Lessons for Counties in Preparing for Health Reform

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our mission

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)
- Public: 38%
- ESI: 16%
- Exchange Subsidized: 30%
- Exchange Unsubsidized: 16%

After PPACA, Who Are the Remaining Uninsured? (n=3.10 million)
- Undocumented: 40%
- Documented, Not Subject to Mandate: 28%
- Newly Uninsured, Not Subject to Mandate: 11%
- Subject to Mandate, Choose Not to Insure: 21%

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
- 19% white
- 3% latino
- 9% other

CCHC users
- 36% non-citizen
- 22% white
- 12% latino
- 12% black

Kaiser/private doctor's office users
- 24% non-citizen
- 37% white
- 10% latino
- 7% black
- 7% 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
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: 42%
- No: 58%

CCHC users

- Yes: 54%
- No: 45%
- No opinion: 1%

Kaiser/private doctor office users

- Yes: 60%
- No: 37%
- No opinion: 3%
choice and current care
comparing public clinics to other facility types

do you have a regular personal doctor, or not?

public clinic users

- Yes: 35%
- No: 65%

cchc users

- Yes: 54%
- No: 46%

Kaiser/private doctor’s office users

- Yes: 88%
- No: 12%
satisfaction with care
comparing public clinics with other facility types

- **Excellent/very good**
- **Good**
- **Not so good/poor**

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Excellent/very good</th>
<th>Good</th>
<th>Not so good/poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public clinics</td>
<td>47%</td>
<td>15%</td>
<td>37%</td>
</tr>
<tr>
<td>CCHCs</td>
<td>45%</td>
<td>10%</td>
<td>45%</td>
</tr>
<tr>
<td>Kaiser/private doctor's offices</td>
<td>56%</td>
<td>40%</td>
<td>4%</td>
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</tbody>
</table>
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

- Public clinic users: 65% Very, 32% Somewhat, 33% other
- CCHC users: 63% Very, 42% Somewhat, 21% other
- Kaiser/private doc. users: 49% Very, 21% Somewhat, 28% other
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
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?
Thank you