

# Safety Net Clinics in a Fast-Changing Environment



September 12, 2013

**Safety Net Advisory Committee  
(SNAC) Learning Lab**



# 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

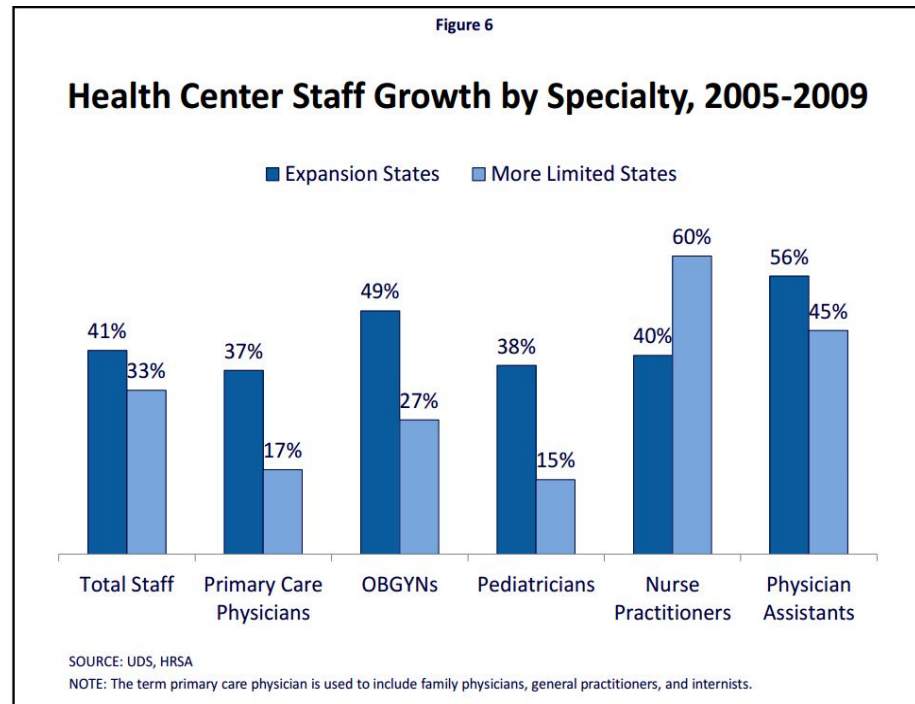


# Expanded Medicaid Eligibility, Greater Capacity?

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.**



Source: Kaiser Family Foundation. March 2012. [Medicaid and Community Health Centers: The Relationship Between Coverage for Adults and Primary Care Capacity in Medically Underserved Communities.](#)



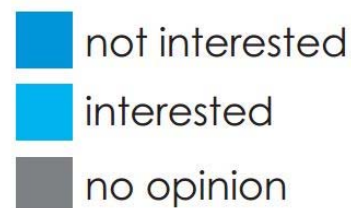
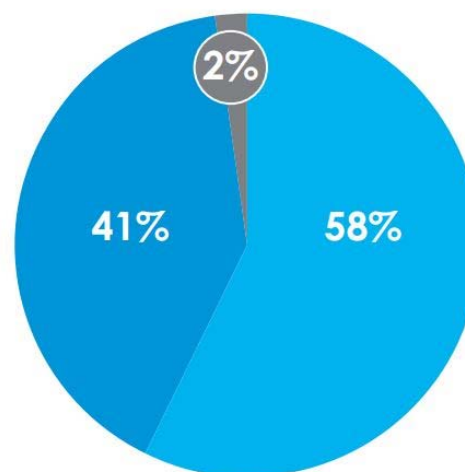


# Lessons from California

## Among low-income adults:

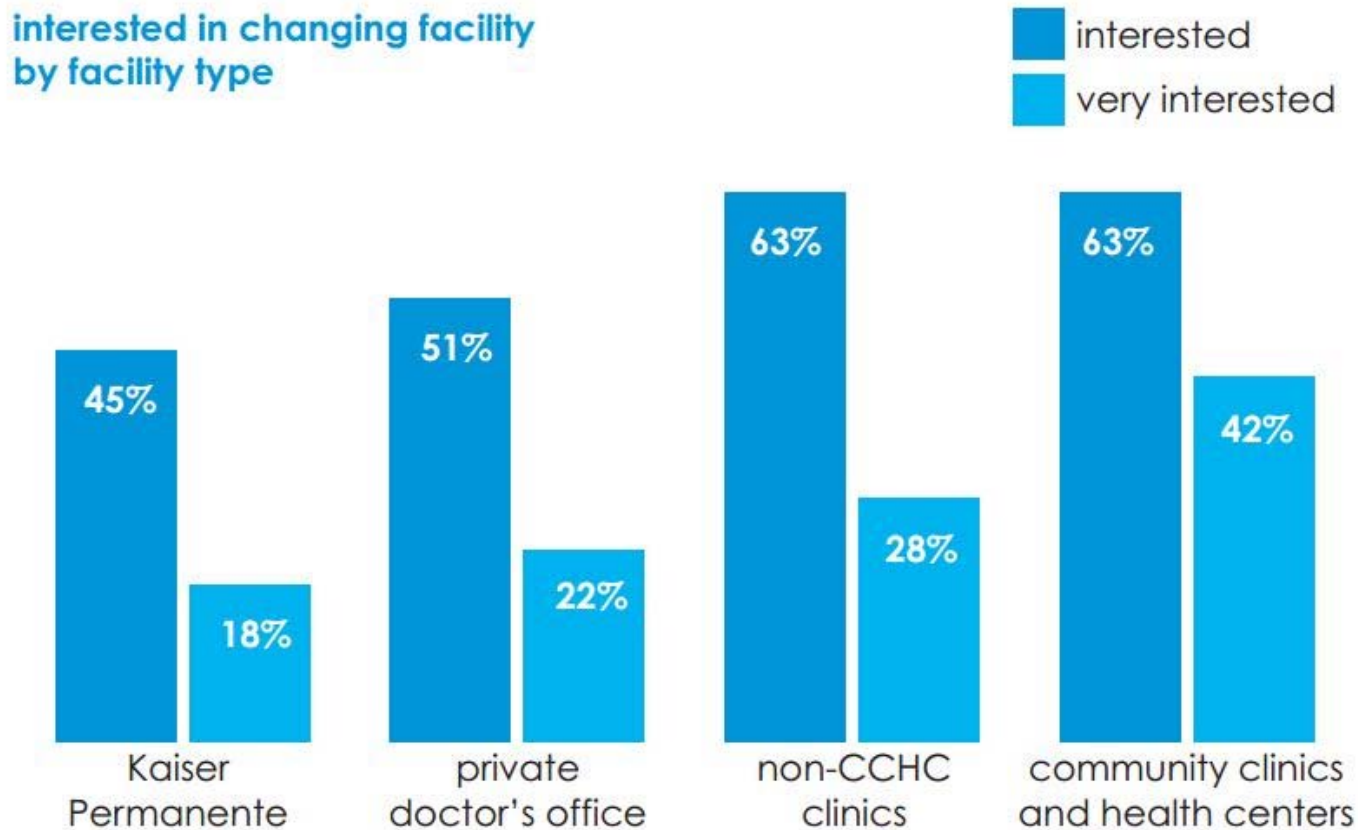
- Many dissatisfied with their health care.
- Nearly six in 10 interested in switching to new facility if they had insurance to cover it.
- Patient services – not cost alone – are priorities for selecting a new facility.

interest in changing facility



Source: Blue Shield of California Foundation. 2011. [On the Cusp of Change: The Healthcare Preferences of Low Income Californians](#)

# Lessons from California



Source: Blue Shield of California Foundation. 2011. [On the Cusp of Change: The Healthcare Preferences of Low Income Californians](#)

# 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

Source: Archives of Internal Medicine. August 2011. [Safety Net Providers After Health Care Reform: Lessons from Massachusetts.](#)



# Lessons from Massachusetts

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

They preferred the care offered there.

**Table 5. Reasons Care Sought From Safety-Net Facility<sup>a</sup>**

<b>Reason<sup>b</sup></b>	<b>Safety-Net–Covered Adults, %<sup>c</sup></b>
Convenient	79.3
Affordable	73.8
Availability of services other than medical care	52.0
Problem getting an appointment at a non–safety-net facility	25.2
Staff able to speak patient’s primary language	8.2

<sup>a</sup>Source: 2009 Massachusetts Health Reform Survey.

<sup>b</sup>Among patients who reported visiting a facility that provides care at low or no cost for those who have low incomes or are uninsured.

<sup>c</sup>Aged 18-64 y, with income below 300% of the poverty line (n=309). See the Results section of the text for safety-net patient criteria.

Source: Archives of Internal Medicine. August 2011. [\*Safety Net Providers After Health Care Reform: Lessons from Massachusetts.\*](#)



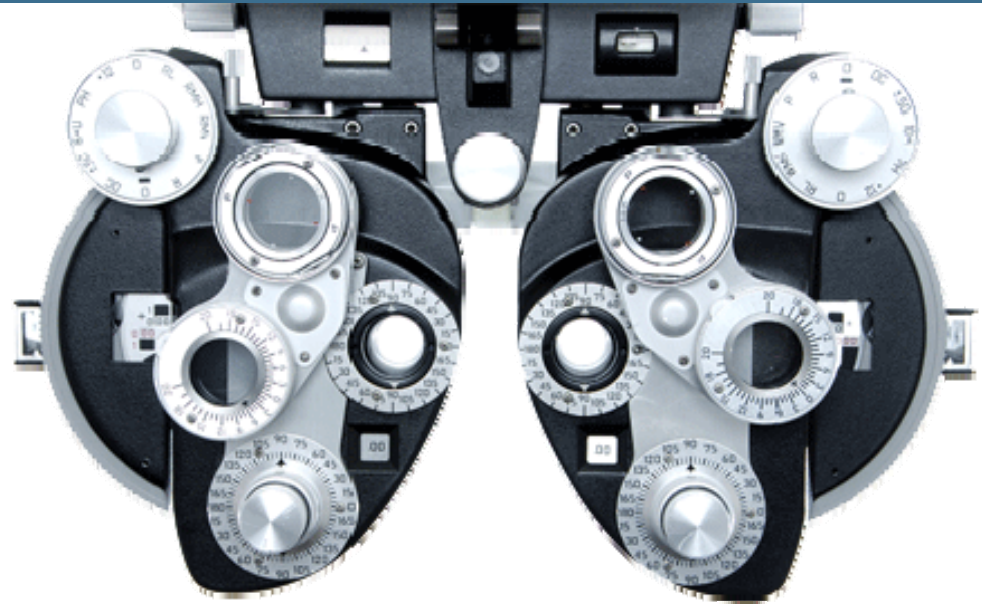
## So What Does the Research Suggest?

- 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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*What's Next*

# Save the Dates! Upcoming SNAC Labs

Date	Track	Topic ( <i>tentative</i> )
Oct. 10, 2013	Accountable Care Collaborative	Preliminary client satisfaction data
Nov. 14, 2013	Access to Care	The Consumer Perspective
Jan. 23, 2014	Accountable Care Collaborative	Update from the ACC report to the legislature
Feb. 27, 2014	Access to Care	Resources for treating substance use disorders

*All SNAC Labs are from 12:00 – 1:30 pm*

*Materials are posted at*

[http://www.coloradohealthinstitute.org/  
key-issues/category/safety-net-1](http://www.coloradohealthinstitute.org/key-issues/category/safety-net-1)





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