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# Lessons for Counties in Preparing for Health Reform

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November 14, 2011

# our mission

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## **Blue Shield of California Foundation**

Improve the lives of Californians, particularly underserved populations, by making **health care accessible, effective, and affordable** for all Californians, and by **ending domestic violence**.

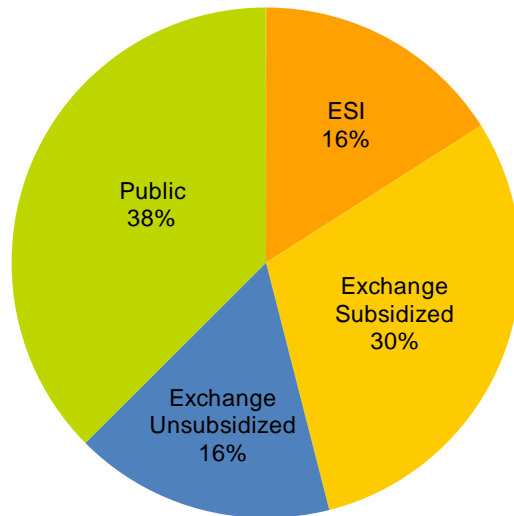
# investments in safety net

- Community clinic core support
- Clinic Leadership Institute
- Clinic consortia
- Section 1115 Waiver development
- Low Income Health Program
  - Planning grants – 22 counties
  - Evaluation – UCLA data collection and LIHP evaluation
  - Implementation grants
- Safety net integration

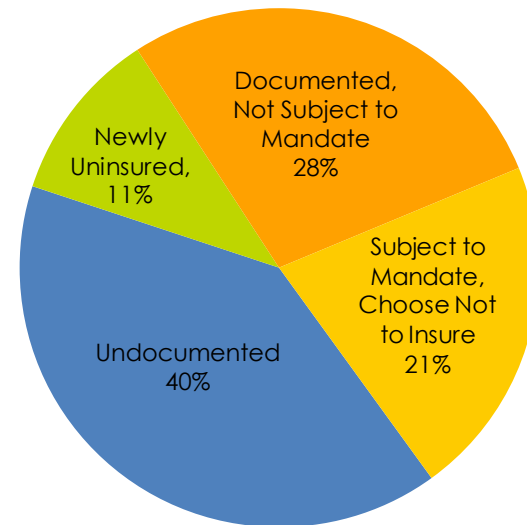
# impact of ACA on health insurance coverage

## California, 2016

**Percentage of Previously Uninsured Gaining Coverage (n=3.77 million)**



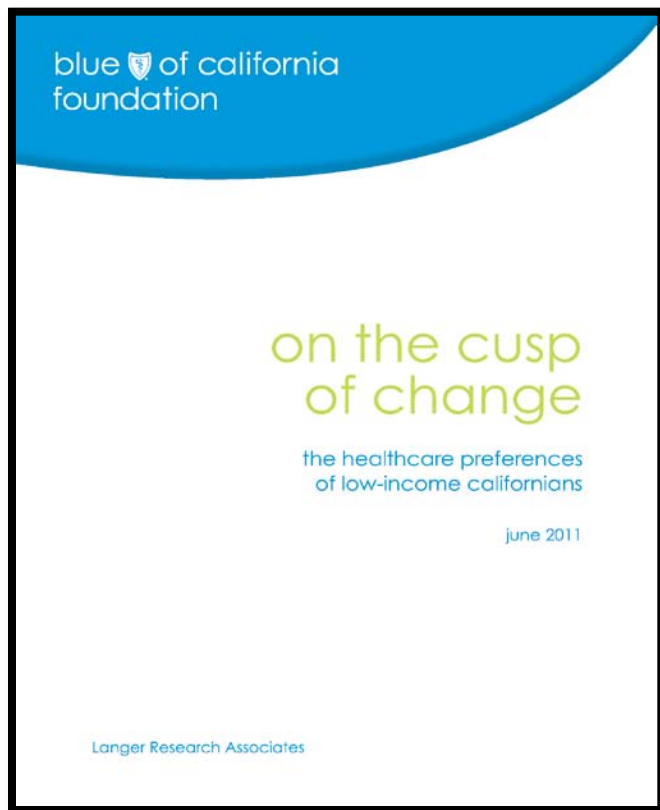
**After PPACA, Who Are the Remaining Uninsured? (n=3.10 million)**



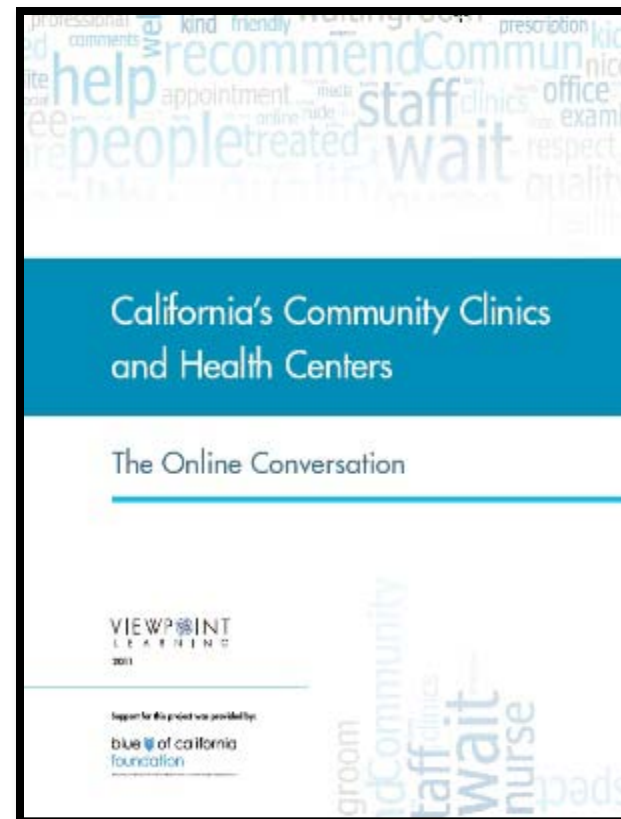
Source: Gruber and Long, 2010.

# What are low-income Californians thinking about their healthcare options?

## On the Cusp of Change



## Online Conversation



# project overview: purpose

Changing health care paradigm for low-income Californians

- currently many patients lack choice
- ACA expands patients' options; providers will need to respond

A first step: measure healthcare preferences of the poor and near-poor

- where they go for care now
- satisfaction and health status
- interest in change and levers of choice

Insights with which to navigate the newly competitive marketplace

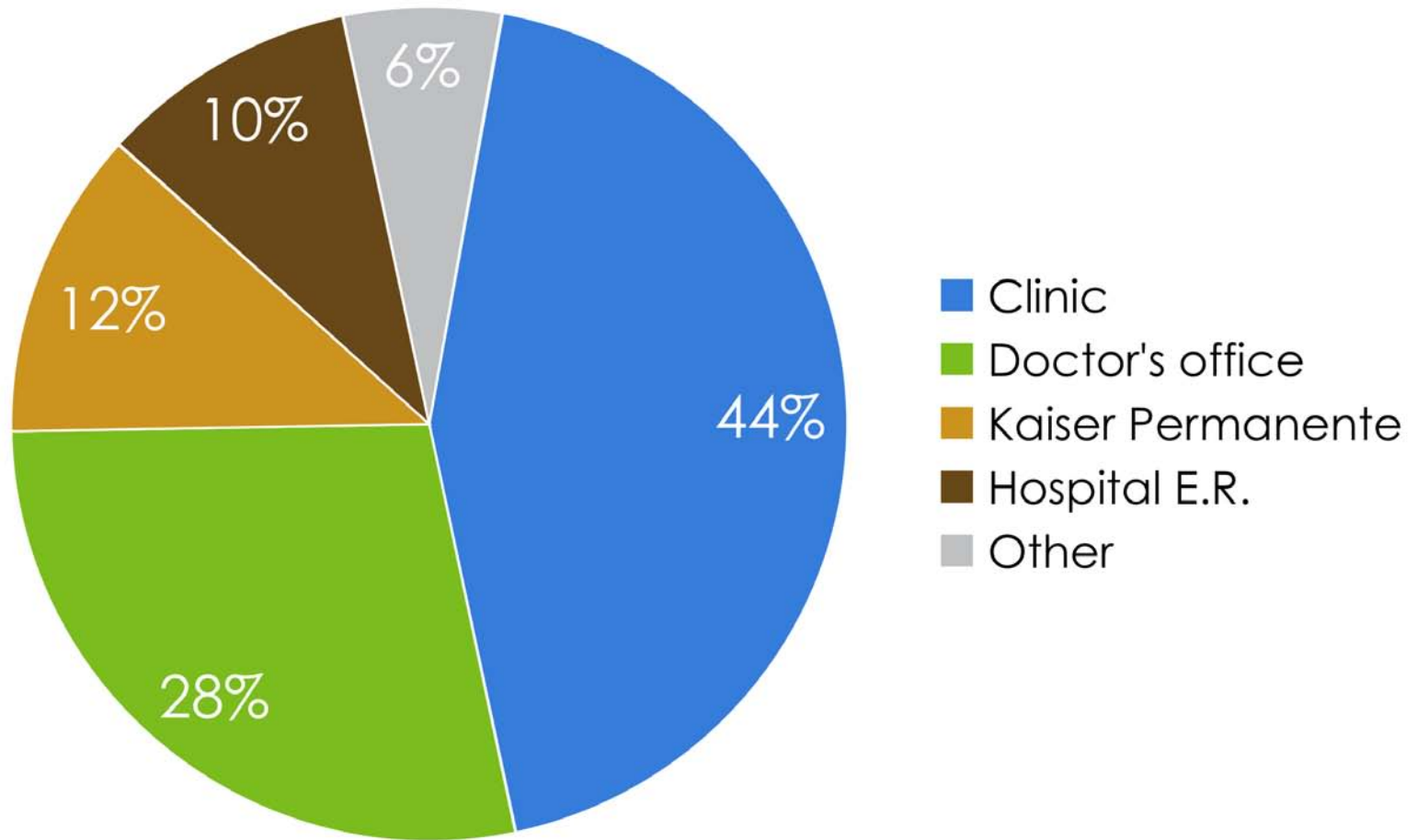
# project overview: methodology

blue shield of california foundation sponsored:

- A rigorous, in-depth 20-minute survey of the health care experiences and preferences of the approximately 6.5 million CA adults living at <200% of the federal poverty level.
- 1,005 telephone interviews, march 29 – april 25, 2011
- Landline ( $n = 704$ ) and cell phone ( $n = 301$ )
- English ( $n = 705$ ) and Spanish ( $n = 300$ )
- Included a detailed process to identify current care providers

# current use of facilities

low-income Californians

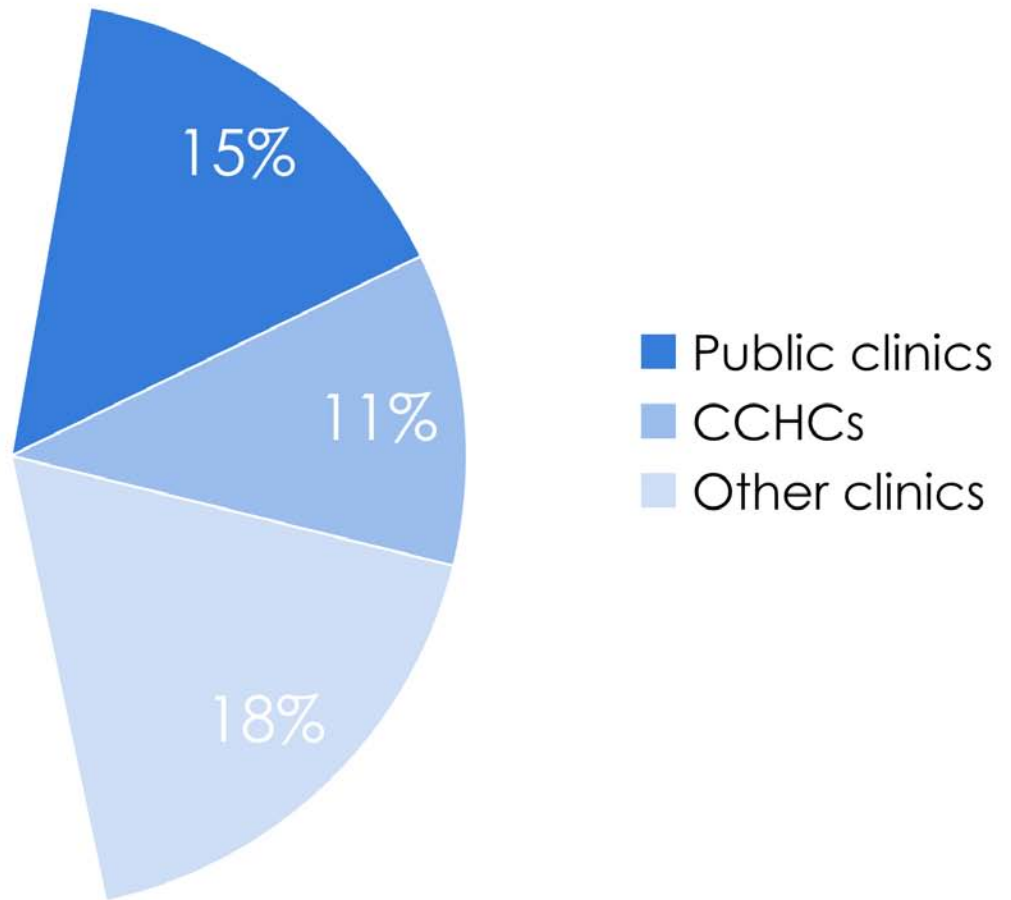


“Clinic” includes community clinics and health centers, public hospital, county or city, private, other clinics



# current use of clinics

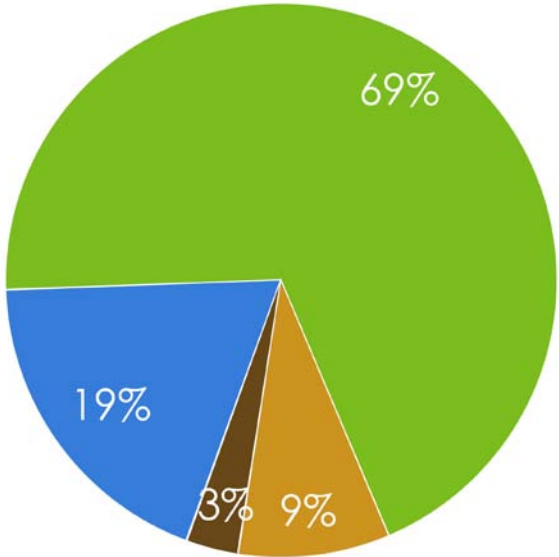
low-income Californians



“Public clinics” includes public hospital clinics and county or city clinics

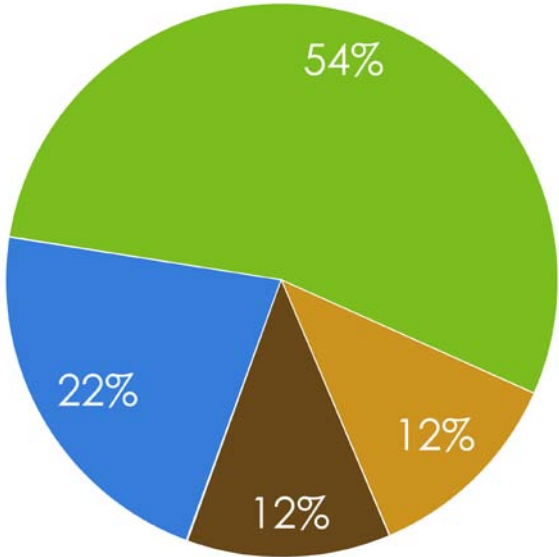
# demographic comparisons

public clinic users



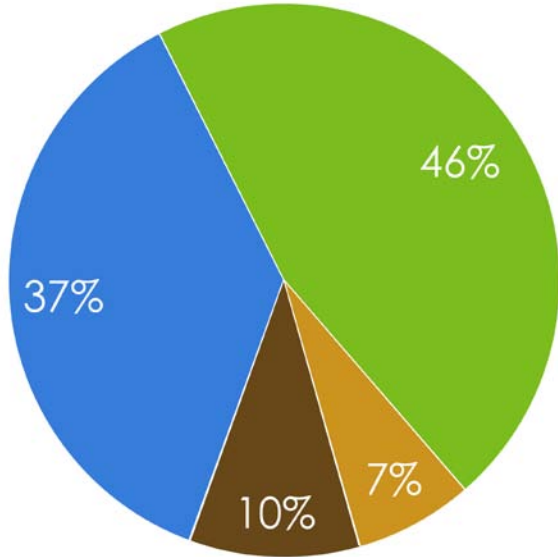
55% non-citizen

CCHC users



36% non-citizen

Kaiser/private doctor's office users



24% non-citizen

white

latino

black

other

# health needs vs. utilization

## a health stressed population

Just 28% of public clinic users are in excellent/very good health (about the same as others in this population)

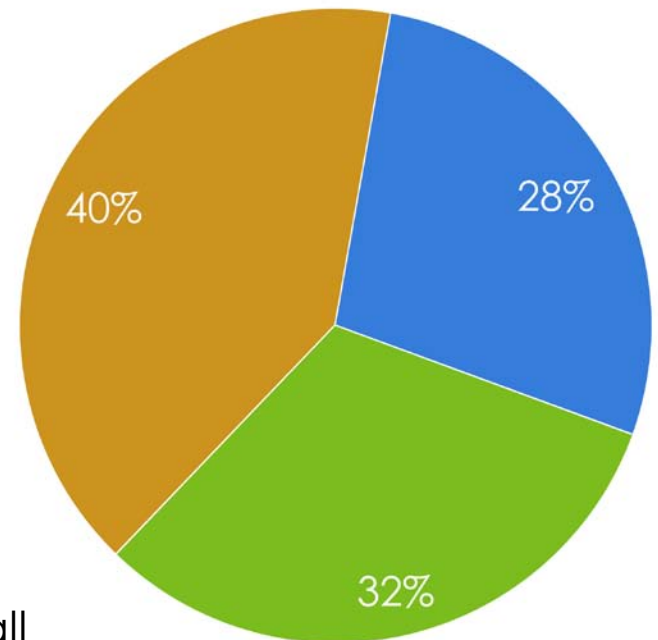
- Much lower than all Californians (57%, CHIS) and Americans (52%, KFF)

Three in 10 report a disability or chronic condition

But they're no more likely to get care

- 35% have seen a doctor once or less in the past year, compared to 31% of all Americans, 37% of all Californians

■ Excellent/very good  
■ Good  
■ Fair/poor

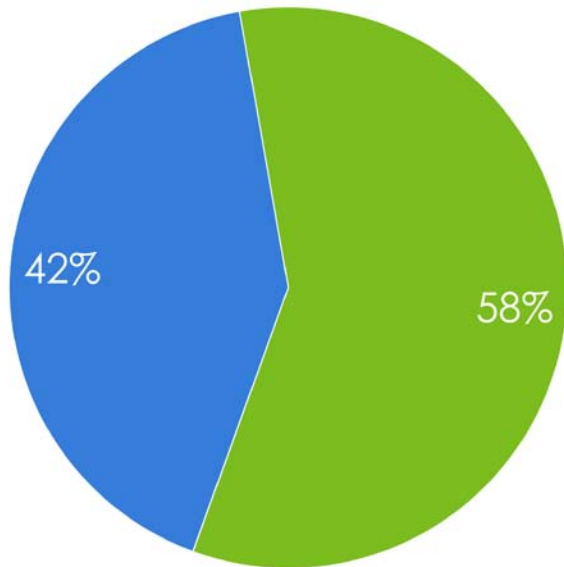


# choice and current care

comparing public clinics to other facility types

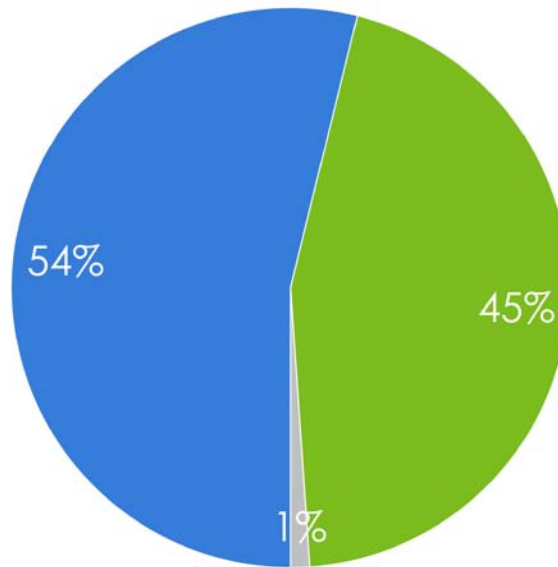
do you have a choice of where you go for health care, or not?

public clinic users



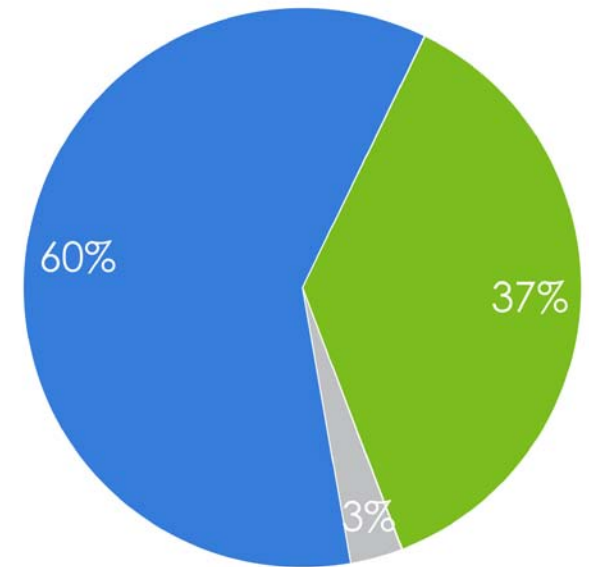
■ Yes ■ No

CCHC users



■ Yes ■ No ■ No opinion

Kaiser/private doctor office users



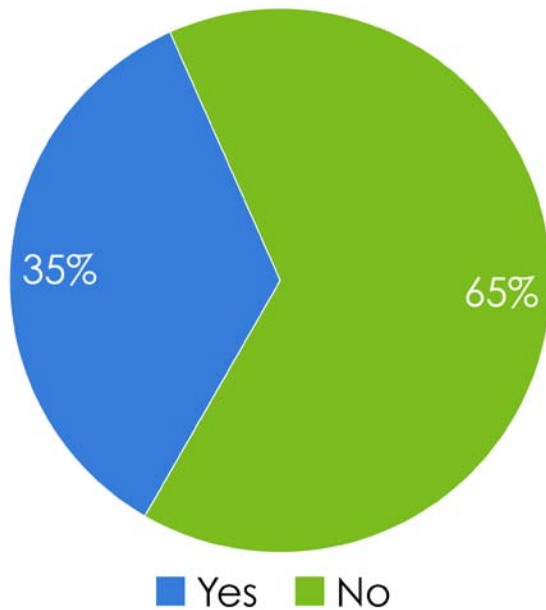
■ Yes ■ No ■ No opinion

# choice and current care

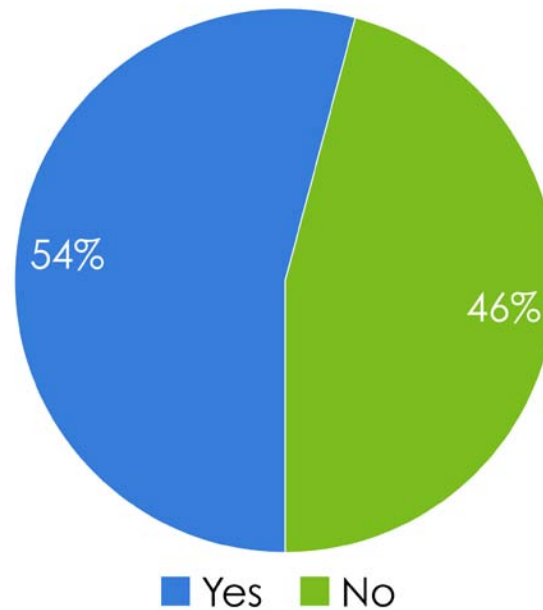
comparing public clinics to other facility types

do you have a regular personal doctor, or not?

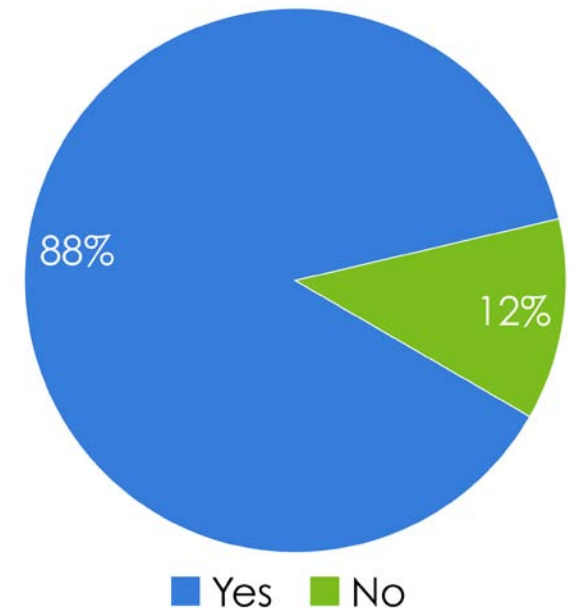
public clinic users



cchc users

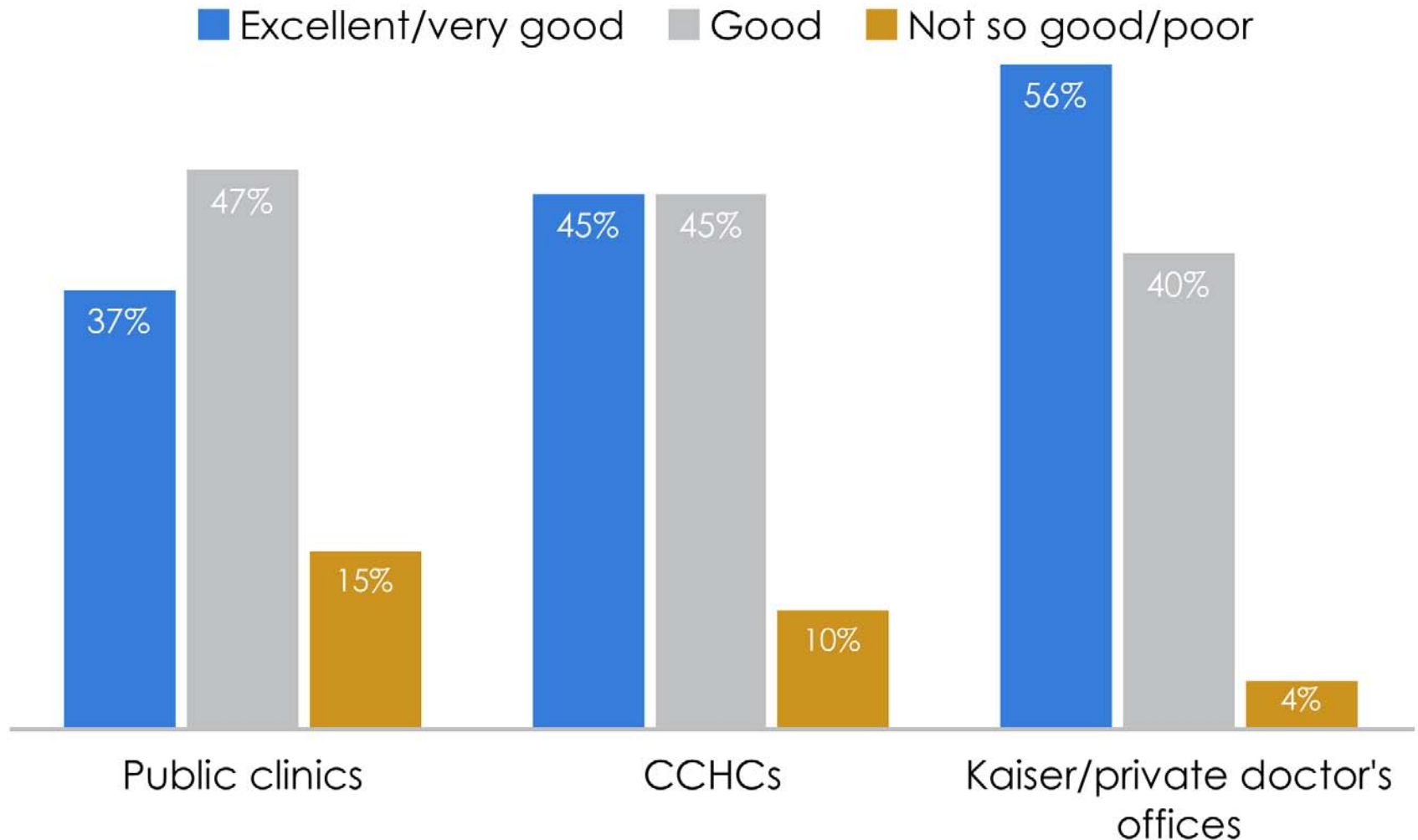


Kaiser/private doctor's office users



# satisfaction with care

comparing public clinics with other facility types



# top correlates of satisfaction

low-income Californians who use public clinics

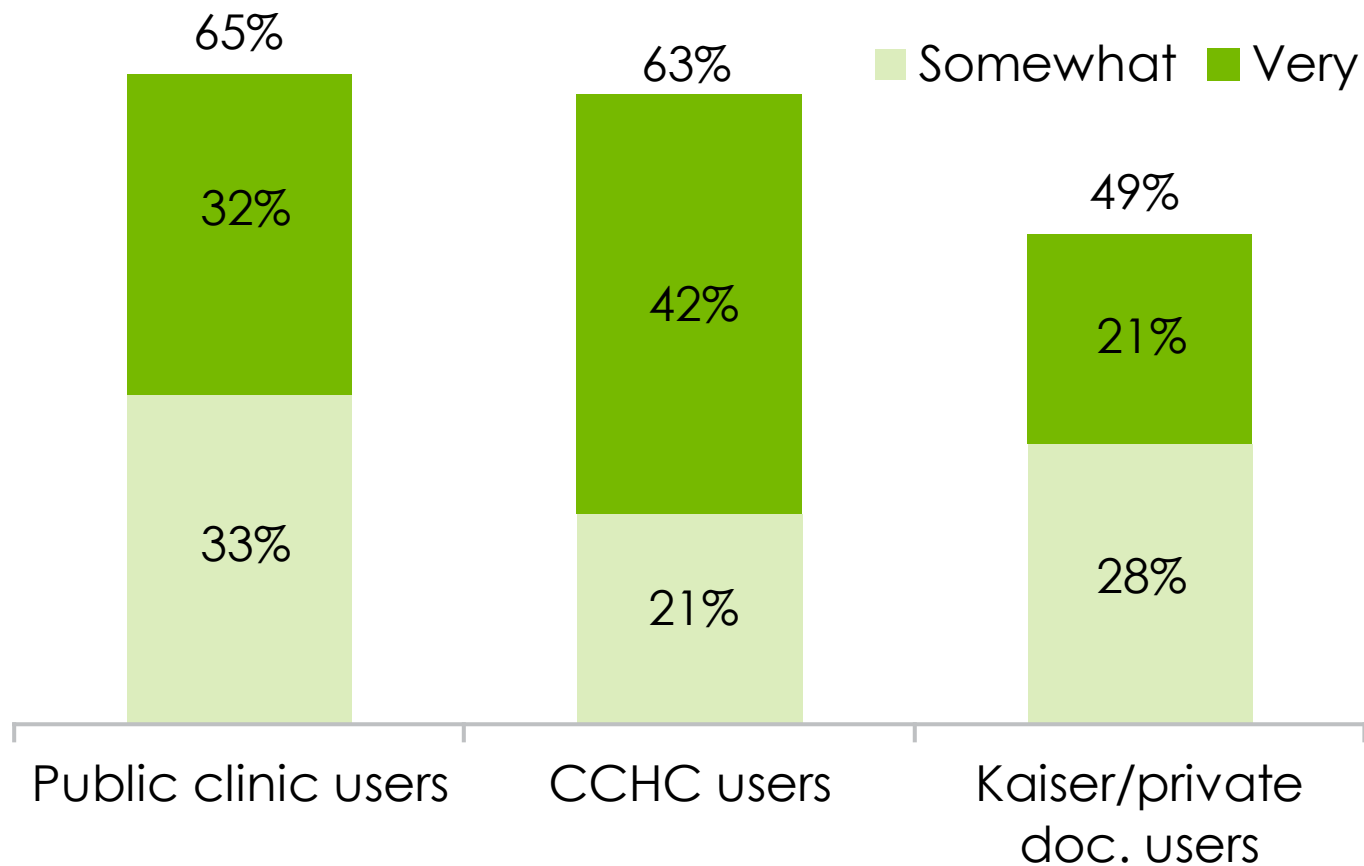
The strongest correlates of overall satisfaction:

- Amount of time the doctor spends with you
- Cleanliness and appearance of the facility
- Courtesy of the staff
- The availability of continuing care
- How much people like you are welcome there
- Ability to see the same doctor each time



# broad interest in changing facility

low-income Californians





# top correlates of interest in change

low-income Californians who use public clinics

The three strongest correlates of interest in changing health care facilities are:

- wanting a personal doctor
- lower ratings of current care
- saying that care at current facility has worsened

# summary

## Top correlates of satisfaction:

- time spent with the doctor, ability to see the same doctor each time
- cleanliness/appearance of the facility, courtesy of the staff
- feeling welcome

## Advice for county clinic leaders:

- watch for easy fixes – cleanliness, appearance and courtesy count
- look for ways to increase the amount of time a doctor spends with a patient and improve the ability of a patient to see the same doctor every time

# state implementation in California

**8.2 million** uninsured in California

- **Up to 500,000** to be covered before 2014
- **4-5 million** newly insured at full implementation

**\$~8 billion** in new federal funding for Medicaid expansions

**Fundamental changes** in **health insurance** and **health care delivery**

# Preparing for 2014

## 1. Get enrollment right

- Enrollment = county clinic and hospital revenue
- Maximize enrollment on 1/1/14

## 2. Future of Section 17000 obligation

- Significant numbers of uninsured
- State budget deficit
- Coming state-county debate about funding and programs

# Preparing for 2014 continued

## 3. Reexamine mental health carveout

- LIHP encourages behavioral health/primary care integration
- Rethink systems and structures that separate behavioral and physical health

## 4. Position county delivery system for success

- More competitive environment, with some patients interested in leaving
- Growing importance of showing value
- Use LIHP and DSRIP to invest in system change
- Streamline decisionmaking

## 5. LIHP model for future programs for the uninsured?

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Thank you

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