

Module 8: Access to Health Services

8

Part 6: The Safety Net

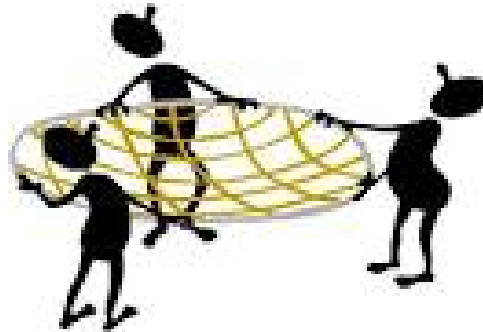


Public Health
Learning Modules

Using **Healthy People 2020**
to Improve Population Health

What is a Safety Net provider?

- *Providers, that by mandate or mission, organize and deliver a significant level of health care and other health-related services to the uninsured, Medicaid, and other vulnerable patients.*



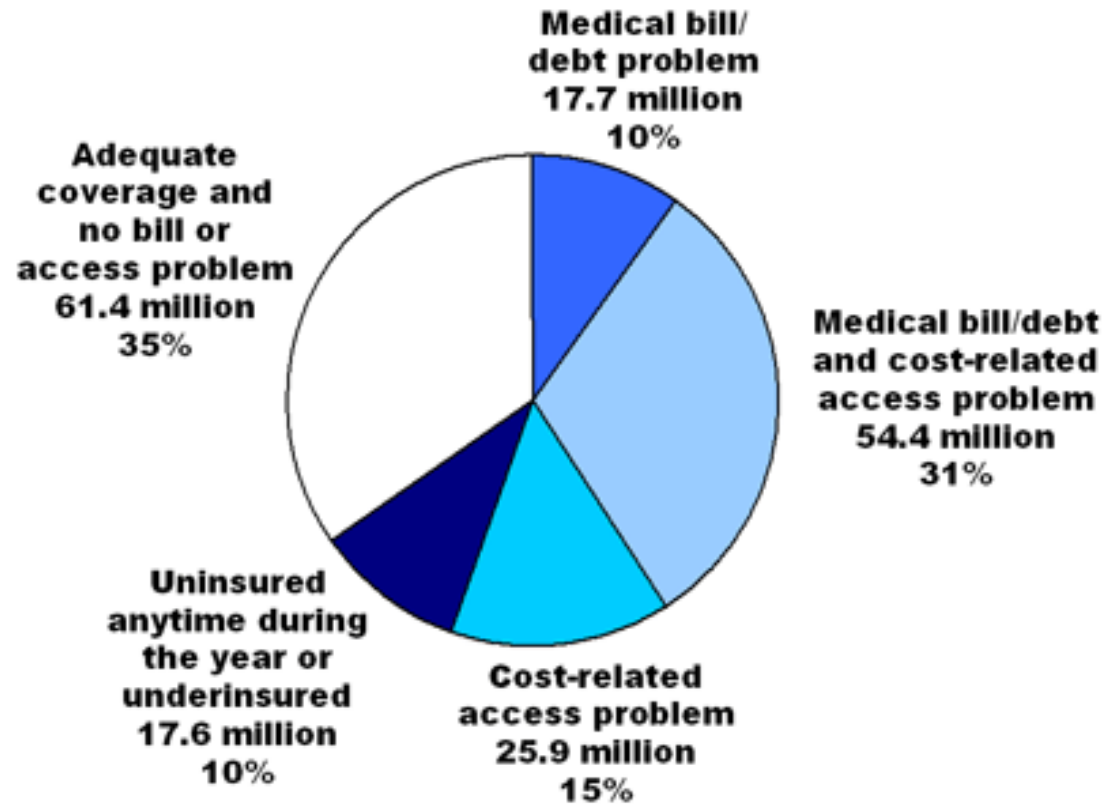
Source: Institute of Medicine. 2000. America's Health Care Safety Net: Intact but Endangered. Washington, DC: National Academy Press, p.3-4.



48 Million Uninsured

Source: US Census, 2013

An Estimated 116 Million Adults Were Uninsured, Underinsured, Reported a Medical Bill Problem, and/or Did Not Access Needed Health Care Because of Cost, 2007



177 million adults, ages 19-64



Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).

Why Do We Need a Safety Net?

- Patchwork of eligibility for programs
- Segregation of public vs. private financing
 - Elderly, disabled, very poor
 - Working adults, 18-64
- Targeted programs for vulnerable populations
 - Culture, language
 - Deep social, mental issues

Patchwork of Safety Net Providers

- Public health departments
- Not for profit organizations
- Health centers and hospitals
- Private, mission directed organizations
- Religious organizations

Need for Coordination

Factors influencing Safety Net

- Insurance coverage
- Medicaid/Medicare eligibility
- Immigration reform and health insurance
- Willingness of private providers to see uninsured

Community Health Centers

- Private, non profit
 - “free” clinics
 - Volunteers in Medicine began in 90sf, 96 nationwide
 - “Sliding scale” clinics
 - Nursing centers, often with public housing
- Private, for profit - retail clinics, urgent centers
- Government funded centers
- Hospital funded clinics

Federally Qualified Health Centers

- Section 330 of the PHS Act
- Located in Medically Underserved or Health Professional Shortage Areas
- 51% of board are patients
- Services provided - more limited specialties
- Medicaid prospective payment system (PPS)
- Pharmacy services
 - 340B Program Pricing
 - Contracted pharmacy arrangements

FQHC - Special Populations

- Individuals and families experiencing homelessness
- Agricultural workers and dependents
- Those living in public housing
- Native Hawaiians



Public Hospitals

- America's Essential Hospitals
 - Funded by city, county, state government, 3rd party insurers
 - Mission directed for serving the poor
 - Special services for language and cultural competence, social services
 - Challenge of mission vs. money

Disproportionate Share Hospitals (DSH)

- Serve underserved population
- Large Medicaid and Medicare patient population
- Indirect Medical Education
- Often urban, rural locations
- 340 B Drug Pricing
- Under ACA, major cuts to DSH hospitals

Rural Health Clinics

- Located in rural areas
- 1977 Public Law 95-210
- Mid-level practitioner at least 50% of the time
- Primary care

Veterans Administration

- Only for veterans, service connected disabilities, length of service, type of discharge
- 1700 sites of care serving 8.7 million vets
- Wide array, specialty care around trauma, prosthesis, mental health, substance abuse
- Integrated delivery system through EMR

National Health Service Corps

- Recruits primary care providers to communities that need them since 1972
- Loan repayment or scholarship program for medical, dental, NP, midwife, PA, mental and behavioral health students interested in serving hard to staff areas
- Commit to 2-4 years of service at over 14,000 approved sites

Categorical Programs

- HIV/AIDS - Ryan White Act
- Maternal Child Health - Title V
- Family Planning - Title X
- Indian Health Service

Emergency Medical Treatment and Labor Act (EMTALA)

- Since 1986, Requires hospitals that receive federal dollars to provide emergency care regardless of ability to pay
- Must provide care or stabilize patient prior to discharge
- Not a substitute for primary care

Uncompensated Care

- Private physicians - long standing relationship with patient or family
- Private Hospitals - write off of bad bills
- Cost shifting from insurers to cover the uninsured
 - \$1,017 for family plan in 2008*
 - \$368 for individual plan in 2008

*Hidden Health Tax, Families USA, 2009

Coordination is Imperative

- Good communication
- Patient vs. Provider responsibility
- Health Information Technology

Health Care Reform

- Opportunity to provide insurance for everyone
- Likely to see significant gaps in coverage
- Ultimately, Medicare for All or national health insurance?