Analysis of the 2004 Survey of Safety Net Providers: Community Health Center Component

Allyson G. Hall, PhD
Christy H. Lemak, PhD
Lilliana L. Bell, MHA

March 3, 2006
Introduction

• County Health Department Clinics and Community Health Centers (CHC) are designed to meet the needs of the medically underserved

• Play integral role in serving the uninsured
Objective

- Assess the infrastructure and capacity of the health care safety net in Florida

- Explore the capacity of Community Health Centers (CHCs) to organize into health plans.
Methods

• Survey instrument designed at FCMU
• Sample included DOH and CHC who are members of the Florida Association of Community Health Centers (FACHC)
• Survey items addressed:
  – organizational challenges
  – disease management programs
  – managed care technology
  – patient access and demographics
  – continuum of care
• Based on similar questionnaire from NY
Organizational Challenges

- The major organization challenge was obtaining specialty care for patients (87%)
  - 68.8% say not enough specialty providers in their area
- Patient complexity – social and economic issues (69%)
- Financial issues (60%)
- Overall, CHCs had less challenges than DOHs
- All central Florida respondents indicated ‘obtaining specialty care’
Disease Management Programs

- 56% of organizations operate a formal disease mgmt. program
- Across all clinics - diabetes (50%), asthma (25%), mental health (12.55%)
- More CHCs have programs than DOHs
- More than 80% of CHCs have reminder
Patient Care Access Tools

- **Computer Based Systems:**
  - 100% of organizations use computer-based systems for scheduling, tracking systems by payer, and tracking cost per patient
  - 12.5% use computer-based systems for tracking ER visits
  - 6.3% use computer-based systems for profiling hospital admissions and ER use by PCPs
  - All Central Florida respondents have systems in place
Patient Care Access Tools

- **Access**
  - 50% of organizations accept walk-ins on a limited basis (depending on capacity)
  - 37.5% always accept walk-ins
  - 6.3% never accept walk-ins
  - 62% of organizations sometimes or always turn patients away
  - DOHs more likely to accept walk-ins
Patient Care Access
Tools

• Language
  – 87% of organizations have patients who prefer language other than English during visits
  – Spanish (57%), Haitian Creole (8%)
  – 75% of organizations frequently, a friend or staff member acts as informal interpreter
  – 81% of organizations use provider who speaks patient’s language
  – 37% use AT&T language line
Services for the Uninsured

- **Financial Arrangements and Services for Uninsured Patients**
  - 87.5% of organizations charge uninsured patients on sliding scale
  - BUT, 62% provide services without regard to payment of financial arrangements
  - 25% not billed for service at time of visit, but billed later
  - 25% require a deposit paid before visit
  - Most orgs don’t subsidize services to the uninsured
Services for the Uninsured in the community

• *Local Programs/Activities for Uninsured*
  – 88% of organizations site the health dept. clinic, the Free/Volunteer clinic, and the Community Mental Health Center as the programs which address the uninsured issue
  – 38% of CHCs and 16% of DOHs indicate a local health plan or benefits plan for uninsured in their area
Summary: Key Issues

- Challenges: Obtaining specialty care, complex patients, financial issues
- Most provide services for the uninsured
- Disease management programs exist but not uniformly used (unclear about the usefulness of these programs)