



Description of the NC Health Care Safety Net

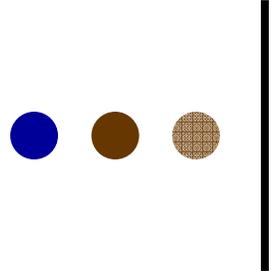
Presentation to Safety Net Workgroup

Kimberly Alexander Bratcher, MPH

Project Director

September 15, 2010

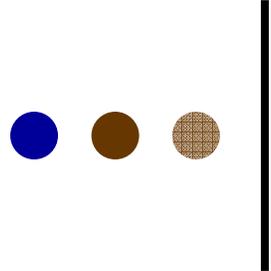




Overview

North Carolina has a wide array of health care safety net organizations with a mission to provide care to the uninsured on a free or reduced cost basis, including safety net organizations that focus on:

- Primary and preventive services
- Access to specialty services
- Pharmaceutical services
- Dental
- Behavioral health
- Hospital services
- Developing integrated delivery systems of care to the uninsured



Overview

North Carolina has a wide array of health care safety net organizations with a mission to provide to the uninsured on a free or reduced cost basis, including safety net organizations that focus on:

- **Primary and preventive services**
 - **Federally qualified health centers, local health departments, free clinics, state funded rural health centers, private providers, school-based health centers**
- Access to specialty services
- Pharmaceutical services
- Dental
- Behavioral health
- Hospital services
- Developing integrated delivery systems of care to the uninsured



Federally Qualified Health Centers (FQHCs)

- FQHCs include:
 - Community and migrant health centers, health centers for homeless, public housing primary care and school-based health centers
- In 2010, 26 FQHCs with 136 different delivery sites in North Carolina
 - 2 Look-Alikes (6 clinical sites)
 - 1 Migrant Voucher program (grants & reimbursement for clinical and outreach services)
 - 51% (203,644) of patients served were uninsured

Source: North Carolina Community Health Centers 2009, North Carolina Community Health Center Association.

Available at <http://www.ncchca.org/238733.ihtml>





NC FQHCs Serve Higher Proportion of Uninsured

- FQHCs in North Carolina served a higher proportion of uninsured than nationally, and lower percentage Medicaid (2008)
 - Uninsured: 49% (NC), 38% (US)
 - Medicaid: 21% (NC), 36% (US)
- NC FQHCs relied more heavily on federal grants and self-pay than US, and less on Medicaid or Medicare
 - Federal grants: 38% (NC), 26% (US)
 - Self-pay: 13% (NC), 8% (US)
 - Medicaid/Medicare: 36% (NC), 54% (US)



Source: Bureau of Primary Health Care, HRSA, DHHS, 2008 Health Center Data. National Total Data Summary. Available at <http://www.hrsa.gov/data-statistics/health-center-data/NationalData/2008/2008nattotsumdata.html>



FQHC Requirements for Federal Funding

- To receive federal funding, FQHCs must comply with 19 program requirements including :
 - Serve a medically underserved population (based on poverty and population indicators)
 - Provide comprehensive primary and preventive services directly or by contract, *regardless of ability to pay*
 - Have a sliding fee scale for charges
 - Provide enabling and support services (e.g., case management, outreach, transportation, interpreters)
 - **Have a community-based board of directors; a majority of the board must be comprised of center users**



Local Health Departments: NC (2009)

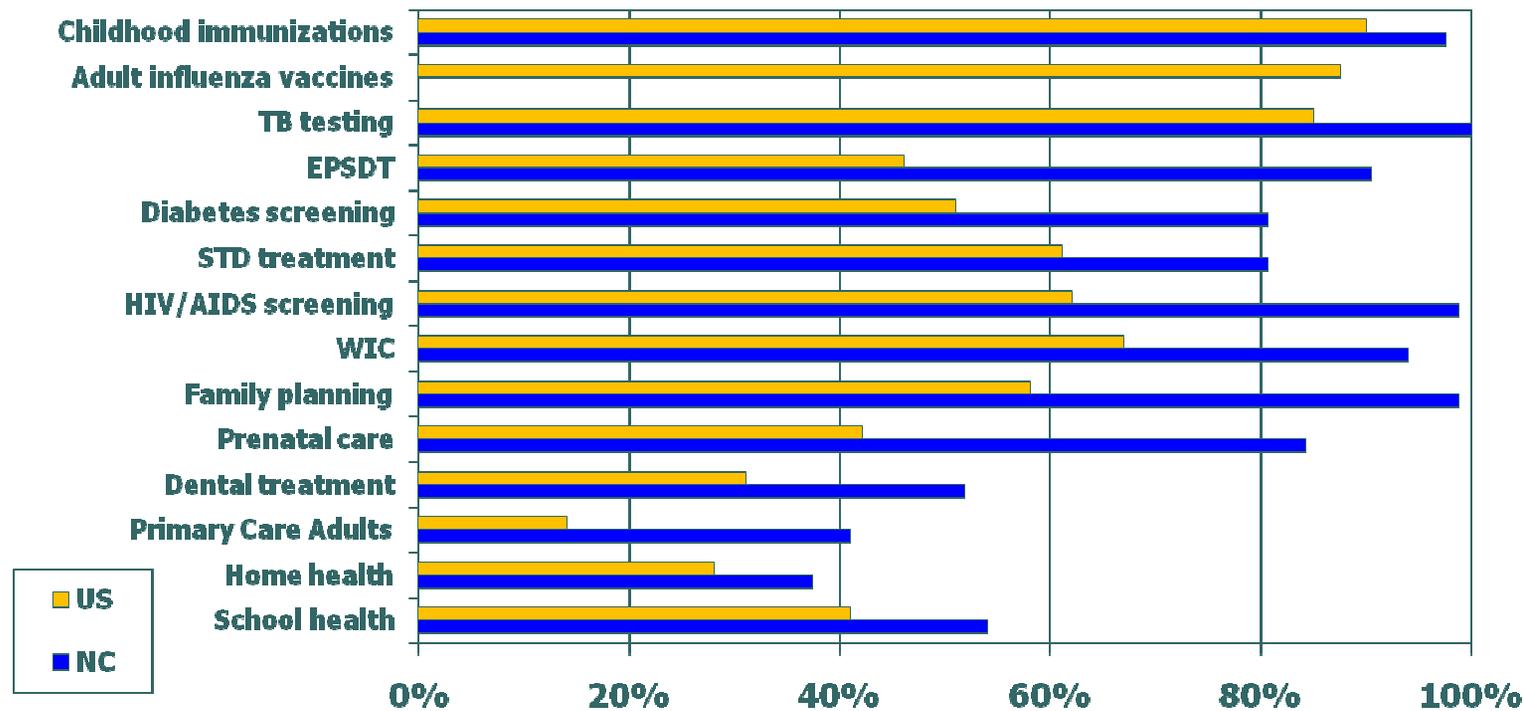
- 85 local public health departments (LHDs)
 - 79 LHDs are single county health departments, 6 are multi-county district health departments (covering 21 counties)
 - All provide child and adult immunizations, STD and HIV/AIDS testing and counseling, TB testing, family planning and case management.
 - Almost all provide child health clinics, prenatal care and nutrition services
 - Half provide dental services; some provide primary care
- Funded largely through county funds, federal grants or Medicaid/NC Health Choice, and state funds
 - Not specifically funded to provide primary care to the uninsured; can receive Medicaid



Source: North Carolina data. "Local Health Department Staffing and Services." FY 2009.
<http://www.schs.state.nc.us/SCHS/data/lhd/2009/FacStaff.pdf>



NC Health Departments More Likely than US to Provide Clinical Services (NC 2009/US 2008)



Source: North Carolina data. "Local Health Department Staffing and Services." FY 2009. National Data: NACCHO. 2008 Profile Report.

● ● ● | Free Clinics

- Most offer primary care services and some medications. Some offer limited dental or other services.
 - Services provided for free to the uninsured with incomes below a certain income threshold
 - Generally have more limited hours of operation than regular health clinics
 - 79 free clinics in communities across the state served approximately 79,500 patients in 2009 and project to serve 93,000 patients in 2010
- Primary support through voluntary (donated) professional services and supplies, community fund raising and BCBSNC Foundation
 - BCBSNC Foundation provided \$10 million over 5 years to expand and support free clinics (2008-2013)



Source: North Carolina Association of Free Clinics Fact Sheet. Available at: <http://www.ncfreeclinics.org/AboutUs.aspx> and Katie Yarborough, Administrative Assistant North Carolina Association of Free Clinics

State Funded Rural Health Clinics

- 86 certified RHCs in North Carolina (2010)
 - All are required to treat Medicaid and Medicare patients.
 - Receive cost-based reimbursement from Medicare and Medicaid
 - Are not legally obligated to serve the uninsured, but many do so
- 28 rural health service delivery sites that receive state funding to help pay for indigent care. The funding is called the Medical Access Plan (MAP) for indigent patients. Must have community board.
 - Must agree to see the uninsured on sliding scale basis
 - MAP funding tied to uninsured with incomes below 200% FPL
 - Between 7-65% of patients are uninsured
 - Must agree to treat Medicare and Medicaid patients.
 - Must be located in underserved communities (either HPSA or MUA)





Community Practitioner Program (CPP)

- NC Medical Society program helps recruit physicians, physician assistants and nurse practitioners to practice in underserved areas
 - Practitioners must provide primary care services to the uninsured on a sliding scale basis
- BCBSNC Foundation, Kate B. Reynolds Charitable Trust, The Duke Endowment, Golden Leaf Foundation and others provide funding to the NC Medical Society Foundation for CPP



Private Providers

- Many uninsured patients receive care from private physicians
 - Uninsured patients represent, on average, 9% of private providers' patients nationally
 - Nationally, proportion of doctors providing charity care decreased from 76.3% (1997) to 68.2% (2005). Different survey showed 59.1% in 2008.
 - NC data not available



Source: Boukus E, A Snapshot of US Physicians from the 2008 Health Tracking Survey. HS Change. Sept. 2009. Cunningham PJ. Mounting Pressures: Physicians Servicing Medicaid Patients and the Uninsured, 1997-2001. Results from the Community Tracking Study. HS Change. Dec. 2002;No. 6. Cunningham P. Growing Hole in the Safety Net: Physician Charity Care Declines Again. March 2006.



School-Based and School-Linked Centers

- 55 centers in 22 counties (2010)
- Most are located within schools (school-based), several are located in communities near schools (school-linked), and a few operate from traveling vans or buses to serve several schools.
- Services: comprehensive physical and mental health, prevention education, nutrition therapy and dental services (not all centers provide each service)
- State credentialing process provides standards for centers
- Partially funded by the School Health Center Unit in the Children and Youth Branch of the NC Division of Public Health.

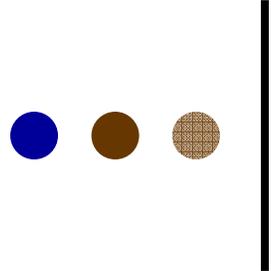
Source: Constance Parker, Executive Director, North Carolina School Community Health Alliance
<http://ncscha.org/index.php>





Other Safety Net Organizations

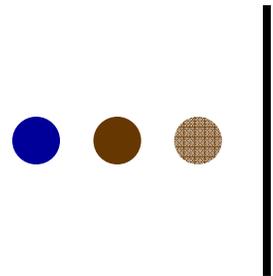
- Other communities have created non-profit safety net organizations to serve the needs of the uninsured. Examples include:
 - Guilford Child Health and Guilford Adult Health
 - Alliance Medical Ministries
 - Often work in partnership or supported through local Medical Societies or hospitals



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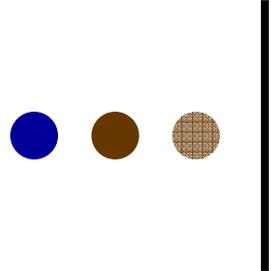
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Project Access

- Project Access organizes private providers and hospitals to expand health care services available to low-income uninsured
 - Services vary across communities, but most focus on linking patients to volunteer primary care providers, specialists and other services that are not available through existing primary care safety net providers
 - Services are typically provided for free, or for a small fee



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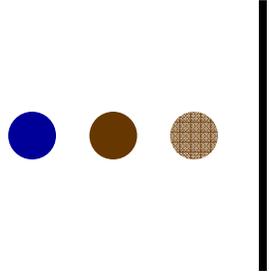
Pharmacy Assistance Programs

- Pharmaceutical companies offer different drugs for free to uninsured with incomes below certain limits
 - Each company decides which drugs it will offer and eligibility criteria (generally <200% FPG)
 - Usually provider must apply on behalf of patient, sometimes patient can contact company directly
 - Covered medications and eligibility criteria are not consistent across companies (or drugs) and change frequently
- 340B Drug Pricing Program
 - Limits the costs of certain outpatient drugs to specific federal grantees
 - Significant drug cost savings for participants



Medication Assistance

- Medication Assistance Programs: Help low-income uninsured apply for free or discounted drugs through prescription assistance programs
 - Funded through grants from Health and Wellness Trust Fund.
- Medication Access and Review Program (MARF): software that links low-income uninsured to appropriate prescription assistance programs
 - Used by more than 100 groups across the state.
 - Developed by NC Office of Rural Health and Community Care with funding from The Duke Endowment and the NC Foundation for Advanced Health Programs



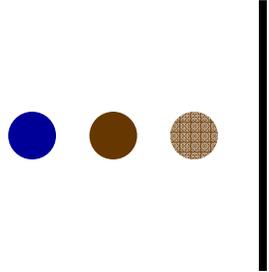
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● ● ● | **Safety Net Dental Clinics**

- Generally operated in conjunction with FQHC or health departments
 - Some offer comprehensive services to all, others limit services to specific populations (i.e. children, people with disabilities)
- Receive funding through Medicaid, NC Health Choice and grants from foundations



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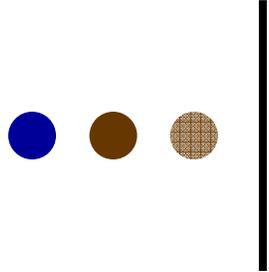
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Behavioral Health Services

- Publicly funded behavioral health services arranged through Local Management Entities (LMEs)
 - Services often limited to priority populations
 - Funding through federal and state grants
- Some primary care providers and/or safety net organizations provide behavioral services
 - KBR, TDE, and HWTF supporting co-location efforts and other efforts to integrate primary care and behavioral health services



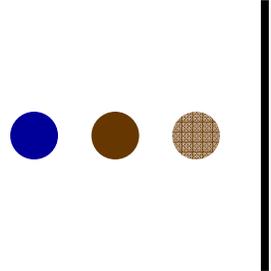
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● ● ● | Hospital Emergency Departments and Other Services

- Hospital emergency departments are the largest provider of care to the uninsured
 - However, emergency departments are not the optimal place for people to get routine primary care services
- Hospitals also offer services through outpatient clinics and on an inpatient basis
 - In FY 2008, North Carolina hospitals provided \$694 million in free care
 - Information about hospital charity care policies is available for many hospitals at: www.ncha.org (community benefits)



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Health Net and Other Community Collaborations

- State provides HealthNet funding to help support community collaborations of care for the uninsured
 - HealthNet developed in conjunction with CCNC networks
 - Uninsured patients linked to a medical home
 - Uninsured patients linked to other services (specialty, hospital, medication) when available
- Other funding to support community collaborative networks available through other foundations, including TDE





Safety Net Support and Technical Assistance

- Care Share Health Alliance helps support communities in developing collaborative networks of care to the uninsured
- Other organizations provide support to specific types of safety net organizations, including:
 - NC Office of Rural Health and Community Care, NC Division of Public Health, NC Medical Society, NC Community Health Center Association, NC Association of Free Clinics, NC Hospital Association, NC School Community Health Alliance



For More Information

- NCHHealthcareHelp.org, website connecting North Carolinians with free and reduced healthcare services
- *Healthcare Services for the Uninsured & Other Uninsured Populations: A Technical Assistance Manual*

http://www.nciom.org/pubs/safetynet_tam.pdf

