

## Palm Beach County follows Austin's lead in providing health care for uninsured

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AUSTIN, Texas — Each morning at the Seton McCarthy Community Health Clinic — where nearly half the patients have no health insurance — customer representative Jennifer Rodriguez sits at a computer terminal and does a background screening on patients scheduled to visit that day.

She can determine if any have recently been to a local hospital emergency room or other city health clinics. She can then tell what they were treated for, whether any drugs were prescribed and the name of the doctor they visited.

In another small office at the clinic, Minnie Lara uses a computer program called the Medicaider as she queries patients about their income, family and residency status. Within 10 minutes, Lara, a health program eligibility specialist, can determine which public medical assistance programs — such as Medicaid — they qualify for and give them paperwork to sign up.

By sharing health records of uninsured residents and using a common data system that can quickly determine if patients are eligible for multiple public assistance programs, Austin is trying a different approach toward the growing problem of the uninsured: Rather than spend more money trying to expand medical coverage, it's building a more efficient system to make better use of the limited dollars it has. Patients who lack a physician often rotate among clinics and emergency rooms, going wherever they can get in to see a doctor. This means doctors and hospitals often repeat tests and sometimes make conflicting treatment plans.

"You are not going to solve the problem of access to care for the uninsured overnight, but we have shown demonstrable results," said Paul Gionfriddo, until earlier this month the executive director of Austin's Indigent Care Collaboration. He's now spearheading a similar effort in Palm Beach County.

Inspired by Austin's success, county health leaders — including those from the Quantum Foundation and the Palm Beach County Medical Society — are trying to incorporate the Central Texas city's initiatives into Palm Beach County's efforts to expand care to the uninsured.

Various Palm Beach County health-care groups, both public and private, have been meeting since last year to devise solutions to the growing uninsured dilemma.

"You can't do a community-wide solution until you have all the community providers playing," said Gionfriddo, who became the first CEO of the Palm Beach County Community Health Alliance after consulting to the group for months. "Palm Beach has enough players at the table and has all the elements to do all that we have done, and more."

Already, the Health Care District of Palm Beach County has secured \$2 million in federal money to deploy people in the Belle Glade area and around the county to help residents determine what health and social service programs they qualify for. The new community health alliance has also helped to computerize the medical records at four free health clinics so they can better track patients and communicate with each other.

"We are impressed with the fact that Austin took a fragmented and dysfunctional system, and transformed it into a coordinated system," said Tim Henderson, a vice president at Quantum. "Palm Beach County, while we have had more resources than Austin, also has a fragmented and dysfunctional system; our relatively poor health outcomes and high rate of uninsured are proof of this fact."

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Henderson and others see a lot of Palm Beach County in Austin, with its fast-growing suburbs. They both face the dilemma of the uninsured, leaving hospitals, doctors and clinics overburdened. About 25 percent of the 1.3 million people who live in the Austin metropolitan area have no health insurance. In Palm Beach County, 18.9 percent of the 1.2 million population are uninsured.

In the past 2 1/2 years, Austin's Indigent Care Collaboration — some 12 entities, including the area's two large hospital systems and the city health clinics — has placed 320,000 uninsured patients into its medical records database, virtually all of the uninsured in the city and surrounding counties. The group also has screened the finances of more than 130,000 uninsured patients and found 15,000

eligible for Medicaid, the State Children's Health Insurance Program and other public insurance programs. Of those, about 3,000 are no longer uninsured.

Through its collaboration, Austin has created a system in which poor patients are virtually guaranteed care at one of many community clinics. For example, if a patient doesn't qualify for Medicaid or the State Child Health Insurance Program he still may be eligible for the city's Medical Assistance Program, Seton Care Plus (a managed-care program for the uninsured run by the hospital system) or a volunteer physician program called Project Access. Eligibility for each program depends on residency status and income level.

During the first two days of February, Lara, the health program eligibility specialist at the Seton McCarthy clinic, interviewed 21 patients and found 16 of them eligible for some type of health coverage. The coverage can make the difference in easier access to care and also help doctors and other medical providers get paid for their services. The Seton clinic is one of more than 40 sites around Austin using the Medicaider system to cull medical assistance programs.

George Elliott, 51, uninsured and unemployed, has been coming to the Seton clinic for years. He has a physician and pays \$12 for office visits. On a recent morning, he came to see if his 10-year-old son, George, would qualify for any medical assistance programs. He learns in a few minutes that he would qualify for the State Child Health Insurance Program.

"The Medicaider has saved the Seton system a lot of money," said Jim Thomas, director of operations for Seton's community health centers. A few years ago, Seton's clinics were seeing 7,000 uninsured patients a year but now it's down to 4,000. Today, the clinics drug costs for the uninsured are \$20,000 a month, compared with \$100,000 a month two years ago.

After the Medicaider helps identify which public assistance programs patients would qualify for, the coalition pays a firm to help families enroll in Medicaid and other programs.

The problem in Florida and in many states is that little outreach is done to help the uninsured qualify for assistance. Hospitals, which have the most to gain, typically only screen patients who rack up large medical bills.

### **Austin's initiative lauded**

After evaluating similar uninsured programs across the country, Terry Stoller, a health-care consultant in Cleveland, says Austin is doing a better job to curb hospitalizations than any other city she has evaluated. "What stands out about Austin is the project's ability to thoughtfully and sensibly develop and execute a long-term plan of action," Stoller said. "Many communities develop plans for change. Fewer actually execute and make sustainable, big change."

She said Austin's shared health record is "unparalleled in its potential to affect and improve the community's health."

Austin's collaborative effort to track the indigent receiving health care began in 1997 soon after Seton Healthcare Network, a Catholic hospital system, took over management of the city's main public hospital, Brackenridge Medical Center. Seton leaders realized there was a "great disconnect" between Seton and other safety net providers. All the hospital CEOs then began meeting along with the medical community and public health officials. The system got \$2 million in funding from the Robert Wood Johnson Foundation to develop the partnership and the computer programs to set up the shared health record and the common eligibility system.

At the Rosewood Zaragosa Community Health Center in Austin, Dr. Lisa Glenn said the city's system helps her better track her patients. By knowing where they have sought care and for what conditions, Glenn can prod more information from the patient. Hospital emergency room physicians can also use the shared records so they don't repeat tests or don't prescribe conflicting drugs. "If we can keep people from overusing the system, it can be a critical tool to serve more people," Glenn said.

The challenge for Austin is now maintaining funding toward its effort after the grant money has dried up. Today, the city and the hospitals each pay tens of thousands of dollars to maintain the Medicaider and the shared health record system. The hospitals also have stepped into fund Project Access, another uninsured program, when United Way funding ran out.

"The mentality of this community is that it wants to solve problems and it's learned you have to work together," Glenn said.