



Safety Net Clinic Capacity in Santa Cruz County

January 2009



Prepared by The Health Improvement Partnership of
Santa Cruz County, Scotts Valley, California.
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Special Thanks to:

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County of Santa Cruz, Public Health Department
Pajaro Valley Community Health Trust
Safety Net Clinic Coalition of Santa Cruz County

The Santa Cruz County Health Care Safety Net

The Safety Net Defined:

The places where un- and underinsured residents go when they need health care. The safety net is comprised of public and private health care organizations that provide inpatient and outpatient health services to Santa Cruz County residents who are uninsured or underinsured, or that serve a significant proportion of residents who are enrolled in Medi-Cal.

“Those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid and other vulnerable populations” (America’s Health Care Safety Net: Intact but Endangered, Institute of Medicine, 2000.)

The Uninsured Defined:

Usually refers to those *currently* without health insurance of any kind (public or private) when asked; sometimes refers to those who were uninsured *at some point during the past year*.

The Underinsured Defined:

- ◇ An individual with health insurance whose coverage for care is contingent upon payment of high out-of-pocket expenses, usually exceeding \$1,000 per year.
- ◇ An individual who has coverage only for specific conditions
- ◇ An individual who has exhausted his/her health insurance maximum benefit
- ◇ Persons who spent at least 10% of their income on health care (5% for low-income persons), or at least 5% of their income on health insurance deductibles.

Safety Net Clinic Coalition of Santa Cruz County

- Cabrillo College Student Health Center
 - Diabetes Health Center
- Dientes Community Dental Care
 - Dominican Pediatric Clinic
- Health Services Agency Clinics
- Planned Parenthood Mar Monte
 - Salud Para la Gente
- Santa Cruz Women's Health Center

Capacity Analysis: Summary of Issues

The Safety Net Clinics listed their self-identified capacity limitations. The following four issues are of primary concern across all the clinics as of November 2008.

- ◆ **Physical Space:** more than half of all clinics in Santa Cruz County have maximized use of their existing site, need to move to a larger site or expand services in an additional site, and/or need to undertake significant renovation of current space.
- ◆ **Financial Stability:**
 - Lack of adequate reimbursement for uninsured patients (e.g. 330 grant, private fund raising)
 - Potential reductions/losses of reimbursement (e.g. FamilyPACT, Medi-Cal reductions due to state budget crisis, Medi-Cal optional benefits including Adult Dental)
- ◆ **Provider Recruitment:** particularly for doctors and mid-level providers
- ◆ **Electronic Information Systems:** Practice Management System, Electronic Health Records, Health Information Exchange

Executive Summary :

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Safety Net Clinics: Capacity Analysis

Cabrillo College Student Health Center

Capacity challenges

- Lack of space is number one issue, only one exam room currently
- The Medical Director who supervises the mid-level providers has resigned and it has been challenging to identify a replacement.
- Recruiting Nurse Practitioners in an educational practice setting is also a challenge: currently down one provider, and could easily accommodate another given more space

Recent changes to add capacity

- The Health Center was expanded and renovated a few years ago, but there is still really inadequate space.
- Practitioner hours were increased from 46.5 per week in 2003 to 56.5 in 2004. That increased to 69 hours per week in Fall of 2007. With the retirement of the director and a delay in starting the permanent replacement, the Health Center is now down to 58.5 practitioner hours per week

Plans to add capacity

- Identify a new location: efforts are on-going to find another space
- Hire a new Medical Director.
- The new (non-interim) Director will start in 2009
- Hire an additional Nurse Practitioner

Diabetes Health Center

Capacity challenges

- Reimbursement rates
- Staff recruitment
- Lack of physical space

Recent changes to add capacity

- Hired staff: 1.5 FTE
- Added a new service
- Added exam room

Plans to add capacity

- No plans currently

Safety Net Clinics: Capacity Analysis

Dientes Community Dental Care

Capacity challenges

- Funding
- Limited opportunities for facility expansion
- Sustainability of MediCal's optional services

Recent changes to add capacity

- Centralized services to one facility
- Added two operatories in the last year
- Recruited a Pedodontist and an Endodontist
- Trained two dentists to treat young children
- Revised scheduling practices to increase clinic utilization (without compromising high quality of care)

Plans to add capacity

- Ensure high clinic utilization
- Expand number of children treated
- Increase hours of operation and/or pursue facility expansion

Dominican Pediatric Clinic

Capacity challenges

- Maintaining/increasing productivity standards: need to see more patients with current staffing

Safety Net Clinics: Capacity Analysis

Health Services Agency: Coral Street Clinic

Capacity challenges

- Space issues: Waiting room size should be doubled
- Need for increased HRSA funding to expand care to uninsured homeless
- Improved integration of information and billing systems

Recent changes to add capacity

- Added one exam room
- Doubled medical provider hours
- Added a 1.0 Clinical Social Worker: started LCSW visits this month

Plans to add capacity

- HRSA Pharm expansion grant: adding 4 hrs per week of Psychiatrist time for integrated care in December
- HRSA Pharm expansion grant: adding onsite pharmacy dispensary services for homeless patients at Crestview clinic in January
- HRSA Pharm expansion grant: expanding Psychiatric Medications covered/dispensed to uninsured

Health Services Agency: Santa Cruz Clinic on Emeline

Capacity challenges

- Budget cuts due to reduced County funding
- Inadequate space: not enough exam rooms and inefficient layout
- Location: cannot offer evening/weekend hours because of outlying location, lack of evening/weekend bus service,
- Provider productivity: balancing level of service needed by patients and meeting productivity standards

Recent changes to add capacity

- Added exam rooms by converting office space
- Added hours of provider time, increased number of available appointment shifts
- Designated well woman exam clinics

Plans to add capacity

- Archive paper charts to use chart storage space for other purposes

Safety Net Clinics: Capacity Analysis

Health Services Agency: Watsonville Health Center

Capacity challenges

- Budget cuts in County funding
- Financial restraints impacting ability to reconfigure physical space and add appointment availability
- Shifting and increasing demand for pediatrics, pain management and family planning patients

Recent changes to add capacity

- Implementation of open access scheduling
- Implementation of electronic practice management system, including scheduling; and one year later, electronic medical records - EPIC.
- Expanded provider staff with new specialties and skills - Pediatrics, Adolescent medicine, Psychiatry and Sports Medicine.
- Expanded Pediatric services by 5 times the capacity
- Addition of 1 new exam room

Plans to add capacity

- New exam room to be added for Urgent Care needs (08-09)
- New half-time mid level (Nurse Practitioner/Physician Assistant)

Planned Parenthood Mar Monte: Westside Santa Cruz and Watsonville Clinics

Capacity challenges

- Insufficient physical space, layout not conducive to flow.
- Recruitment of FNPs and Pas.
- Meeting scope of needs of Alliance patients: limits ability to provide FamilyPACT visits
- Potential impact on reimbursement of changes to FamilyPACT program

Recent changes to add capacity

- Expanded weekend and evening hours
- Expanded services with rapid HIV testing and medical abortions
- Implemented NextGen PMS and EHR coming soon
- Added drop-in and same day appointments.

Plans to add capacity

- NextGen EHR coming soon
- Call center for appointment scheduling across multiple sites

Safety Net Clinics: Capacity Analysis

Salud Para la Gente

Capacity Challenges

- Provider recruitment
- Financial stability
- Fund Development

Recent changes to add capacity

- Added sites
- Added exam rooms within sites
- Expanded dental capacity
- Expanded elder day capacity
- Added providers
- Added walk-in capacity

Plans to add capacity

- Strategic plan development
- Revise scheduling practices
- Replace and add electronic information systems

Santa Cruz Women's Health Center

Capacity challenges

- Physical space: need to move to larger facility or expand services at an additional facility
- Space challenges may require limiting new patients
- Lack of funding for subsidized care (e.g. 330 funds)

Recent changes to add capacity

- Added four exam rooms, through converting office space
- Out-stationed billing and finance staff in leased space
- Added approximately two FTE of provider time and corresponding support staff
- Started same-day/urgent providers to most shifts

Plans to add capacity

- Reapply for 330e grant
- Explore moving to new site

Population Trends in Santa Cruz County

General

According to the County of Santa Cruz Public Health Department report, Santa Cruz County population was estimated at 264,417 in 2007 by the California Department of Finance. Santa Cruz is considered a mid-size county by California standards and a large county by national standards. There is conflicting data on whether Santa Cruz County population is increasing or decreasing; U.S. Census Bureau estimates a slowly shrinking population yet the California Department of Finance estimates a slowly growing population.

Gender and Age

Santa Cruz County Population is divided nearly equally between males and females, with older females outnumbering older males. Santa Cruz County has a large percentage of 15-24 year olds, most likely due to the large number of college students. In the 25-29 year old age bracket, we see a decrease in population possibly due to the lack of jobs and high cost of living associated with Santa Cruz County.

Compared to the State as a whole Santa Cruz County has a low "Age Dependency Ratio" at 37.5%; California's Age Dependency Ratio is 48.2%. The Age Dependency Ratio compares the number of person that are dependent on others (children age 0-14 and seniors 65 and over), to the number of person in the most economically productive age bracket (15-64). A low Age Dependency Ratio creates an economic advantage to the community because there are more working people to take care of fewer "dependent" people.

However, the Age Pyramid reveals that Santa Cruz County has a high proportion of peoples aged 45-59, who with time will approach the Age Dependent range. One could say that Santa Cruz County has an "aging population," which, in years to come can change the health care needs of our community and possibly put a burden on health care services.

Race and Ethnicity

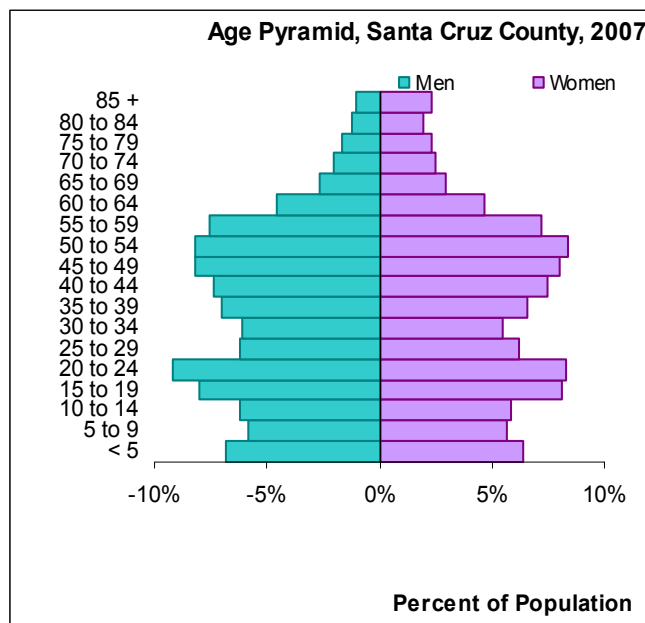
Santa Cruz's population is dominated by whites and Hispanics, with 58.2% and 33.5% of the county's

Santa Cruz County Demographics, 2007

	Number	Percent
Gender		
Male	132,072	49.9
Female	132,345	50.1
Age		
Under 5	16,797	6.4
5 - 19	49,770	18.8
20 - 44	101,743	38.5
45 - 64	71,395	27.0
65 and Over	24,712	9.3
Ethnicity / Race		
Hispanic	88,512	33.5
White	153,830	58.2
Asian & P.I.	12,837	4.9
Black	2,553	1.0
Other	6,685	2.5
TOTAL	264,417	100

P.I. = Pacific Islander

Source: County of Santa Cruz Public Health Department, *Health Santa Cruz County*, 2008. (State of California, Department of Finance, 2007)¹

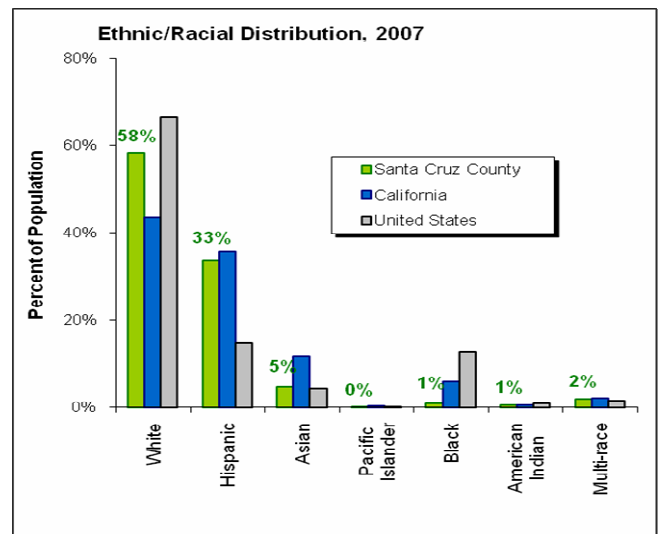
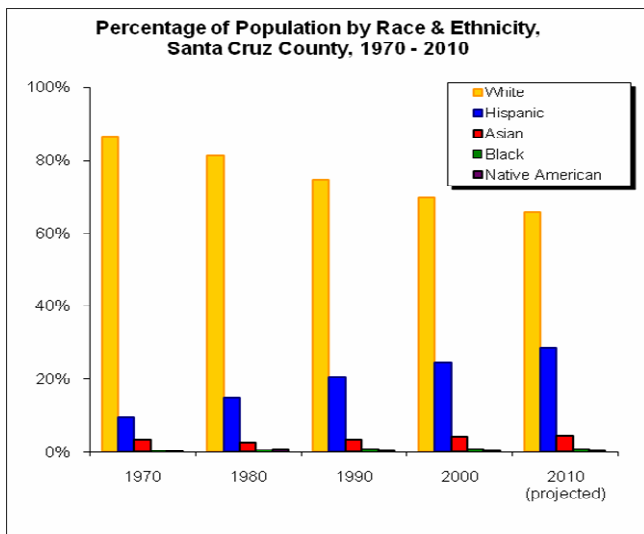
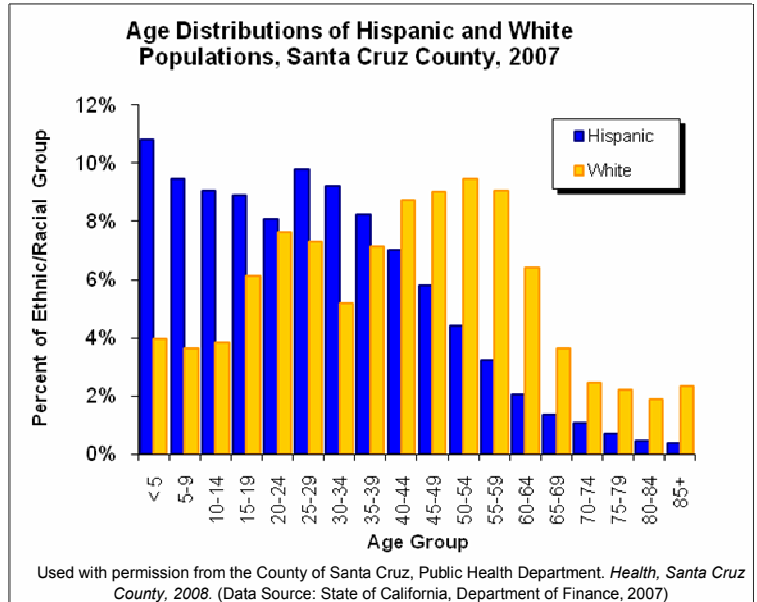


Population Trends in Santa Cruz County

population respectively accounting for over 90% of the county's total population. When broken down by age, we see, that in general Hispanics make up a larger percentage of the young population while whites make up a larger proportion of the 40 and over demographic. Furthermore, over half of the births in the county are to Hispanics. This is a trend seen statewide. Both populations, Hispanic and white, have a relatively small percentage of their population in the 65 plus age bracket as of 2007, with Hispanics having less than 2% of their population in such age bracket.

Over time, the proportion of racial/ethnic groups in Santa Cruz County has steadily changed. In 1970, 86% of Santa Cruz County was comprised of whites and less than 10% Hispanic. Since 1970 to the present, the white population in Santa Cruz County has been decreasing, while the Hispanic population has been increasing. This trend has continued; in 2007 whites accounted for 58% of the county's population and Hispanics 33%.

Santa Cruz County has a higher percentage of white people than the State of California, a similar percentage of Hispanics and fewer Asians, Pacific Islanders, Blacks, American Indians, and Multi-racial people. In contrast the US has a much higher percentage of whites, a significantly less percentage of Hispanics and more African Americans.

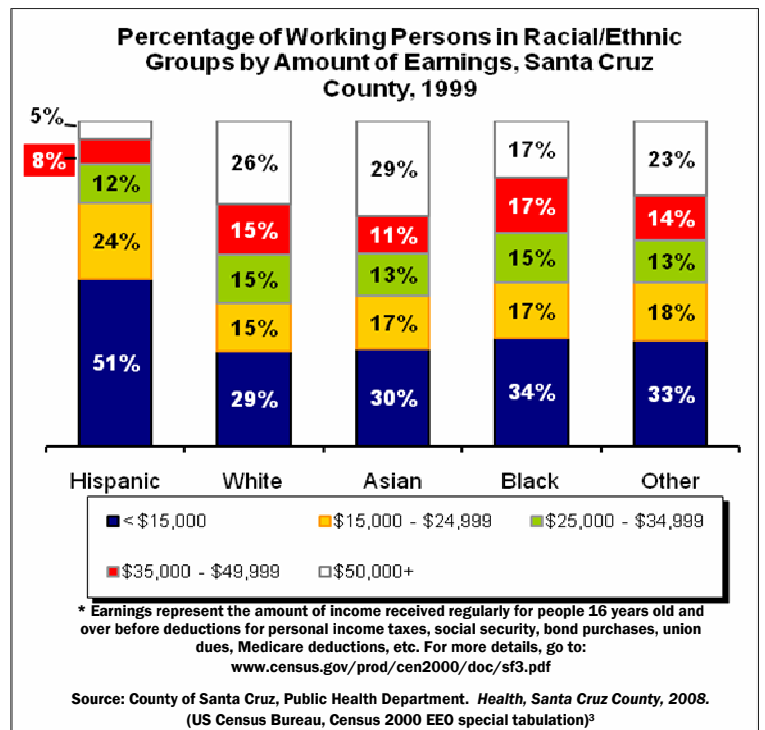
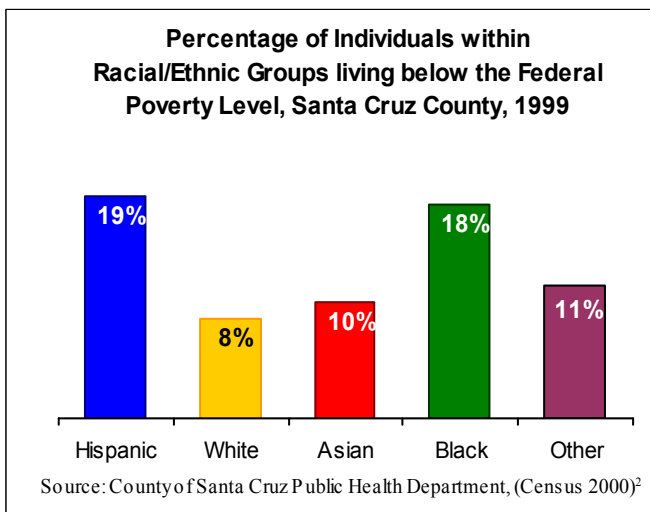


Poverty In Santa Cruz County

- ◇ 2008 Federal Poverty Guidelines as designated and updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2) are as follows:
 - 1 person household: \$10,400
 - 2 person household: \$14,000
 - 3 person household: \$17,600
 - 4 person household: \$21,200
 - 5 person household: \$24,800

- ◇ For a program in which eligibility is based on 150% of poverty (1.5 x poverty), household income would be below \$31,800 for a family of four. For a program in which eligibility is based on 200% of poverty (2 x poverty), household income would be below \$42,400 for a family of four.

- ◇ According to the Santa Cruz County Public Health Department's Report *Health, Santa Cruz County 2008* 12% of County residents were living below the Federal Poverty Level; statewide 13% of people were living in poverty. For persons under the age of 18, the percentage was higher at 15% for Santa Cruz County and 18% for the state of California. Hispanics and Blacks have a higher percentage of their population living in poverty; 19% and 18% respectively compared to only 8% of whites according to the 2000 Census. The percentage of Santa Cruz residents living in poverty could be skewed by the fact that Santa Cruz has a higher cost of living and low-income people can not afford to live here in the first place and federal poverty levels are not adjusted to cost of living of individual states or counties (County of Santa Cruz, Public Health Department).



Demographics and Poverty:

A comparison between the Pajaro Valley and the rest of the County

In 2007, The Pajaro Valley Community Health Trust (PVCHT) contracted with Applied Survey Research (ASR) to conduct an oversample of Pajaro Valley residents during the Annual Community Assessment Project community survey. This oversample is part of PVCHT and HIP's continued commitment to improve health and the quality of life in the Pajaro Valley; we can do this more fully with a better understanding of the community.

The survey findings confirm that there are inequities between the Pajaro Valley and the rest of the Santa Cruz County. Here we will focus on Demographics and Poverty.

The survey revealed that respondents living in the Pajaro Valley are more likely to be Hispanic, have a household income of less than \$25,000 per year, less likely to be home owners, and more likely to have children under 6 in the home. 53.2% of Pajaro Valley respondents were Hispanic, compared to only 4% of the rest of the county. 52.3% of Pajaro Valley Respondents earned less than \$25,000, whereas only 14% of the rest of the county earned less than \$25,000 per year. In the Pajaro Valley 50.6% of respondents rent their home, whereas the rest of the county 20% of respondents rented their home. 60.4% of Pajaro Valley respondents had children under the age of six in the home; the rest of the county only 35.2% of respondents had children under the age of six. Pajaro Valley respondents were also more likely to spend a higher percentage of their income on housing (rent or mortgage) and more likely to have gone without necessities such as health care, food, or housing than the rest of the county.

Survey Questions and Responses:

Key: PV= Pajaro Valley BOC= Balance of County (does not include South County)

Which of the following best describes your racial/ethnic group?

Response	PV Frequency	PV Percent	BOC Frequency	BOC Percent
Caucasian	150	39.4%	470	88.3%
Latino/Hispanic	203	53.2%	21	4.0%
Native American	10	2.8%	8	1.5%
African American	2	0.6%	2	0.4%
Filipino	2	0.6%	0	0.0%
Asian	8	2.1%	4	0.8%
Pacific Islander	0	0.0%	4	0.8%
Multi-racial/multi-ethnic	6	1.6%	20	3.8%
Total	381	100.0%	533	100.0%

Demographics and Poverty:

A comparison between the Pajaro Valley and the rest of the County

Which income range best describes your household income? Stop me when I get to the correct amount.

Response	PV Frequency	PV Percent	BOC Frequency	BOC Percent
Less than \$15,000 per year	95	27.2%	37	7.7%
\$15,000-\$24,999 per year	88	25.1%	30	6.3%
\$25,000-\$34,999 per year	32	9.0%	50	10.4%
\$35,000-\$49,999 per year	38	10.8%	53	10.8%
\$50,000-\$65,499 per year	35	10.0%	69	14.3%
\$65,500-\$99,999 per year	28	7.9%	97	20.4%
\$100,000 to \$149,999 per year	24	6.8%	99	20.4%
Over \$150,000	11	3.2%	49	10.2%
Total	351	100.0%	485	100.0%

Do you own or rent your home?

Response	PV Frequency	PV Percent	BOC Frequency	BOC Percent
Own	186	49.4%	429	80.0%
Rent	191	50.6%	107	20.0%
Total	377	100.0%	537	100.0%

Are you the parent or guardian of a child (or children) under the age of 6?

Response	PV Frequency	PV Percent	BOC Frequency	BOC Percent
Yes	90	60.4%	48	35.2%
No	59	39.6%	88	64.8%
Total	149	100.0%	137	100.0%

Source: "A Glimpse of Reality: Health and Other Disparities in the Pajaro Valley" and "2007 Community Assessment Project Pajaro Valley Oversample Telephone Survey Results Executive Summary." Pajaro Valley Community Health Trust. Watsonville, Ca, 2007.

Demographics and Poverty:

A comparison between the Pajaro Valley and the rest of the County

How much of your total household take-home pay (income after taxes) goes to rent or housing costs? Housing costs are considered any type of payment having to do with housing, such as rent or mortgage payments?

Response	PV Frequency	PV Percent	BOC Frequency	BOC Percent
30% or less	132	39.6%	275	55.3%
Between 31% and 49%	81	24.2%	117	23.4%
Between 50% and 74%	68	20.4%	86	17.3%
75% or more	52	15.7%	20	4.0%
Total	333	100.0%	497	100.0%

In any given month in the last 12 months, did you find yourself having to go without basic needs such as child care, health care, food or housing?

Response	PV Frequency	PV Percent	BOC Frequency	BOC Percent
Yes	78	20.1%	34	6.3%
No	312	79.9%	508	93.7%
Total	390	100.0%	542	100.0%

If you found yourself having to go without basic needs in the last 12 months, what did you go without?

Response	PV Frequency	PV Percent	BOC Frequency	BOC Percent
Health Care (Including Dental)	40	51.5%	26	75.7%
Food/Limited Food Choices	29	37.1%	9	26.6%
Child Care	14	18.1%	4	11.0%
Rent/Housing	17	21.9%	3	9.2%
Entertainment	1	1.0%	3	8.7%
Other	4	5.7%	1	2.3%

PV: Multiple response question with 78 respondents offering 106 responses.

BOC: Multiple response question with 34 respondents offering 45 responses.

Source: "A Glimpse of Reality: Health and Other Disparities in the Pajaro Valley" and "2007 Community Assessment Project Pajaro Valley Oversample Telephone Survey Results Executive Summary." Pajaro Valley Community Health Trust. Watsonville, Ca, 2007.

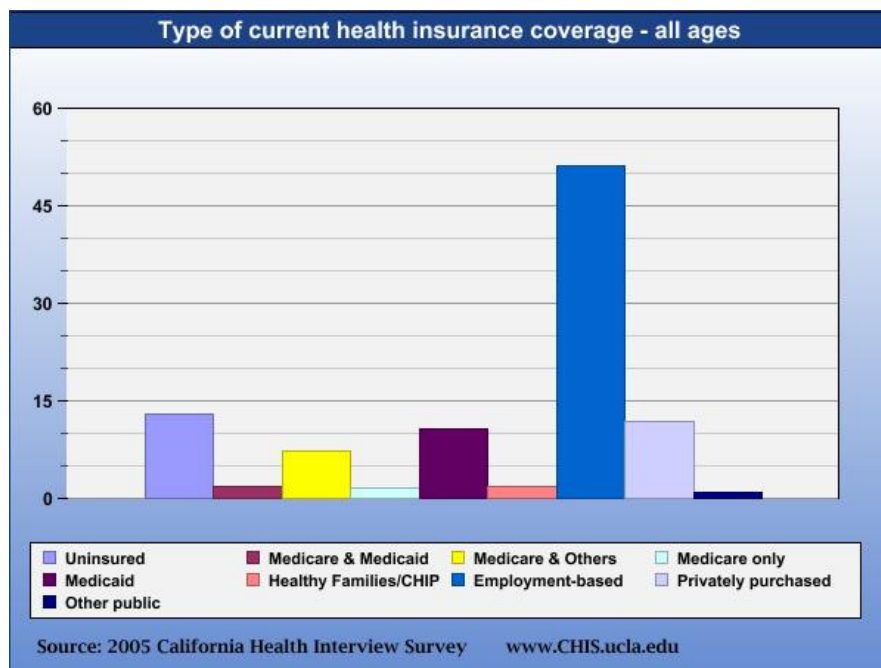
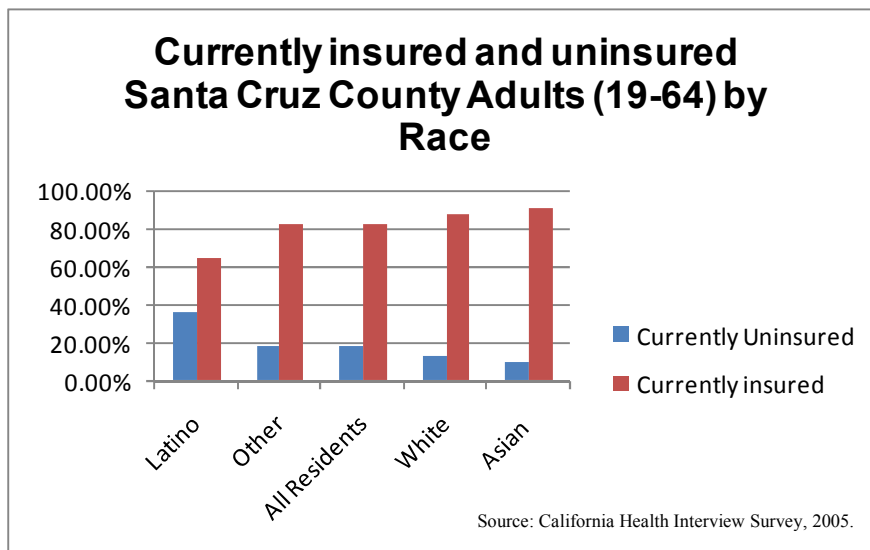
Health Insurance Coverage

Access to health care services is a strong predictor of health outcomes. Adequate health insurance increases access to timely and appropriate health care. Yet, health care costs are rising much faster than wages and other costs of living and 48 million Americans are uninsured (County of Santa Cruz, Public Health Department).

Santa Cruz County is doing better than the State of California and the United States in terms of insuring all kids. The Healthy Kids program has covered most kids in Santa Cruz County with 97.5% of kids insured. In Santa Cruz County 18.4% of all adults (ages 19-64) are uninsured; for white adults the number is 12.4% and for Hispanic adults the number is 36.2% uninsured. The data for African Americans in Santa Cruz County is unstable because of the small percentage of African Americans residing in the county and therefore not included (CHIS 2005).

In the United States, Hispanics are 3 times more likely than whites to be uninsured. Therefore, being Hispanic in the U.S. is the factor most strongly associated with un-insurance. This is true in Santa Cruz County as well (County of Santa Cruz Public Health Department).

Although the demise of employer based health insurance is talked about quite frequently, the fact remains that most Americans and as we can see from the graph at right most Santa Cruz County residents continue to get their insurance from their employer. When broken down by age to only include children ages 0-18, employer based coverage rates go down and public insurance (Medicaid, Healthy Families/CHIP) rates go up (CHIS 2005).



Transportation

According to the Transit Cooperative Research Program (TCRP) sponsored by the Federal Transit Administration millions of Americans are “transportation disadvantaged” and about 3.6 million Americans miss or delay medical care each year because of transportation issues; this population is distributed across rural and urban areas. This group of people were also found to have higher rates of chronic conditions, often times multiple chronic conditions and are disproportionately elderly, poor, mobility-impaired, minority or some combination of these. Since the transportation disadvantaged rely on others for transportation, they have reduced access to medical care and miss routine and preventative care more often than the transportation secure, which can lead to emergencies and preventable hospitalizations within this population.

Access to non-emergency medical transportation (NEMT) can reduce emergency room and hospital expenditures for members of the transportation-disadvantaged population. To this end, TCRP launched a project to do a “Cost Benefit Analysis of Providing Non-Emergency Medical Transportation” with the goal of comparing the costs and benefits of providing NEMT to the transportation disadvantaged.

TCRP identified 12 common conditions shared by the transportation disadvantaged that are either preventative measures or chronic diseases. They also calculated the cost of providing transportation (non-emergency) and “for all 12 medical conditions analyzed, the researchers found that providing additional NEMT is **cost-effective**; for four of these conditions, the researchers found that providing additional NEMT is actually **cost saving**—additional investment in transportation leads to a **net decrease** in total costs when both transportation and health care are examined” (TRP 2006, bold emphasis added). These results reveal that adding a relatively small cost of transportation to already cost-effective preventative care, maintains the overall cost-effectiveness of such treatment. Therefore, the net benefits in terms of health and also preventing unnecessary emergencies and hospitalization exceed the additional costs of transportation for all conditions studied.

Summary of Condition-Specific Cost-Effectiveness in terms of Providing NEMT

Condition	Type	Result
Influenza Vaccinations	Preventative	Highly Cost-Effective
Prenatal Care	Preventative	Cost Saving
Breast Cancer Screening	Preventative	Moderately Cost-Effective
Colorectal Cancer Screening	Preventative	Moderately Cost-Effective
Dental Care	Preventative	Highly Cost-Effective
Asthma	Chronic	Cost Saving
Heart Disease (Congestive Heart Failure, CHF)	Chronic	Cost Saving
Chronic Obstructive Pulmonary Disease (COPD)	Chronic	Highly Cost-Effective
Hypertension (HTN)	Chronic	Highly Cost-Effective
Diabetes	Chronic	Cost Saving
Depression/Mental Health	Chronic	Highly Cost-Effective
End-Stage Renal Disease (ESRD)	Chronic	Highly Cost-Effective

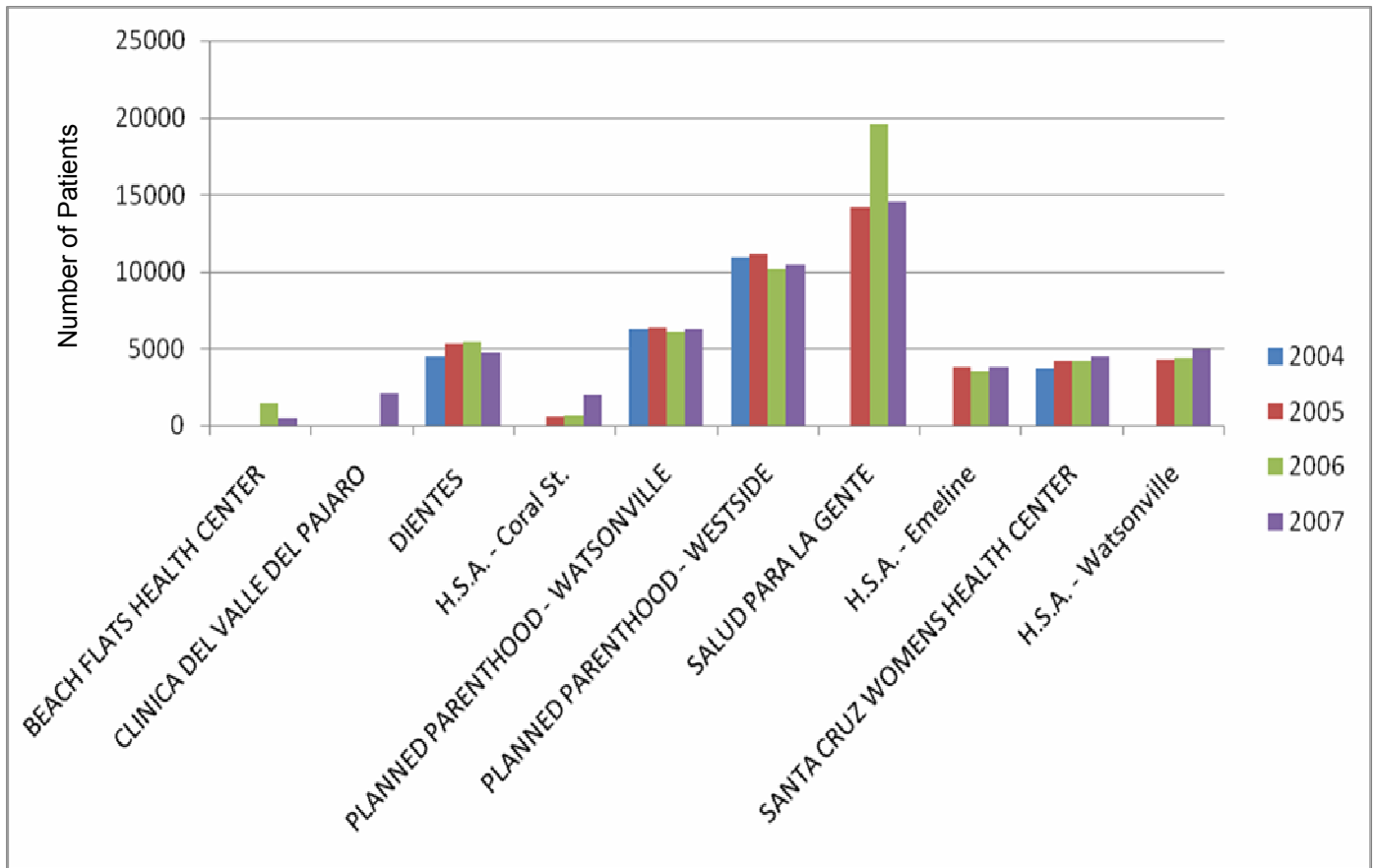
Source: Research Results Digest 75. Cost Benefit Analysis of Providing Non-Emergency Medical Transportation. Transit Cooperative Research Program. January 2006.

Transportation in Santa Cruz County

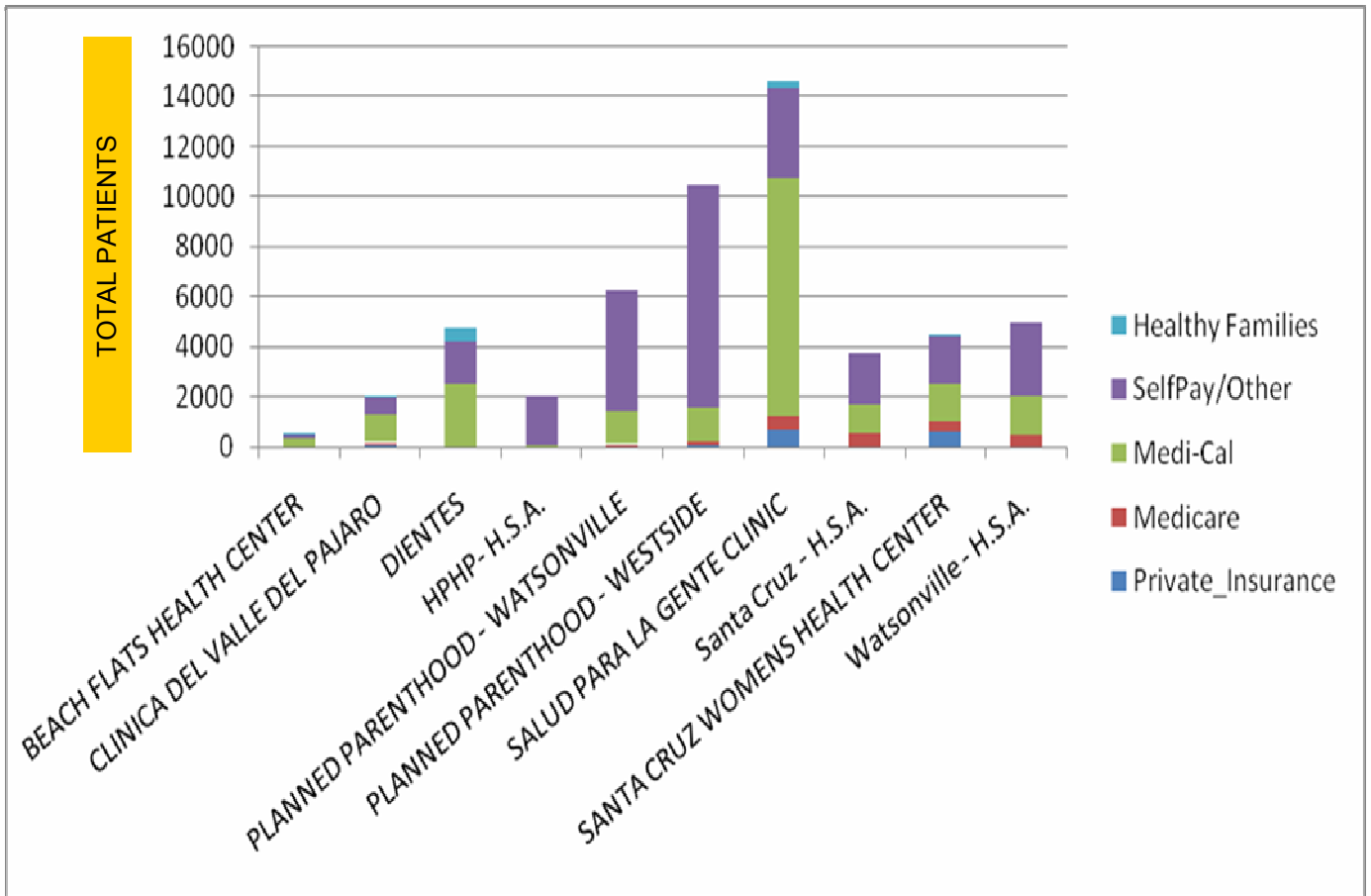
In Santa Cruz County, public transit is concentrated in the city and less available in rural areas which can present transportation challenges for some residents. Lifeline does provide transportation for the elderly and disabled (for a charge), giving another option for transportation but not to all residents. In Santa Cruz county more people commute to work by bicycle than in California and the United States; 3.1% in Santa Cruz County compared to .8% and .5% state and nationally. However, in Santa Cruz county less people commute to work by bus (3.4%) than in California (3.8%); both of these percentages are higher than nation-wide, with 2.7% of people commuting by bus in the US. Santa Cruz County does have higher rates of commuting by walking 3.4%, compared to 2.7% in California and 2.9% in the US. Still when transportation is limited and a car is not available adverse health can result by missing or delaying medical care (County of Santa Cruz Public Health Department).

Safety Net Clinics Utilization

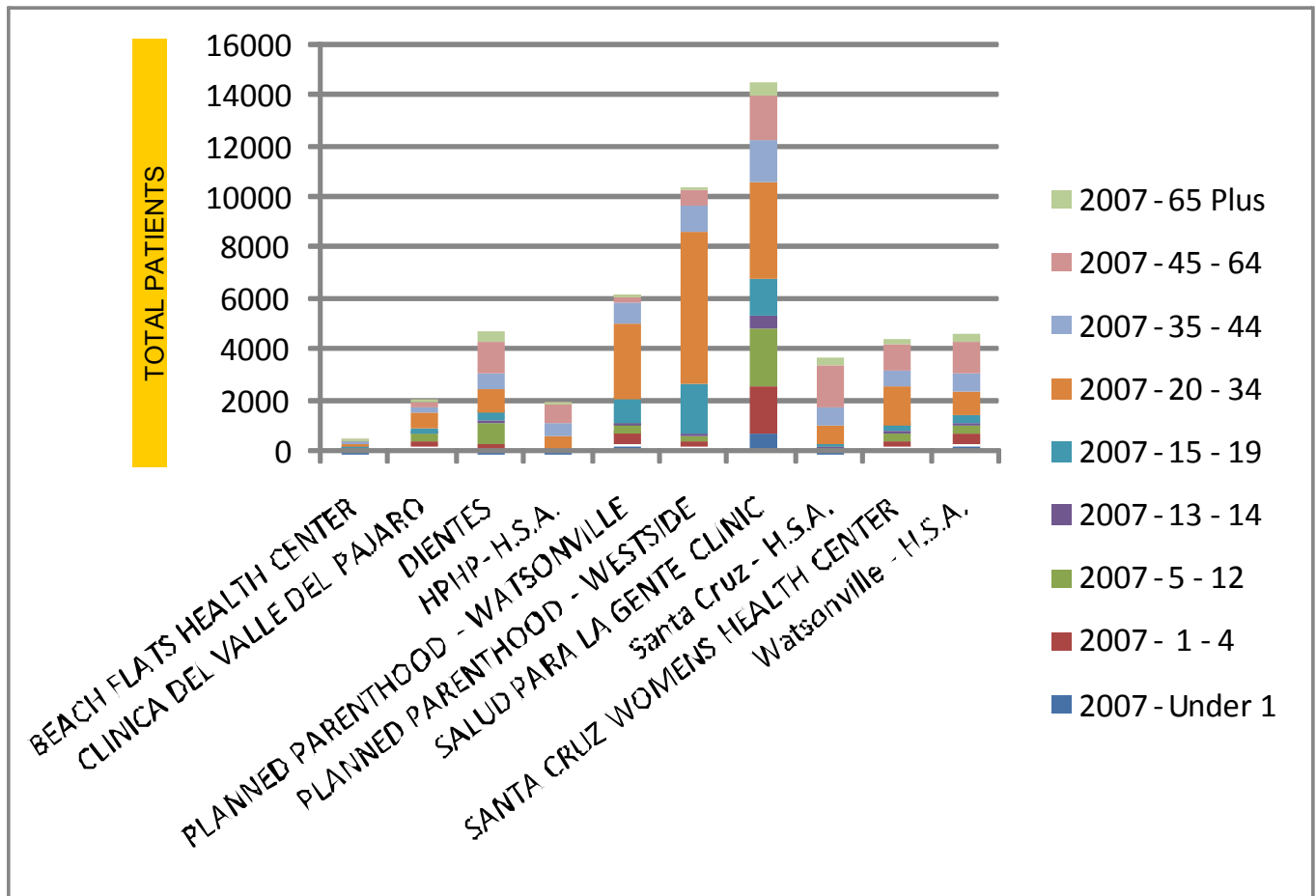
Total Patients Per Clinic 2004—2007



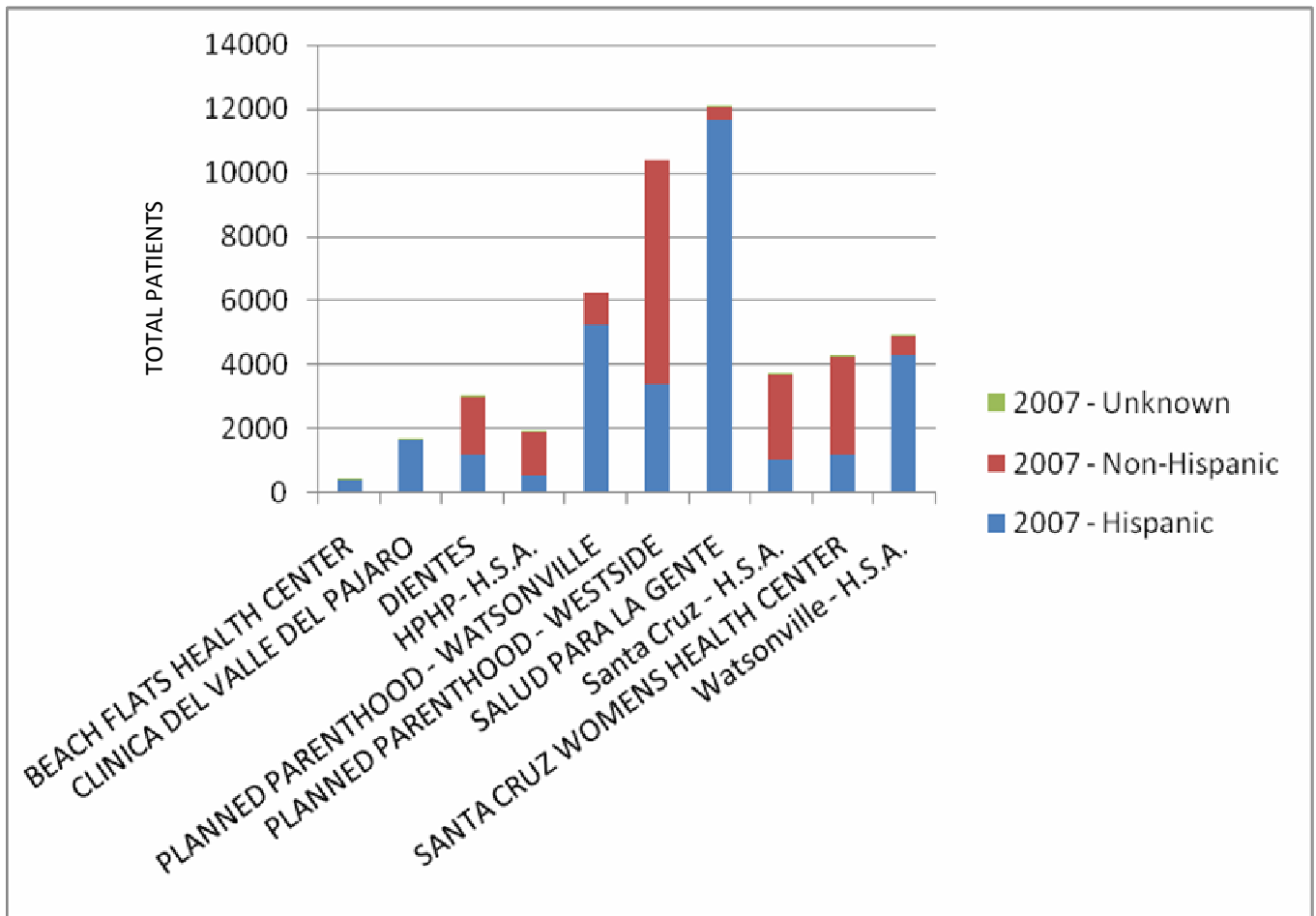
Safety Net Clinics Utilization Payer Mix 2007



Safety Net Clinics Utilization By Age in 2007

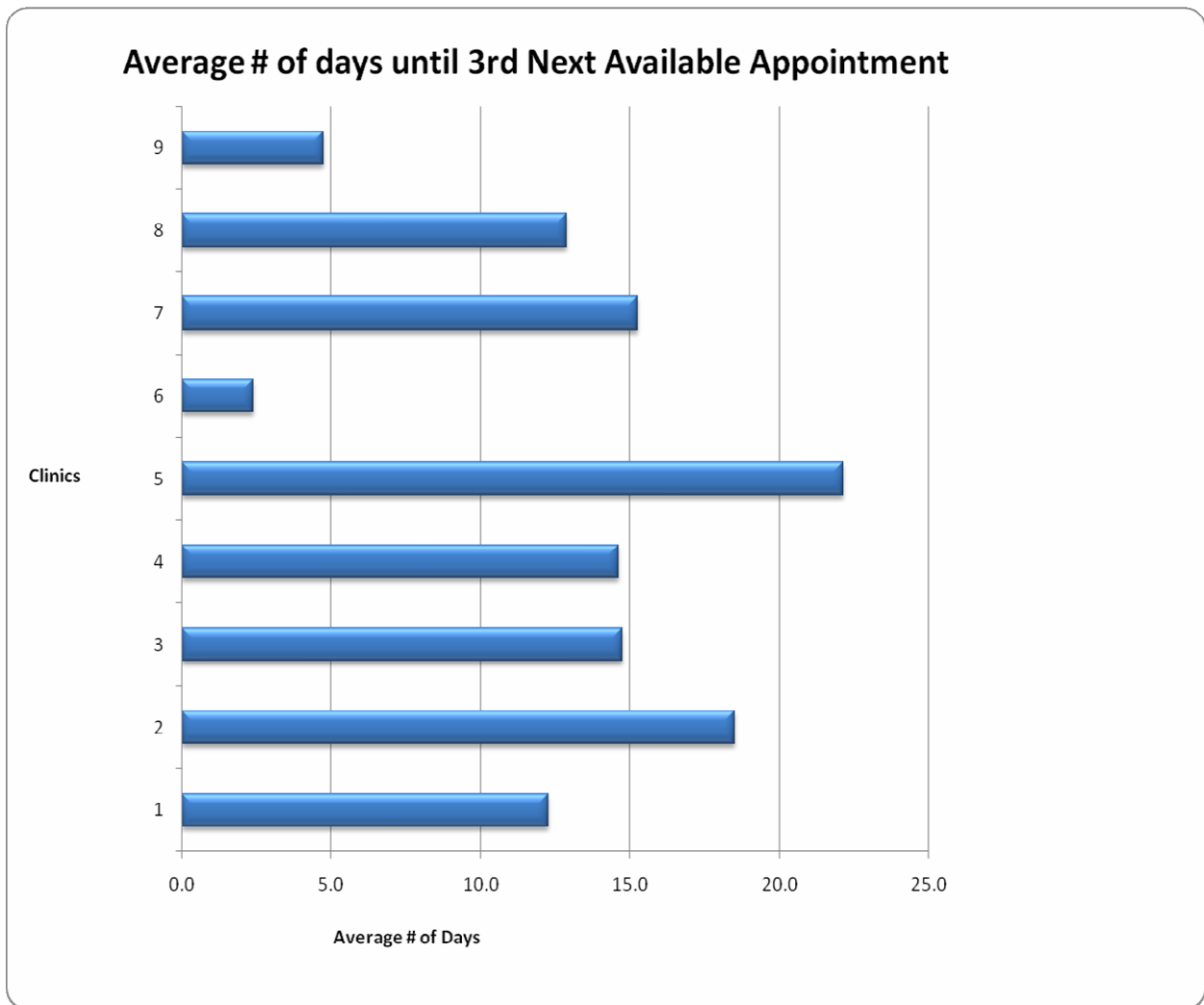


Safety Net Clinics Utilization By Ethnicity 2007



Safety Net Clinics Utilization Appointment Scheduling Survey

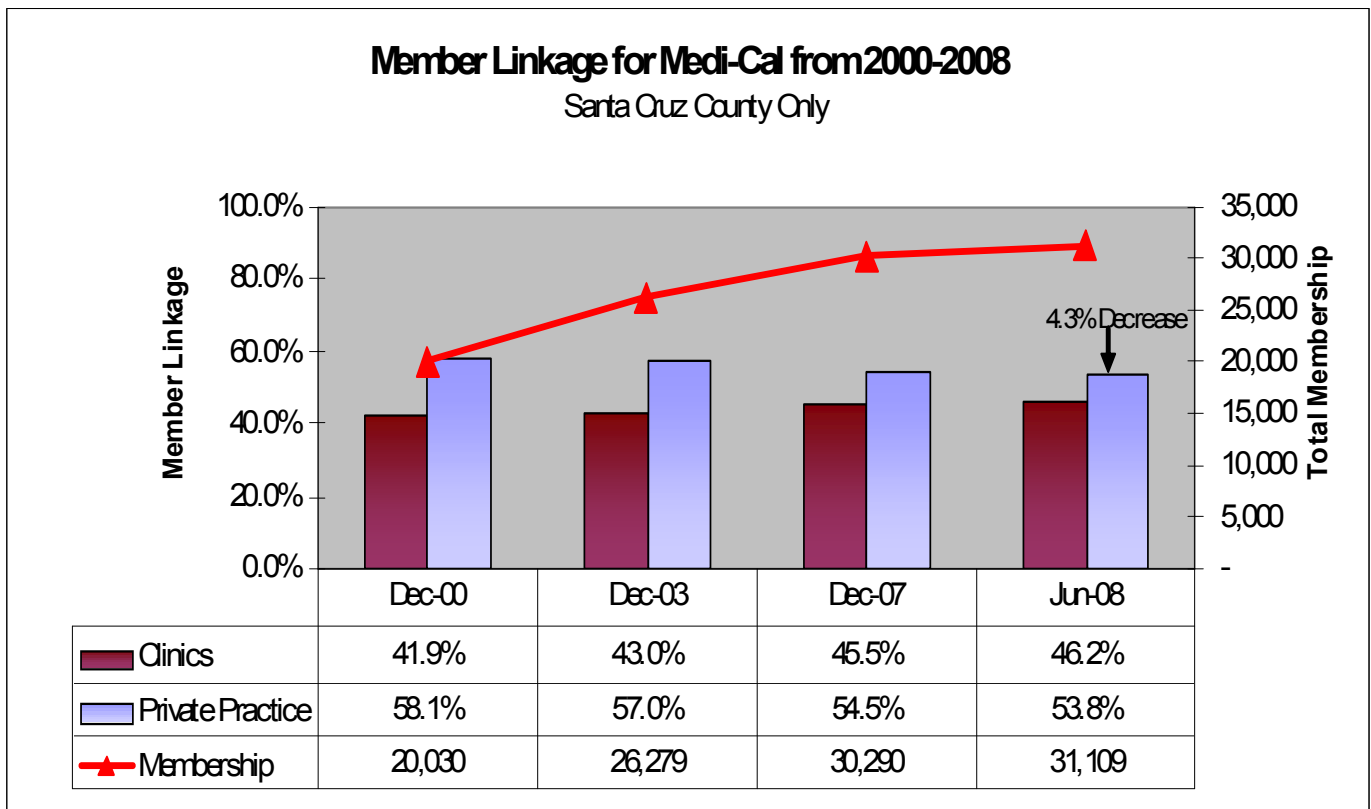
Appointment Survey conducted over eight week period during summer 2008. Clinics asked to identify third next available health maintenance appointment.



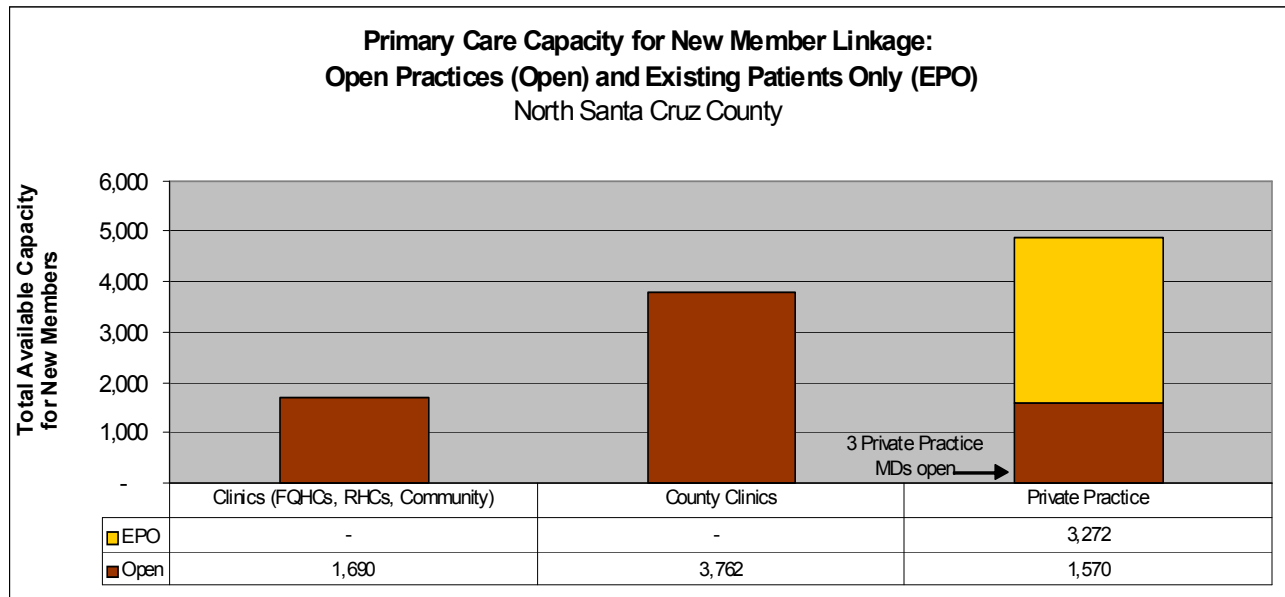
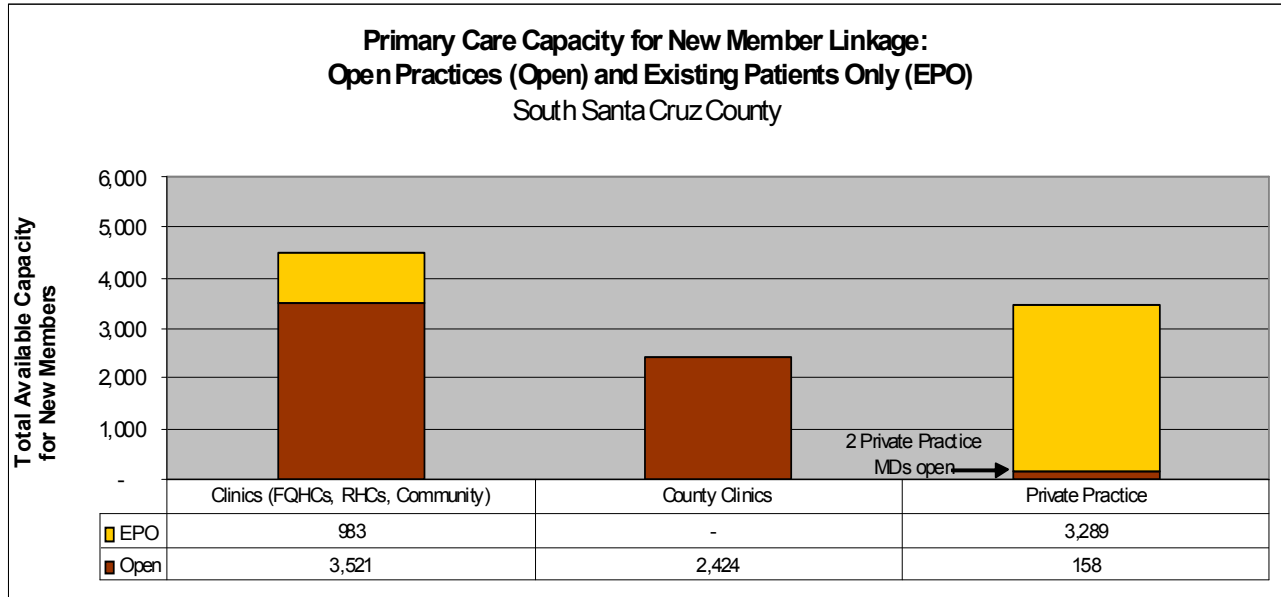
Central Coast Alliance for Health Member Linkage over Time

- ◆ Significant growth in Santa Cruz County CCAH membership since 2000: 55%
- ◆ Clinics absorb new members at higher rate than private doctors: 46% of all members linked to clinics in Santa Cruz County, an increase of 43%

Note: Information on CCAH member linkage from presentations prepared for CCAH Board and Health Improvement Partnership Council (HIPC)



Central Coast Alliance for Health Capacity for New Member Linkage



Emergency Room Utilization:

Summary of Study: “Uninsured Adults Presenting to US Emergency Departments: Assumptions vs Data”

Emergency Departments across the country are “in crisis, facing significant overcrowding, unreimbursed care, and long waiting times.” The media, medical journals and the public have blamed this in part on the uninsured, yet a new study published in JAMA (Journal of the American Medical Association) looks at that and other assumptions to see if there is evidence behind such claims.

The authors find that of the six most common assumptions of uninsured patients only two were supported by evidence. Those were: 1. that uninsured patients use the Emergency Department because they lack access to primary care and 2, treating uninsured patients in the ED is more costly. Both of these claims could be (and in the case of number 2 is) true of other patients as well, not just the uninsured.

The assumptions that uninsured patients use the ED for non-urgent problems, that uninsured patients are high users of the ED, and that uninsured patients cause overcrowding are all not supported by evidence. The assumption that uninsured patients are increasing their numbers in the ED is partially supported by evidence but “the rate of this is similar to that for insured patients.” The authors even state that the uninsured do not think of the ED as a cost-effective or appropriate place to get care but often times they have no where else to go and therefore do present sicker, as a result of delaying care.

The uninsured “are no more likely to make a non-urgent visit than those with private insurance.” Studies have shown that the insured account for 84.8% of all ED visits; that number has remained constant from 1996 to 2004. Furthermore, the authors state that US Emergency Departments’ have had problems of overcrowding for two decades.

The authors conclude that the six most common assumptions were not supported by evidence or true for all patients but have become “common knowledge and [part of] political debate...[running] the risk of further stigmatizing vulnerable populations, thereby worsening health disparities” (Newton et al 2008).

Source: Newton, Manya, Carla Keirns, Rebecca Cunningham, Rodney Hayward, and Rachel Stanley. “Uninsured Adults Presenting to US Emergency Departments: Assumptions vs Data”. JAMA

Emergency Room Utilization: HIP Alternatives to ED Work Group (Summer 2008)

The ED rates vary by payer:

- Commercial HMO (PMG)
145 ED visits/1,000 members/year-Family Practice
- Med-iCal HMO (CAAH)
380 ED visits/1,000 members/year-Aged
532 ED visits/1,000 members/year-Families
885 ED visits/1,000 members/year-Disabled
- Santa Cruz County ED rates higher than comparable HMO populations

Dominican ED Visits by Payer:

Payer	ED Visits	Percent Visits	Percent Level 1/2
<i>PPO</i>	7,826	24.5%	20.1%
<i>Self-pay</i>	6,059	18.9%	19.5%
<i>CAAH</i>	6,005	18.8%	28.6%
<i>Medicare</i>	4,596	14.4%	8.7%
<i>HMO</i>	4,517	14.1%	14.0%

Level 1 or 2 ED visits can be seen in primary care (i.e. are not emergencies). CCAH (Central Coast Alliance for Health) had the most Level 1 or 2 ED visits, followed by PPO insurance plan, the Uninsured, HMO insurance plan, and then Medicare. Most of the Medicare ED visits needed to be seen in the emergency room.

PPO insurance plans constituted the highest percentage of ED visits, followed by the uninsured, CCAH, Medicare, and last HMO insurance plan.

Dominican Hospital had a total of 32,000 Emergency Department visits in Fiscal Year 2008.

Emergency Room Utilization: HIP Alternatives to ED Work Group (Summer 2008)

Dominican ED Visits by Age:

Dominican ED	ED Visits	Percent Visits	Percent Level 1/2
<i>0 – 17 years</i>	5,882	18.4%	30.8%
<i>18 – 44 years</i>	14,212	44.4%	43.7%
<i>45 – 64 years</i>	8,043	25.1%	19.3%
<i>65+ years</i>	3,863	12.1%	6.3%

- Adults 18 to 44 years are leading users of ED
- 24% of all ED visits are Level 1 or 2
- 41% of ED visits by children are Level 1 or 2
- 52% of ED visits by CCAH children are Level 1 or 2

California Data:

- Medi-Cal and Medicare patients have the highest visit rates; uninsured is the lowest
- Medi-Cal patients more likely to use an ED for non-urgent or avoidable conditions
- Parents of infants younger than one year more likely to use ED for conditions that could be treated in other outpatient settings.
- Immigrant Hispanics including non-citizen immigrants use ED **less** than U.S. born whites.

Possible Reasons for Inappropriate and Avoidable ED visits:

- Lack of access to primary care (no PCP, long wait times, etc.)
- Lack of knowledge of how to take care of common health problems and when to use ED services
- Convenience—after hour care
- Lack of incentive not to use ED
- Avoidable episodes—chronic conditions (again lack of access to primary and preventive care)

ED use is rising State- and Nation-wide.

Primary Care Linkage: HIP Hospitalist Linking Project

Dominican Hospital Inpatients with No PCP

	# of Admissions No PCP			% No PCP Admissions by Payer				
	Feb 07 - Jan 08	Feb 08 - April 08	May 08 - July 08	Feb 07 - Jan 08	Feb 08 - April 08	May 08 - July 08		
Payor at Discharge								
Uninsured	153	23	21	21.6%	14.2%	12.0%		
MediCal Pending ²		4	5	0.0%	2.5%	2.9%		
MediCruz Pending ²		3	3	0.0%	1.9%	1.7%		
State MediCal	21	5	6	0.0%	1.9%	1.7%		
Subtotal Unfunded	174	35	35	24.6%	21.6%	20.0%		
CCAH (primary)	69	14	4	9.7%	8.6%	2.3%		
MediCruz	93	21	8	13.1%	13.0%	4.6%		
MediCare	214	53	73	30.2%	32.7%	41.7%		
Other Govt			5	0.0%	0.0%	2.9%		
MediCare HMO	13	5	10	1.8%	3.1%	5.7%		
Mgd Care HMO	25	11	9	3.5%	6.8%	5.1%		
Mgd Care PPO	120	23	31	16.9%	14.2%	17.7%		
Subtotal Funded	534	127	140	75.4%	78.4%	80.0%		
TOTAL ADMISSIONS NO PCP	708	162	175	100.0%	100.0%	100.0%		
Safety Net	336	70	47	47.5%	43.2%	26.9%		