PRIMARY CARE ASSOCIATIONS:
STRATEGIC PARTNERS FOR SHARED SUCCESS IN THE
HEALTH CARE SAFETY NET

State and Regional Primary Care Associations (PCAs) are not-for-profit service organizations working on behalf of health centers and safety net providers in each of the 50 states and U.S. territories. PCAs play a vital and significant role in strengthening and expanding health centers.

Primary Care Associations (PCAs) are strategic partners with health centers, the Health Resources and Services Administration (HRSA), national cooperative agreement (NCA) partners, and an array of state, regional, and national stakeholders. PCAs were established to create economies of scale for health centers, maximize the federal Section 330 investments in states, assess and monitor the policy and regulatory environments, and assist health centers in adapting to changing demands from an evolving health care environment. PCAs facilitate collaboration between health centers and Governors, Medicaid Directors, state health departments, and state and local elected officials to educate them on the health center program and its value to patients, and to work with health centers on the best approaches to meet the needs of their constituents.

Health Center Driven

PCAs exist to help health centers improve performance. PCAs routinely conduct both formal and informal needs assessments to provide relevant training and technical assistance programs, guide peer learning networks, spread innovations, and inform longer-term strategy development. PCAs deliver timely and relevant state-based training and technical assistance activities centered on their close proximity to, and existing relationships with, the health centers and communities in need of assistance.

HRSA Supported

All PCAs competitively apply for cooperative agreements available through the Health Resources and Services Administration. Thanks to the cooperative agreement funding structure, PCAs and HRSA work collaboratively to address shifts in priorities based on policy or environmental changes. Recent examples include responding to Zika, navigating the value-based payment environment, and building capacity to address the opioid crisis.

All PCAs are organized around a set of core functions and competencies that provide the framework for support and assistance to health centers and the communities they serve. Established under the same authorizing legislation as the health center program, PCAs exist to provide:

Reba Rice,
CEO
NorthLakes Community Clinic
Wisconsin

“For health centers, having a partnership with our State PCA for training and technical assistance is critical. Their understanding of our communities, our individual strengths and weaknesses and our markets make them an invaluable resource when we need assistance. They can help us see beyond ourselves and our issues, but are still deeply entrenched in our specific cultural, economic and political environment. This makes their support both strategic and immediately actionable.”
1. Training and technical assistance in health center leadership and administration including governance and fiscal and program management;

2. Operational, administrative, and quality improvement support and;

3. Information regarding resources available under PHS Section 330 and how they can be best used to meet the health needs of the communities served by potential and existing health centers.

PCAs must exhibit competencies in several other critical areas: health center governance & structure; leadership; management and administration; internal & external relations; programs and services; and environmental surveillance.

**Empowering Patients**

Health centers are focused on ensuring that patients have the opportunity to achieve their highest health potential. By assisting health centers in responding meaningfully to patient needs, PCAs leverage the expertise of the health centers in the state to improve quality, improve outcomes, and contain costs for patients and for the health care system as a whole.

**Mission Aligned**

PCAs are driven by the health center mission and HRSA’s mission of improving health care to people who are geographically isolated, economically or medically vulnerable. PCAs employ people who are passionate and committed to this vision and aim, which fuels our strategic work.

**Future Oriented**

Health care is changing exponentially fast. PCAs are assisting health centers in meeting emerging needs: developing and testing pay-for-performance (P4P) initiatives, navigating value-based-pay, working with new partners on the Triple Aim (the Institute for Healthcare Improvement initiative calling for “better care for Individuals, better health for populations, and lower per capita costs”), proactively working with partners on Recovery Oriented Systems of Care, and development of other initiatives that communities need. Some PCAs are developing and maintaining databases to produce and analyze actionable data for health center quality improvement and demonstration of value. Other PCAs are leveraging their cooperative agreement funding with other funding streams to support health center priorities like primary care/oral health/behavioral health integration, documentation of the social determinants of health, and development of partnerships to address a broader array of patients’ social needs.

**PCAs: A Smart Investment**

PCAs are an integral partner for the success of health centers and are committed to the overall success of the health center program.

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PCAs Facilitate Shared Success by . . .

- Strengthening health centers
- Facilitating ongoing quality improvement
- Sharing best practices and innovations among health centers and partners
- Addressing workforce recruitment and retention needs
- Responding to emerging issues like Zika, natural disasters, changes in the reimbursement environment, and the growing opioid epidemic

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