Strengthening Our Safety Net: A Proposal

INTRODUCTION:

We have learned that Utah has a wide and diverse safety net to provide healthcare for the uninsured. Many medical professionals serve in federally qualified community health centers, Health Clinics of Utah, independent charity care clinics, private clinics, in their own office, and in Intermountain Healthcare's clinics in underserved areas. State, county, and local government agencies offer an array of services including free screenings, wellness education, dental care, and mental health programs. These agencies are resources for screening and referral as is HAP, HIT, and Community Health Connect. Individual donations and private and public grants, help cover the cost of care. The LDS church is an untold source of financial assistance and offers other services including substance abuse counseling and home health care. Hospitals also offer financial assistance, as well as labs, x-rays, diagnostic testing, use of their facilities and staff including specialists. Labs and pharmaceutical companies offer deep discounts, at times below cost, for the uninsured. On the other hand, it is important to note, that if an institution decides that an uninsured individual is not a charity case, they will typically charge them a much higher rate for the same service than what is paid by patients with insurance.

There are holes in our safety net, most notably in dental and specialty care, funding for medications, lab tests, imaging, mental health, and inpatient services. In some locations there are no safety net services at all. Where services are available, there are often long wait times, especially for new patients. The committee heard testimony from several patients who went without medical services because they were unable to get charity care when they lost their insurance coverage.

A survey done by the Utah Chapter of the the American Academy of Family Practices for the Charity Care Subcommittee found that approximately 80% of physician respondents found it difficult or impossible to access charity's services for their patients. We also heard testimony from safety net providers who found it difficult to get charity care services for the patients with whom they were working.

CHARITY CARE SUBCOMMITTEE PROPOSAL

1. The state would charter a nonprofit that would establish additional outpatient clinics where patients could come to receive free care. Initially, the state would open 8 clinics (3 in Salt Lake county, 2 in Utah county, and 1 each in Davis, Weber, and Cache counties). These would be modeled on the Maliheh free clinic in Salt Lake. The state would hire a small full time staff to manage each clinic, and would ask for Doctors and

Nurses and receptionists to volunteer their time to provide most of the staff. The state would offer a 2 for 1 tax credit to anyone willing to donate the money that would be needed to pay for the ongoing costs of renting building space, paying the full time staff, and buying supplies for the clinics. These clinics would follow the model of other clinics that use volunteer providers in using hand written notes instead of an electronic medical record.

2. Patients and physicians are not always aware of existing safety net services. Access to existing financial assistance could be improved if the state could educate citizens and primary care physicians about charity services available in their communities

OPPORTUNITIES OF THE CHARITY CARE PROPOSAL.

1. Utah will be less reliant on Federal funds. All of the funds needed to open these clinics would come from Utah.

2. These clinics will provide several new locations where the uninsured could go to receive services. No one will be turned away based on inability to pay, since there will be no charge for the services provided at the clinics.

3. Existing primary care resources will be preserved and built upon.

4. Costs for operating these clinics would be low because most of the physicians and staff would be volunteers. They would also save money by not having to pay for electronic medical records.

5. Utah will be encouraging physicians and nurses to volunteer their time to help those in need.

CHALLENGES OF THE CHARITY CARE PROPOSAL

1. It is not clear whether the state could get volunteers to staff the clinics on a regular basis. Right now, there are only 2 clinics in all of Utah which operate during normal business hours using volunteer providers--the Doctors Volunteer Clinic in St. George, (which is staffed almost entirely by retired physicians, which are not as available in the rest of the state as they are in St. George), and the Maliheh clinic. (and even the Maliheh clinic has 1 full time paid provider). The Maliheh clinic is constantly working as hard as they can to get volunteer providers, and they have enough space to provide

substantially more care than they do now if they were able to get additional volunteers. Other organizations in Utah (Utah Partners for Health) which have in the past offered charity services with a mix of volunteer providers and paid providers, have stopped using volunteer providers because they were unable to provide a reliable service.

Utah physicians already provide a large amount of unreimbursed care. It is currently unknown how much more capacity for financially assisted medical care is available, particularly with the increased demands on physicians resulting from newly insured patients through the Affordable Care Act.

2. Because the clinics would be saving money by not using electronic medical records, they would also not have the usual benefits associated with electronic medical records.

* They would not be able to easily import records from other facilities, nor would any of their records be able to be transferred easily to other providers.
* Keeping and reporting quality measures would be very difficult, since these are usually kept and submitted via electronic medical records.
* They would not be able to qualify as a Medical Home because many of the standards to be a medical home require use of an electronic medical record.
* Basic functions available via the electronic medical record in most offices such as electronic transmission of prescriptions, electronic messaging among the staff, and availability of the chart to all staff members simultaneously would not be available.

3. Patients would not be able to form a relationship with a usual primary care provider, because it would be a different doctor there each time.

4. Our plan would cover only a fraction of the people without insurance (In 2011 Utah had 377,000 uninsured people. Our proposed new clinics could serve about 80,000, none outside the Wasatch Front.).

5. This plan to increase outpatient primary care clinics does nothing to reduce the need to cover other needed services such as medications, testing, imaging, and inpatient care. Nationally, 80% of medical expenditures are paid for services other than physician care. Only 6% of Utah's 2012 Medicaid budget went to physician services.

6. Currently, Good Samaritan laws in Utah apply only to free care, not reduced price care. Free care tends to be overutilized and underappreciated. But discounted care might require additional malpractice protection for providers who participate.

SOURCE OF PAYMENT FOR THE PROPOSAL

1. Utah would grant a 2 for 1 tax credit to anyone willing to donate towards the cost of these clinics. This would easily provide enough money for the clinics to operate, and in fact, Utah would need to put a cap on the amount of donation allowed or else there would be far too much money donated. (Since if there were no cap everyone would be able to cut their tax bill in half, by donating to the clinics instead of paying the tax money to the state.)

The downside to Utah of funding the clinics this way, is that Utah would pay double in lost tax revenue for every dollar that the clinics used. For example, if each clinic needed $500,000 per year to operate. Then the cost for 8 clinics would be $4 Million per year, but Utah would have lost $8 Million in tax revenue per year because of the 2 for 1 tax credit, which they would then have to either make up with increased taxes somewhere else, or cuts to other state services.

2. The Primary Care Network will soon be ending, and the Utahns currently covered by this part of our safety net will be losing coverage. The state currently pays 20% of the cost of this coverage, and when the program ends there will be a few million dollars of funds that can be used to enhance financial assistance for patients.

WHO IS COVERED BY THE PROPOSAL

If each of these 8 clinics were able to serve 10,000 patients in a year, then 80,000 people additional people in the urban area could be served. None of these people would still have “coverage” in the usual sense, in that most of their more expensive medical needs (such as the cost of medications, or procedures or emergency room or inpatient care) would still not be easily available.

Summary points from the
Charity Care Sub-committee

1. Charity Care provides important life-saving care to many Utahns who otherwise would have no way to receive medical care. Providing charity helps those in need and shows we care for the less fortunate.
2. The state should consider changes to the Good Samaritan laws and health information exchange systems to allow for more volunteers and easier exchange of health information to improve charity care.
3. This charity care proposal would open additional free clinics, which would provide important additional sources for uninsured patients to see a doctor, but those clinics might be difficult to keep staffed if they are relying on volunteers, and they still would not provide coverage for the large majority of the cost of medical services.
4. Charity care provides far more medical services than would be available otherwise, but far less medical services than would be available to those same patients if they had some kind of actual coverage such as Medicaid.