninsured patients. The timely influx of this money may have also helped the New Jersey health centers retain/create 172 jobs during these hard economic times.

In June 2009, HRSA announced the release of additional \$851 million in grants under the third funding stream for Capital Improvement Program (CIP) for health centers nationwide. These funds will support the construction, repair, and renovation of over 1,100 health center sites nationwide. All 20 health centers in New Jersey received a combined total of 16.9 million for their capital improvement projects.

Under the fourth funding stream, HRSA originally designated \$515 million for the Facility Investment Program (FIP) to support modernization and construction projects at health centers nationwide. Like other ARRA grants, awards will be made for a 2-year project period. About 12 New Jersey health centers applied for a total of \$59.9 million for this competitive funding opportunity. On December 9, 2009 HRSA announced the award of nearly \$600 million in FIP grants to 84 health centers nationwide. Four New Jersey health centers have been awarded a total of \$20.1 million for their FIP projects. So far, New Jersey health centers have received a total of \$46.4 million under the various funding streams made available under the ARRA grants.

While funding provided under the ARRA grants has helped the health centers survive these hard economic times, it is important to note that funds awarded under the ARRA of 2009 is only for a two-year period and provide temporary relief for the health centers. Moreover, except for the formula grants under which all health centers received some amount of funding, a lion's share of the funding (FIP grants) were awarded on a competitive basis and majority of New Jersey health centers that applied did not receive the grants. Looking beyond the 2-year funding period, to continue our health centers' mission of increasing low cost quality services to the underserved and low income populations throughout the state, we need to secure additional funding from existing and new resources.



Figure 1: Health Center Services

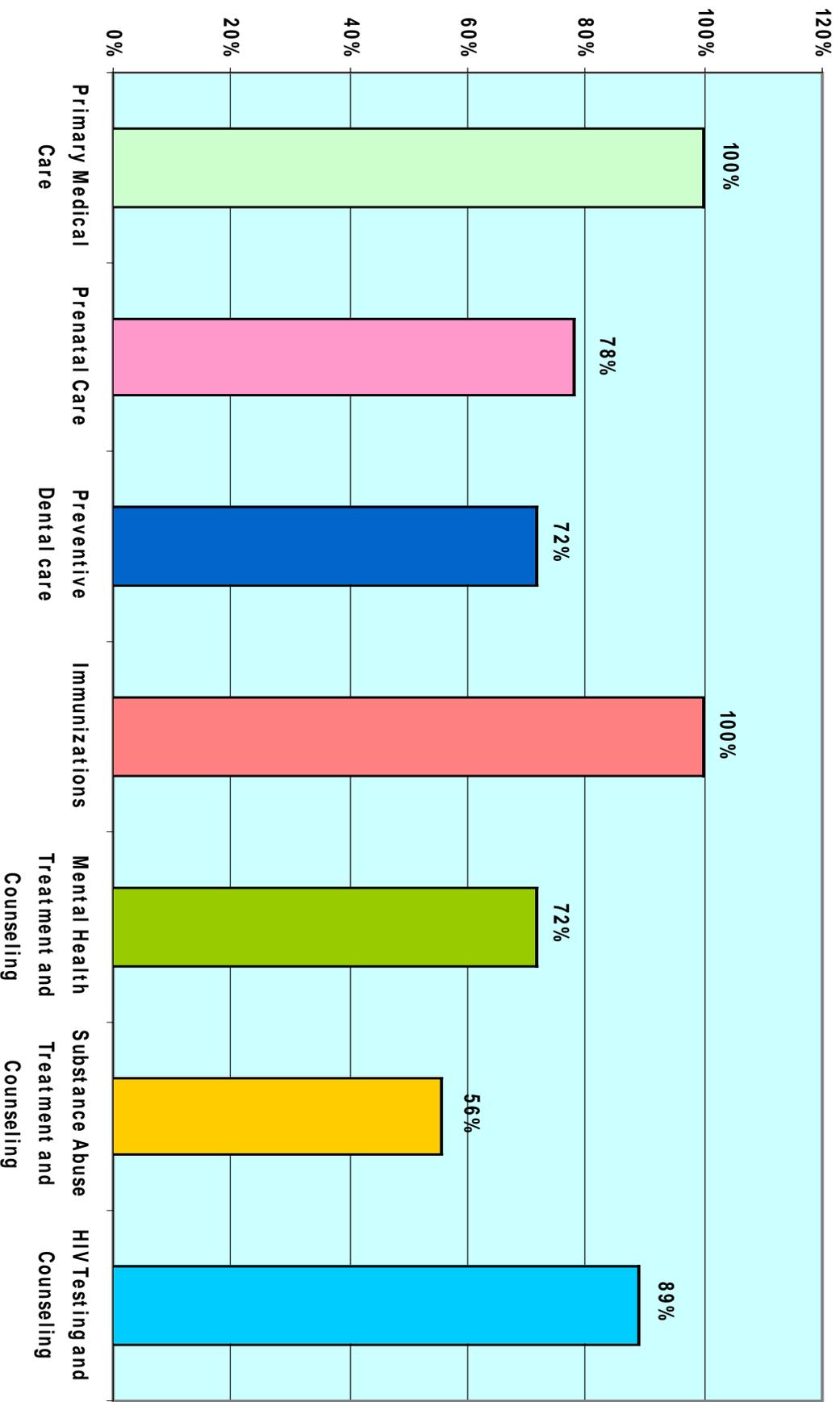
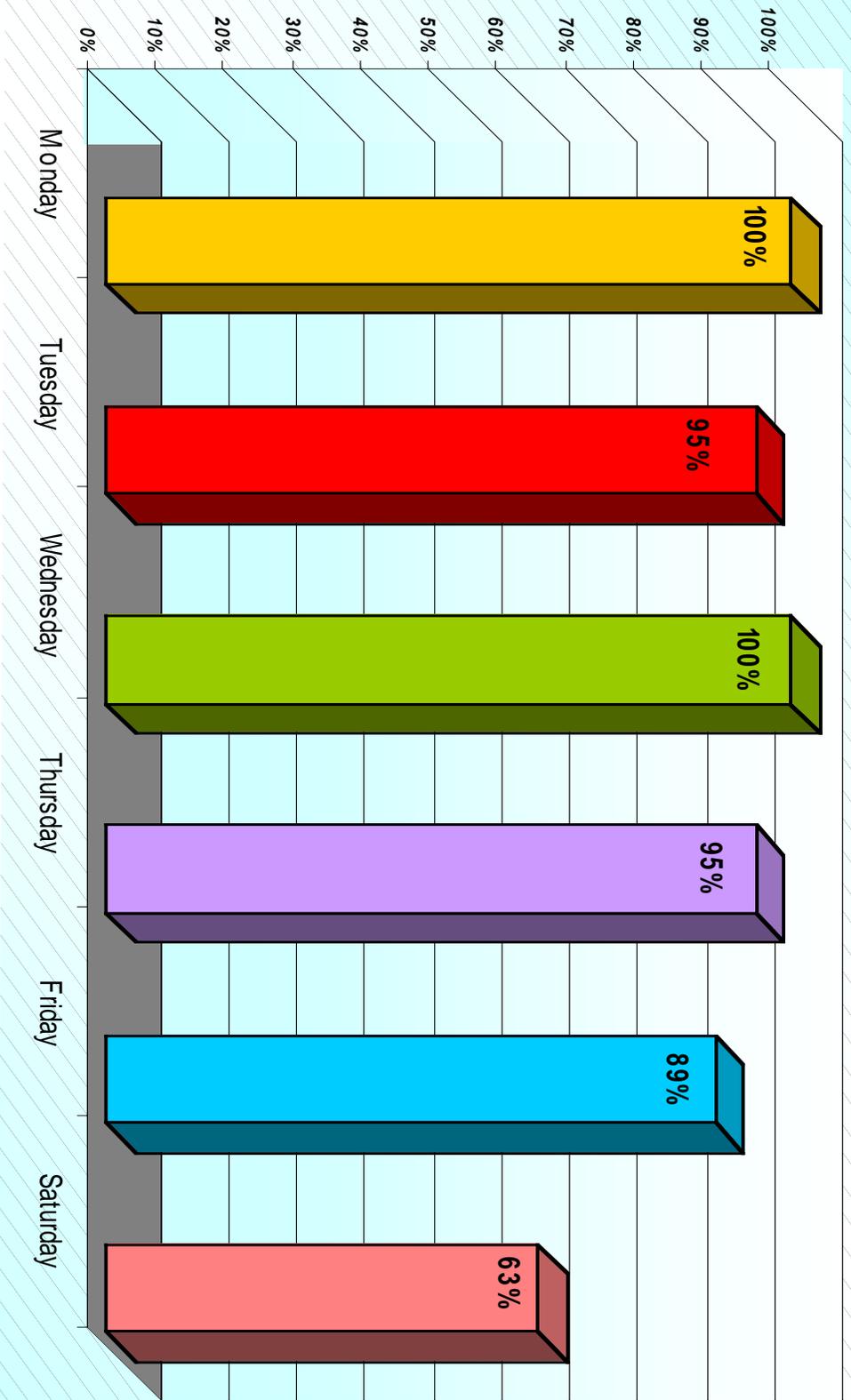


Figure 2: Percentage of Health Centers Providing Evening & Saturday Services

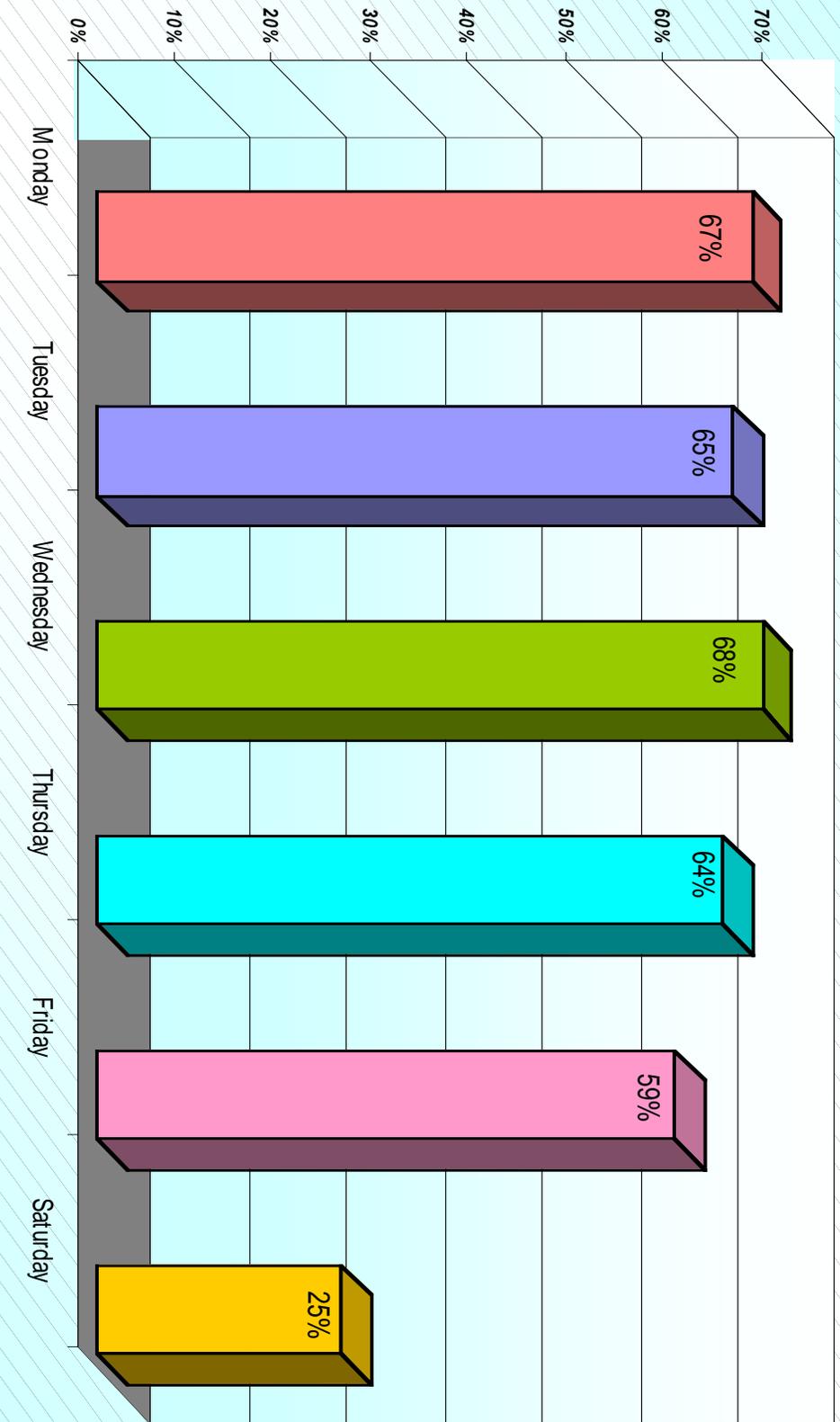


Source: Health Centers

Evening Hours: Defined as availability of services until 5pm after.

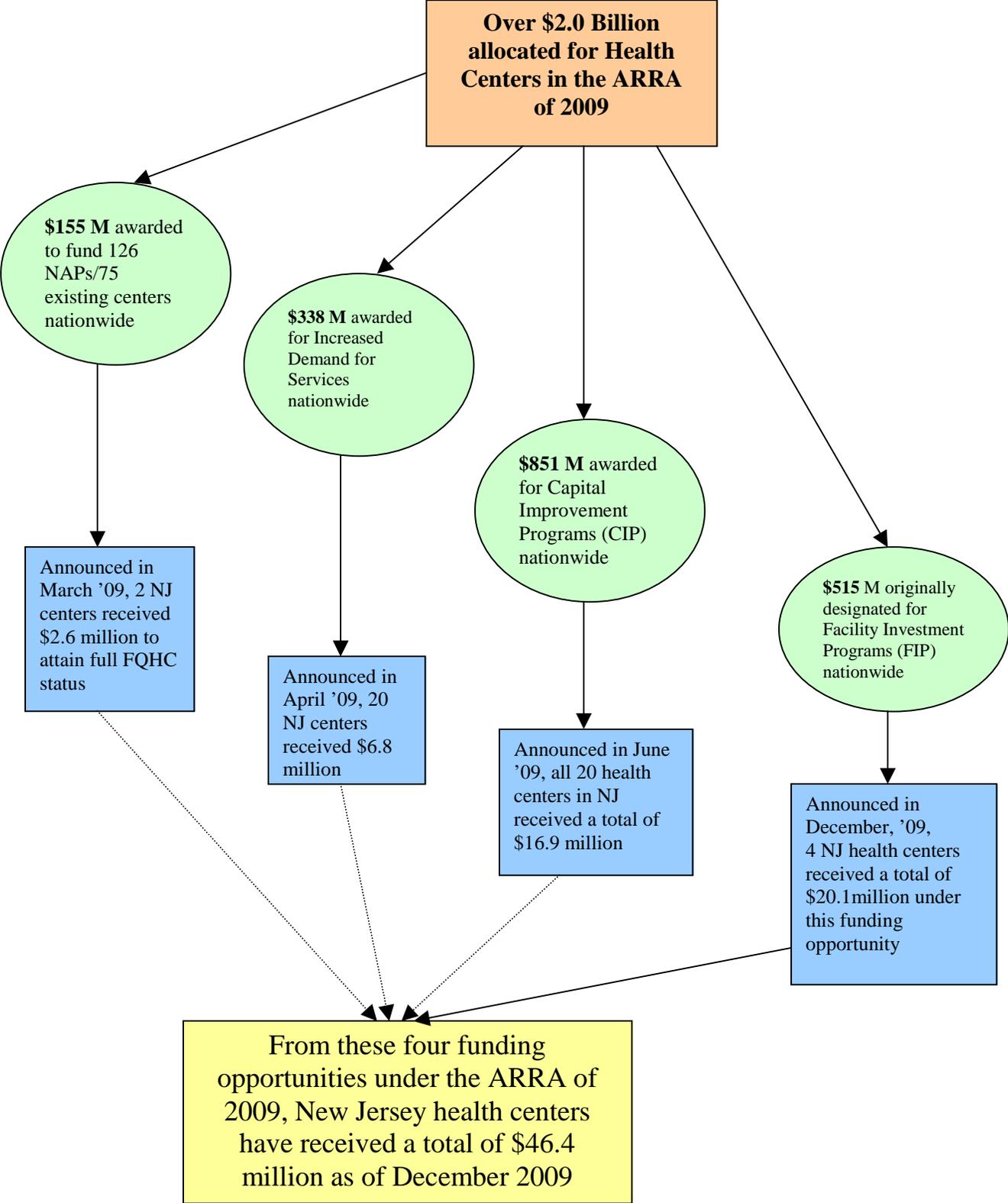
Saturday Hours: Defined as availability of services for at least 4 hours

Figure 3: Percentage of Health Center Sites Open for Evening and Saturday Services



*Includes School based sites which are required by law to see students only; these sites are not open on evenings or on Saturdays

Funding for FQHCs Under the ARRA of 2009



Appendix A: Health Center Hours of Operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Atlanticare at 2009 Bacharach	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p		
Atlanticare at Covenant Hse	8:30a-12p			5p-8p			
1401 Atlantic Ave.	8:30a-5p	8:30a-6:30p	8:30a-5p	8:30a-6:30p	8:30a-5p		
CamCare Hth Corp	8a-8p	8a-4:30p	8a-8p	8a-4:30p	8a-4:30p	9a-1p	
East	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p		
North	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p		
South	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p		
Camcare at Paulsboro	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p		
Camcare at Clementon	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p		
Camcare at Antioch manor		8a-12p					
Camden Paulk-Jones Center							
Community Hlth. Care, Inc.¹							
Cohansey	8a-5p	8a-9p	8a-9p	8a-5p	8a-5p		
Community Health-Bridgeton	8a-4:30p	8a-4:30p	8a-9p	8a-4:30p	8a-4:30p		
Women's Health-Bridgeton		8a-4:30p		8a-4:30p			
Bridgeton Dental	8a-4:30p	8a-4:30p	8a-9p	8a-4:30p	8a-9p	8a-12p	
Vineland Med Center	5p-9p	8a-5p	8a-5p	5p-9p	8a-5p	8a-12p	
Vineland Dental	8a-4:30p	8a-9p	8a-4:30p	8a-9p	8a-4:30p		
Millville Comm Hth	8:30a-5p	8:30a-9p	8:30a-5p	8:30a-5p	8:30a-5p		
Glassboro Community HC	8:30a-9p	8:30a-5p	8:30a-5p	8:30a-9p	8:30a-5p	8a-12p	
Cape Community HC	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p		
Community Health-MOB Vinelnd	8a-4:30p	8a-4:30p	8a-9p	8a-4:30p	8a-4:30p		
Women's Health-Vineland	8a-4:30p		8a-4:30p				
Bayshore CHC			8a-4:30p		12:30-4:30p		
Vineland Obstetrical HC-484 Bre	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p	
Seabrook CH-133 Polk Lane		12:30-4:30p		12:30-4:30p			
Rite Care	4p-9p	4p-9p	4p-9p	4p-9p	4p-9p	12p-8p	10a-6p
<i>Kids' Corner- Bridgeton MS</i>	Days vary 8a-12p						
<i>Kids' Corner-Downe ES</i>	Days vary 8a-12p						
<i>Colt Connection-</i>	Days vary 8a-12p						
<i>Teen Center-Bridgeton</i>	Days vary 8a-12p						
Tooth Mobile	Times vary						
Eric B. Chandler Hth Ctr	8a-5p	8a-5p	8a-5p	8a-7:30p	8a-5p	8a-12:30p	
Church Street Annex	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p	
Henry J. Austin-N. Warren St.	8:30-5:30p	8:30-5:30p	8:30-5:30p	8:30-5:30p	8:30-5:30p	9a-1p	
Chambers Manor Family Prac	8a-5p	8a-5p	8a-5p	8a-5p	8a-5p	1 Sat./mo	
Ewing Hth Ctr	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	8a-4p	
HJA at Hamilton	8a-5p	8a-5p	8a-5p	8a-5p	8a-5p	1 Sat./mo	
Horizon Hth Ctr	9a-8p	9a-8p	9a-8p	9a-8p	9a-6p		
Journal Square	9a-5p	9a-7p	9a-5p	9a-5p	9a-5p		
Mobile Unit							
Jewish Renaissance MC-Hob	8a-8p	8a-5p	8a-5p	8a-8p	8a-5p		
PACE Center-Perth Amboy	8a-1p		8a-1p				
<i>Perth Amboy HS</i>	9a-3p			9a-3p			
<i>The Health Place-Quitman</i>	8a-5p	12p-8p	8a-5p	8a-5p	8a-5p	9a-1p	
<i>Malcolm Shabazz HS</i>	8a-5p	8a-5p	8a-5p	8a-5p	8a-5p	9a-1p	
<i>George Washington Carver</i>	8a-5p	8a-5p	8a-5p	8a-5p	8a-5p		

¹ Community Health Care, Inc. has 4 other sites that are open less than 10 hours per week.

Health Center Hours of Operation Continued							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Barringer High School</i>	8a-5p	8a-5p	8a-5p	8a-5p	8a-5p		
<i>Dayton Street School</i>	8a-5p	8a-5p	8a-5p	8a-5p	8a-5p		
Dental Mobile Van-Perth Amboy	9a-3p	9a-3p	9a-3p	9a-3p	9a-3p	varies based on health fa	
Lakewood Res & Referral Ctr.							
Internal Medicine Hours	9a-8a	9a-5p	9a-5p	9a-8p	9a-3p		10a-5:30
Pediatric Medicine Hours	9a-6p	9a-6p	9a-7p	9a-6p	9a-3p		10a-5p
Dental Hours	9a-8p	9a-5p	9a-8p	9a-8p	9a-3p		
Behavioral Health Hours	9a-7p	9a-5p	9a-7p	9a-5p	9a-12p		9a-2p
Metropolitan FHC-Garfield	8:30a-5p	8:30-7:30p	8:30a-5p	8:30-7:30p	8:30a-5p	8:30-1:30p	
Metropolitan FHC-Bergenline	8:30a-5p	8:30a-7p	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-1p*	
Homeless Program-Jersey City	TBD	TBD	TBD	TBD	TBD	TBD	
Monmouth Family HC	8a-7p	8a-5p	8a-7p	8a-7p	8a-5p	8a-4:30p	
Dentistry hours only	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p	8a-4:30p	
Neighborhood HC-Plainfield	8a-5p	8a-8p	8a-5p	8a-8p	8a-5p	9a-1p	
E-Port Comm HC	8a-5p	8a-8p	8a-5p	8a-8p	8a-5p	9a-12p	
The Healthy Place	Appt Only	Appt Only	8a-5p	Appt Only	Appt Only		
Cardinal HC	Appt Only	Appt Only	Appt Only	Appt Only	Appt Only		
Newton Comm HC	7:30a-4p	7:30a-4p	7:30a-4p	7:30a-4p	7:30a-4p		
Phillipsburg Comm HC	8a-5p	8a-5p	8a-5p	8a-5p	8a-5p		
<i>Jefferson ES</i>							
<i>Clinton ES</i>							
<i>Stilman ES</i>							
Newark Community HC							
Broadway HC	8:30-7:30p	8:30-7:30p	8:30-7:30p	8:30-7:30p	8:30-7:30p	8:30a-5p	
Dayton Street HC	8a-6:30p	8a-6:30p	8a-6:30p**	8a-6:30p	8a-6:30p		
East Orange Primary Care	8a-7:30p	8a-6p	8a-7:30p	8a-6p	8a-6p		
James White Manor	9a-5p		9a-5p				
Irvington HC	8a-7:30p	8a-7:30p	8a-7:30p	8a-7:30p	8a-5:30p	8a-5:30p	
Newark Comm HC (NESF)	9a-5p		9a-5p	9a-5p			
Orange Community HC***	8:30-5:30p	8:30-5:30p	8:30-5:30p	8:30-5:30p	8:30-5:30p	8:30-5:30p	
Newark Homeless Health Care	8:30-7:30p	8:30-7:30p	8:30-7:30p	8:30-7:30p	8:30-4:30p		
NHCAC	8:30a-10p	8:30a-10p	8:30a-10p	8:30a-10p	8:30a-5p	8:30a-5p	8:30a-3p
NHCAC CHC at Passaic	8:30a-5p	8:30a-7p	8:30a-7p	8:30a-5p	8:30a-5p	8:30a-5p	
NHCAC CHC at Hoboken	8:30a-5p	8:30a-5p	10:30a-5p	8:30a-5p	8:30a-5p		
North Bergen	8:30a-5p	8:30a-5p	8:30a-7p	8:30a-5p	8:30a-5p		
Union City	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-7p	8:30a-5p	8:30a-5p****	
Jersey City	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-7p	8:30a-5p	8:30a-5p	
Garfield	8:30a-5p	8:30a-5p	8:30a-7p	8:30a-5p	8:30a-5p	8:30a-5p****	
NHCAC at 8th St-Passaic	8:30a-7p	8:30a-5p	8:30a-7p	8:30a-5p	8:30a-5p	8:30a-1p****	
NHCAC at Hackensack	8:30a-5p	8:30a-5p	8:30a-7p	8:30a-5p	8:30a-5p	8:30a-5p	
Mobile Unit	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p	upon req.	upon req.
Ocean Health I-Lakewood	8a-6:30p	8a-6:30p	8a-6:30p	8a-6:30p	8a-6:30p	8a-4:30p	
* First Saturday of each month.							
** 4th Wednesday 8a-7:30p							
***With service break between 10a-3:59p							
****Every other Saturday							

Health Center Hours of Operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
OHI- Toms River	8a-6:30p	8a-6:30p	8a-6:30p	8a-6:30p	8a-6:30p		
Paterson HC-227 Broadway	9a-5p	9a-8p	9a-5p	9a-5p	9a-8p	9a-2p	
32 Clinton Street	9a-5p	9a-5p	9a-5p	9a-8p	9a-5p		
Mobile Unit	9a-3p	9a-3p	9a-3p	9a-3p	9a-3p		
Project H.O.P.E. Mob. Van	2p-7p	8:30a-3p	1p-5p	2p-7p	9a-3p	10a-2p ²	
Project H.O.P.E. @Bergen LHC	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p	8:30a-5p		
SJFMC- Hammonton Medical	8:30a-9p	9a-9p	8:30a-9p	9a-9p	8:30-5:30p		
Hammonton Dental Center	8:30a-5p	9a-5p	8:30a-5p	9a-8p	8:30a-5p		
Atlantic City	8a-5:30p	8a-5:30p	8a-5:30p	8a-5:30p	8a-5:30p		
Pleasantville Center	8a-5:30p	8a-8p	8a-8p	8:30a-8p	8:30-5:30p		
Salem Center	8:30-5:30p	8:30a-9p	8:30-5:30p	8:30a-9p	8:30-5:30p		
Buttonwood Medical & Dental	8:30a-5p	8:30a-9p	8:30a-9p	8:30a-9p	8:30a-9p		
Burlington City	8:30-5:30p	8:30-5:30p	8:30a-9p	8:30a-8p	9a-5:30p		
Women's&Children's Hlth Pav	9a-7p	8:30-6:30p	9a-5:30p	8:30-5:30p	8:30-5:30p		
Mobile Medic Medical	5:30p-10p	5:30p-10p	5:30p-10p				
VNA Central NJ Comm HC	8a-6p	8a-6p	8:30a-5p	8a-6p	8:30a-5p	8a-1p	
Keyport Primary Care Ctr	8:30-4:30p	8:30-4:30p	8:30-4:30p	8:30a-7p	8:30-4:30p		
Redbank CHC		8:30-4:30p	10a-6p	1a-5p(Prenat)	8:30-4:30p		
Keansburg CHC	8:30a-4:30p		8:30-4:30p	8:30-4:30p			
Zufall Health Center	8a-6p	8a-7p	8a-6p	8a-6p	8a-5p	8a-3p	
² 1 Saturday per month							

