

Swimming Upstream

Improving Access to Indigent Health Care in the Midst of Major Economic Challenges

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Introduction

In early 2008, San Mateo County embarked on a comprehensive health system redesign initiative. This initiative is designed to improve access to high-quality care for uninsured and underinsured adults, while supporting the financial sustainability of the San Mateo Medical Center delivery system. The launch of this effort, however, coincided with mounting fiscal challenges associated with the economic recession and state budget crisis that threatened the county's ability to support these efforts. Despite these challenges, the county has made significant progress in improving access and patient care. The purpose of this brief is to present initial findings from a comprehensive evaluation conducted by the Urban Institute¹ and the University of California San Francisco and to offer lessons for local and national policymakers, county leaders, program administrators, and providers about how progress is possible despite severe financial obstacles.

The Context

San Mateo County's Health System includes the San Mateo Medical Center (SMMC), an integrated delivery system with a public hospital,² six adult primary care clinics, four pediatric clinics, two teen/youth clinics, four dental clinics, obstetrics, and a handful of additional specialty clinics. All of the county clinics are federally qualified health centers. Fees for uninsured patients are charged on a sliding scale relative to income. For its lowest income "medically indigent" patients who fall within the county's legal responsibilities, the county has a locally created coverage program, ACE (Access and Care for Everyone), that has been in place for two decades.³

Despite being one of the wealthiest counties in the United States, San Mateo County has felt the strain of the recent recession. Residents of the county have experienced an erosion of employer-sponsored insurance, and patient cost-sharing (premiums and co-pays) responsibilities have risen. This has led to an increased reliance on the public health care system, which has created additional strain on the county's resources. Without resources for capacity expansion, providing timely access to publicly funded primary care appointments has been a significant challenge.

Commitment to Improving Health Care Quality and Access

San Mateo County has exceptionally committed leaders and staff who have a history of working cooperatively and creatively to address the health care needs of the underserved. With this latest initiative, the county leadership set out to achieve the following goals for expanding coverage and improving access to health care:⁴

- Increase access to care for low-income adults;
- Improve the financial viability of the SMMC system;
- Leverage all partners (public and private) in providing care to the uninsured and underinsured;
- Implement seamless coordination of care across providers;
- Improve the ease of use of the safety net; and
- Expand coverage to all adults (with an ultimate goal of covering 36,000 to 44,000 uninsured adults).

The county has taken several steps toward achieving these goals. For example, it won a three-year grant of \$7.5 million annually from California's Medicaid Hospital Financing Waiver. With this support, the county was able to secure federal matching funds to cover uninsured, documented adults whose income is less than 200 percent of the federal poverty level. This has helped to finance costs to the county in caring for uninsured adults and improving access to primary care. The county continues to cover adults with incomes less than 200 percent of federal poverty who do not qualify for the federally funded coverage initiative (primarily due to documentation status) through county-funded coverage known as the "ACE County" program. Benefits, co-payments, and care co-ordination are identical for ACE and ACE County enrollees and are very similar to those of the Medi-Cal program.

The provider network for ACE and ACE County enrollees is comprised of the SMMC clinics, emergency room, and hospital; the Ravenswood Family Health Center (a private, federally qualified community health center); and physician practices and other hospitals that provide care unavailable at the SMMC.

The county and Ravenswood Family Health Center (RFHC) have launched ambitious efforts to redesign the care delivery model in their safety net clinics. These efforts include four components:

- *Team-based care*, to increase efficiency and leverage physician time through the use of other health professionals, such as nurses. Patients are seen by the same physician, nurse and clerical staff team each time they visit a clinic.
- *Disease management*, primarily focusing on diabetes management, including an automated diabetes registry, group visits where diabetes patients learn about self-management, and the use of diabetes retinal cameras to do on-site screenings.
- *Electronic medical records* (EMRs) to increase efficiency and coordination of care.

- *Advanced access scheduling*, a scheduling model that allows same-day scheduling, improves patient flow, and reduces wait times for appointments.⁵

Many of these changes have been piloted in the county's Innovative Care Clinic (ICC), located at the SMMC main campus. The ICC was originally intended as a specialized clinic focused on caring for adults with chronic conditions, but demands on the system have required that it serve all primary care adult patients located at the main campus. It continues to be a site for innovation, however, having implemented many initiatives ahead of other clinics in the county system.

As of the fall of 2009, all primary care clinics had implemented the EMR, most had transitioned to team-based care, and disease management programs were in place. The county did not have the resources to fully implement advanced access because of on-going demand for scheduled appointments.

In addition, the county has contracted with the Health Plan of San Mateo (HPSM) to serve as the third party administrator for the ACE and ACE County programs. As a result, a wide range of functions—such as member services, the availability of a 24-hour nurse advice line, a grievance and appeals process, and a quality assessment process—mirrors those offered to Medi-Cal enrollees. HPSM has also been able to negotiate contracts with many of the specialty physician practices and private hospitals at the same payment rates it has in place for Medi-Cal. In addition, since HPSM also administers Medi-Cal, the plan can identify patients who may qualify for Medi-Cal but are currently enrolled in ACE or ACE County to pursue conversion to Medi-Cal and savings to the county.

Evidence of Important Progress Despite Persistent Challenges

San Mateo County's Redesign Initiative has faced many financial challenges but has nonetheless resulted in substantial gains.

Enrollment in county-sponsored coverage doubled from January 2008 to December 2009 (figure 1). While ACE began the year with about 4,500 enrollees and ACE County was just over 10,000 enrollees, as the recession deepened, enrollment in both programs climbed steeply, reaching 6,715 for ACE (an increase of 52.9 percent over the year) and 14,136 for ACE County (an annual increase of 34.5 percent). During this time, there were limited increases in the capacity of the county's safety net clinics—and even some reductions due to the implementation of the EMR and budget cuts—resulting in long waits for clinic appointments. This is illustrated by figure 2, which shows that despite enrollment increases, the number of primary care and specialty care visits from 2008–2009 decreased slightly. Funding for San Mateo County from the state coverage waiver was completely depleted by January 2010, causing the county to absorb all the cost of covering and serving ACE enrollees.

Figure 1. ACE and ACE County Enrollment Trends in 2009

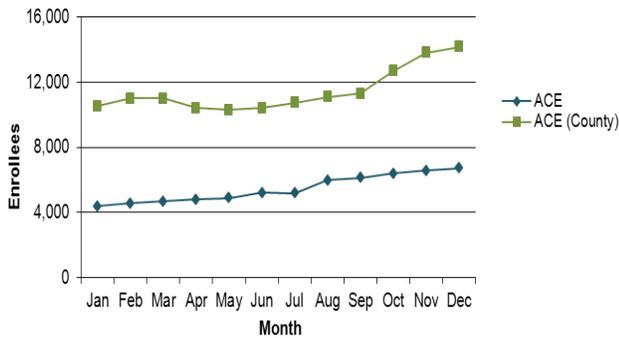
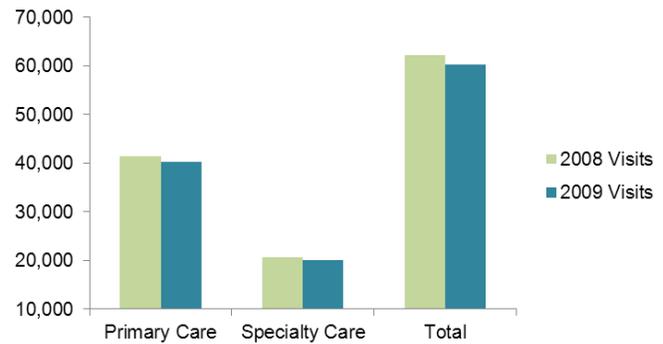


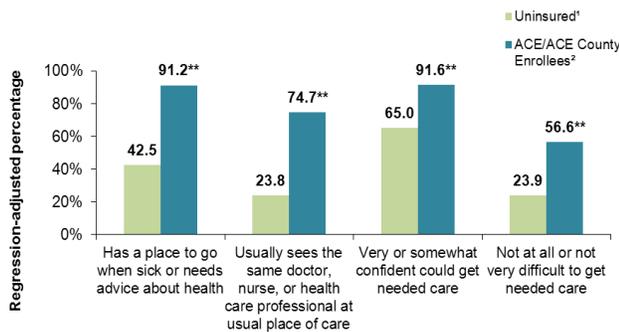
Figure 2. Adult Clinic Visits, San Mateo Medical Center, July to December, 2008, and July to December, 2009



In spite of these obstacles, findings from the evaluation show that, overall, there is high satisfaction when care is received from safety net providers, improved clinic operations in the form of reduced wait times at the clinics, and improved client satisfaction. In addition, the ACE program has resulted in impressive improvements in care and access for enrollees relative to their prior experience (figures 3–5). These findings, based on a survey of new ACE enrollees and established participants, include the following:

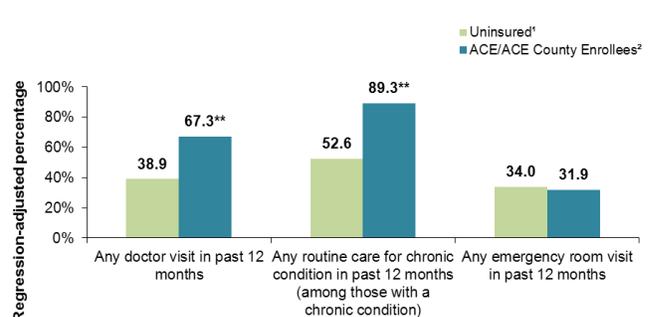
- Large increases in having a usual source of care (a 48 percentage point increase);
- Large increases in the likelihood of having a particular doctor or other health care provider as the usual source of care (a 51 percentage point increase);
- Increases in having a doctor visit in the past 12 months (a 28 percentage point increase);
- For those with chronic conditions, increased routine care for their condition (a 36 percentage point increase); and
- A reduction in the proportion of patients who report having a day or more within the past month when their activities were limited due to physical or mental health problems (a 6 percentage point decrease).

Figure 3. Impacts of ACE/ACE County Enrollment on Access to Care



* Significantly different from uninsured, $p < 0.0$
 Notes: (1) Uninsured (ACE and Ace County experience prior to enrolling).
 (2) ACE and ACE County experience after enrolling.

Figure 4. Impacts of ACE/ACE County Enrollment on Use of Services



* Significantly different from uninsured, $p < 0.0$
 Notes: (1) Uninsured (ACE and Ace County experience prior to enrolling).
 (2) ACE and ACE County experience after enrolling.

Data from the Health Plan of San Mateo (HPSM) provide additional evidence of high quality of care while enrolled in ACE. For instance, standardized measures from the Healthcare Effectiveness Data and Information Set (HEDIS) indicate that ACE exceeds performance standards in most areas of diabetes care management (table 1).

In addition to the success these clinical measures demonstrate, focus groups with ACE enrollees confirmed patient satisfaction with the quality of care the county clinics provided, and appreciation for the county coverage programs.

Focus group respondents, clinic staff, and health system leaders acknowledge, however, that access to timely appointments has been a persistent problem during the recession. Evidence of appointment delays come from “secret shopper” calls to clinics and stakeholder interviews. Wait times for a new patient appointment are often four to six months. While access difficulties are not entirely new to the SMMC, the economic situation has exacerbated them and led to increased demand without the possibility of expanded capacity.

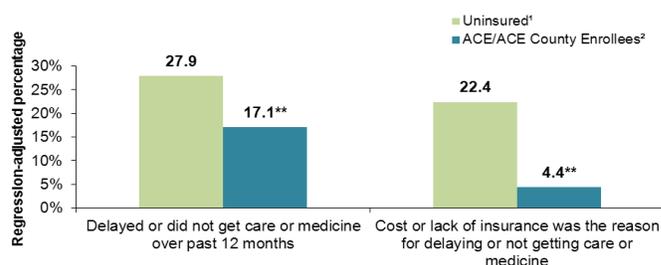
An unfortunate consequence of limited primary care access is the likelihood of increased emergency room demand. To address this, the county has created an urgent care clinic, and continues to plan for Advanced Access scheduling to increase the number of patients seen each day.

The long-term strategy is continued focus on the components of an excellent primary care system that contains the elements necessary to manage chronic disease in the most cost-effective setting. The implementation of the EMR and other ambulatory process redesign efforts position the county and RFHC to maximize the safety net’s ambulatory capacity.

Summary and Conclusions

The successes and challenges of the San Mateo County Adult Coverage Initiative provide lessons for federal, state, and local governments that seek to improve care for uninsured adults in a new era of federal health care reform.

Figure 5.
Impacts of ACE/ACE County Enrollment on Unmet Health Needs



* Significantly different from uninsured, $p < 0.0$

Notes: (1) Uninsured (ACE and Ace County experience prior to enrolling).
(2) ACE and ACE County experience after enrolling.

Table 1. 2008 Report Card of HEDIS Scores for the ACE Program

Diabetes Measure	Score	Benchmark
Hemoglobin (A1c) tested	90.9	88.8
Hemoglobin (A1c) uncontrolled	34.4	≤ 32.4
Eye exam performed	62.6	67.6
Cholesterol screened	86.0	81.8
Cholesterol controlled	49.2	42.6

Note: Benchmarks are the Medi-Cal high performance levels established by the California Department of Health Care Services.

Findings from the evaluation show that merely expanding coverage is insufficient. It is also necessary to expand the supply of preventive, primary, and specialty care services, as well as to improve the quality and efficiency of services through systems redesign. The county's redesign effort resulted in substantial changes in care provision by safety net providers, including system-wide implementation of team-based care, disease management, and the EMR.

The positive impact of these innovations has been diminished, however, by a mounting demand for services in the context of decreased resources. Job loss, the erosion of private and employee-sponsored insurance, and the general economic climate have led to growing demands on the county health system. These constraints have shaped the county's approach and priorities, slowing momentum but not deterring continued efforts to achieve the original goals of systems redesign.

Strong county leadership and a collective culture of innovation and collaboration have allowed the county to sustain its reform efforts in spite of the recession. In the years to come, San Mateo County will continue to provide such lessons as it further implements its systems redesign and coverage initiative. An awareness of the effects of external factors such as the economic recession is crucial, however, to managing expectations about the timing and the impact of such local and national health reform efforts.

Endnotes

¹ The county contracted with the Urban Institute to conduct a four-year evaluation of the Health Systems Redesign and Adult Coverage Initiative. The evaluation is designed to assess county efforts to redesign the safety net health system and evaluate the ACE (Access to Care for Everyone) coverage program. Full reports can be found at <http://www.urban.org/url.cfm?ID=411687>.

² The hospital has about 40 operating inpatient acute beds, 7 ICU beds, and 300 long-term care and psych beds (in two facilities).

³ Due to California legislation in the early 1980s (known as "Section 17000"), counties are responsible for care for the medically indigent, a responsibility that previously fell to the state.

⁴ These goals were developed by a Blue Ribbon Task Force established by the San Mateo County Board of Supervisors.

⁵ Details about each of these efforts can be found in Urban Institute evaluation reports at <http://www.urban.org/url.cfm?ID=411687>.

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About the Urban Institute

The Urban Institute is a nonprofit, nonpartisan policy research and educational organization that examines the social, economic, and governance problems facing the nation. The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders.

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