Safety Net Clinics in a Fast-Changing Environment

September 12, 2013

Safety Net Advisory Committee (SNAC) Learning Lab

colorado health INSTITUTE
Food for Thought: Our Last SNAC Meeting

- Changing funding
- Changing role for philanthropy
- Enrollment is a challenge
- Health reform does not address all needs

Will increased coverage really lead to increased access to care?
Today: How the Safety Net is Preparing

• **Maintaining Access to Care**
  • What research suggests about health care reform and the role of the safety net
  • Changes in Colorado’s safety net

• **The Future of Safety Net Funding: A Foundation Perspective**
  • Caring for Colorado Foundation’s Safety Net Initiative
November SNAC Lab: The Consumer Perspective

- New data from the 2013 Colorado Health Access Survey
- Trends and disparities in access to care
- Consumer perspective on how to improve access to care
Three Takeaways

• Research suggests how changes in health insurance might affect access to care in the safety net.

• Colorado’s safety net clinics are preparing for change based on missions, histories and communities.

• Funders are examining their safety net strategies.
Safety Net Clinics in a Fast-Changing Environment
Health Care Reform and the Safety Net

- Medicaid expansion
- Role of the safety net when most people are insured
- Choices newly insured consumers might make
Community health centers in states with more expanded Medicaid eligibility for parents had:

- more medical staff
- better patient-to-clinician ratios across all specialties compared to community health centers in states with more limited eligibility.

**Greater capacity benefits both insured and uninsured members of the community.**

Lessons from California

Among low-income adults:

• Many dissatisfied with their health care.

• Nearly six in 10 interested in switching to new facility if they had insurance to cover it.

• Patient services – not cost alone – are priorities for selecting a new facility.

Lessons from California

Lessons from Massachusetts

• Implemented health care reform in 2006
• Between 2005 and 2009:
  • Number of patients receiving care at community health centers increased by 31 percent
• Between 2006 and 2009:
  • Non-emergency visits to safety net hospital clinics grew twice as fast as visits to non-safety net hospitals

Most safety net patients did not view these facilities as providers of last resort.

They preferred the care offered there.

So What Does the Research Suggest?

• Expanded Medicaid eligibility could help improve capacity, and potentially access, for safety net consumers.

• Consumers happy with their safety net services will continue to use those services. If not, they will look for other options.
Clinics Make Decisions Based On:

- History
- Mission
- Evaluation of community needs
- Definition of community served
- Relationships with community partners
- Relationships with larger organizations
Examples from Colorado’s Safety Net

• What changes is your clinic making, or not, based on your evaluation of community need and how to best meet that need going forward?

• A Philanthropic Case Study: The Caring for Colorado Foundation
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• Funders are examining their safety net strategies.
What’s Next
Save the Dates! Upcoming SNAC Labs

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<td>Accountable Care Collaborative</td>
<td>Preliminary client satisfaction data</td>
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<td>Accountable Care Collaborative</td>
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All SNAC Labs are from 12:00 – 1:30 pm
Materials are posted at
http://www.coloradohealthinstitute.org/
key-issues/category/safety-net-1