

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

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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)