



CHARTING THE FUTURE

RECOMMENDATIONS FOR INCREASING ACCESS TO PRIMARY CARE FOR CENTRAL TEXAS RESIDENTS

REPORT OF ICC PRIMARY CARE CAPACITY TEAM
HAYS, TRAVIS AND WILLIAMSON COUNTIES



Indigent Care Collaboration
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ABOUT THE INDIGENT CARE COLLABORATION

The Indigent Care Collaboration (ICC) is a nonprofit collaboration of 18 organizations in Central Texas (Williamson, Travis, and Hays Counties) – health care district, hospital systems, medical residency program, nursing school, MHMR, medical society, federally qualified health centers, nonprofit clinics, public health departments. ICC members work together to improve the efficiency and quality of health care services available for uninsured and underinsured individuals in the region. ICC members include:

- ◆ Austin / Travis County Health and Human Services Department
- ◆ Austin Travis County Mental Health Mental Retardation Center
- ◆ Austin Women’s Hospital, University of Texas Medical Branch
- ◆ Austin Medical Education Program, UTMB
- ◆ Central Texas Medical Center
- ◆ City of Austin Community Care Services Department
- ◆ El Buen Samaritano
- ◆ Johns Community Hospital
- ◆ Lone Star Circle of Care
- ◆ People’s Community Clinic
- ◆ Planned Parenthood of the Texas Capital Region
- ◆ Round Rock Health Clinic
- ◆ St. David’s Health Care
- ◆ Seton Family of Hospitals
- ◆ Travis County Healthcare District
- ◆ Project Access, Travis County Medical Society
- ◆ University of Texas School of Nursing, Del Valle Children’s Wellness Center
- ◆ Volunteer Healthcare Clinic
- ◆ Williamson County and Cities Health District

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EXECUTIVE SUMMARY

Health insurance coverage and socioeconomic status are important factors in determining the accessibility and use of health care resources by Central Texas residents, almost one in five of whom are uninsured.¹ In particular, people who are uninsured, living in poverty and those without a usual source of health care are more likely to obtain care in hospital Emergency Departments (ED).² National data from the Centers for Disease Control and Prevention (CDC)³ show an increase in the overall number of Emergency Department (ED) visits, with the majority of the increase in visits attributable to adults. The CDC and local data confirm that compared to those patients with commercial insurance, patients who are uninsured or have Medicaid coverage receive a higher proportion of their care in the ED.

With these trends in mind, the ICC members formed a Primary Care Capacity Team (PCCT) to address the following objectives:

- 1) Describe the ED and Primary Care utilization patterns among uninsured and underinsured patients in Central Texas;
- 2) Describe the current capacity and resources available to care for the region's underserved population;
- 3) Assess the adequacy of the current capacity to meet the region's need as well as the capacity to meet projected needs, and
- 4) Identify regional differences by documenting communities with higher needs

This report incorporates data from previous ICC reports including the 2006 Primary Care Use and Capacity Report and the Emergency Department (ED) Utilization Report that examined use of these services in Travis, Hays and Williamson counties during 2005. In addition, the report incorporates survey data and focus group reports developed by several other community organizations in order to identify issues of access to primary and specialty care services in Central Texas.

The ICC's ED Utilization Report highlights several issues related to ED utilization. One issue is that patients frequently seek care in the ED for conditions that are considered to be preventable and treatable in a primary care setting. Fifty-five percent of all visits, or just over 243,000 visits, were for preventable, primary care treatable diagnoses, according to an algorithm developed at New York University. Compared to patients with commercial insurance, patients who were self-pay (uninsured) or covered by Medicaid had a higher percentage of preventable visits.

1 U.S. Census Bureau, Census 2000 population data.

2 Centers for Disease Control & Prevention, National Center for Health Statistics, United States 2005 With Chartbook on Trends in the Health of Americans. Hyattsville, Maryland: 2005.

3 Centers for Disease Control & Prevention, National Center for Health Statistics News Release, May 26, 2005.

In calendar year 2005, ICC member safety net agencies provided care to over 127,000 patients at forty-one primary care clinics and offices in Hays, Travis and Williamson Counties. These patients had over 668,000 total encounters for medical, dental, behavioral health, and other ancillary services. Recent estimates from the Office of the State Demographer at the Texas State Data Center, however, estimate the total number of uninsured in all three counties to be over 265,000 individuals, more than twice the number currently seeking care at these clinics.

Based on these findings, the ICC Board of Directors adopted several recommendations. The recommendations target three specific areas for investment:

- 1) Invest in additional resources targeted at filling gaps in the current service;
- 2) Leverage existing resources and maximize efficiency by collaborating on projects to help build sufficient primary care capacity;
- 3) Ensure that these investments are effective in improving access to primary care for individuals living in neighborhoods most in need by identifying their specific needs and addressing the barriers they experience in attempting to access care.

The challenge for Central Texas is to promote stable and routine primary care, reducing reliance on the ED for preventable, primary care treatable conditions. Patients who end up in the ED for untreated illnesses are more likely to be hospitalized, using more costly services for later stage disease, which ultimately has a negative impact on insurance premiums and taxes, as well as patient health. To be successful, the community must use dollars wisely, which means providing care for uninsured individuals at the right time, place, and cost. Uninsured individuals must have access to care at a clinic or doctor's office, a more effective, less costly approach to healthcare.

Further, a regional, community-wide approach is necessary to address this problem. Not only are limited resources best leveraged across a region, but also uninsured individuals seek care across county lines.

Access to healthcare is necessary to the region's quality of life and economic development. Individuals and families need to remain healthy in order to contribute to the community and to a productive workforce. Investment in a regional, coordinated system of primary care can potentially save the region tens of millions of dollars every year, in reduced ED visits and hospitalization costs.

Although efforts have begun to improve primary care access, additional investments are needed to fully realize potential savings. The ICC makes the following specific recommendations:

Invest In Resources – additional providers and infrastructure needed

Recommendation 1: Recruit and retain primary care providers in the region to reduce the current gap between the number of budgeted and staffed positions, with the goal of increasing the number of physicians in proportion to the growing uninsured and underinsured population.

Recommendation 2: Increase access to mental health screening and behavioral healthcare as part of the full scope of primary care services needed by the medically indigent population.

Recommendation 3: Increase access to dental care services at area clinics.

Invest In Collaboration – Work together to leverage existing resources

Recommendation 4: Continue to simplify access to the clinics and primary care providers by creating a centralized telephone referral system for appointment scheduling and eligibility screening and referral processes.

Recommendation 5: Continue improvements with internal processes such as wait times and high no-show rates at clinics that contribute to access barriers for un- and underinsured patients. While addressing barriers, encourage the use of primary care through the use of education and care management services for patients.

Recommendation 6: To prevent additional backlogs in the primary care system, further analysis is needed on issues related to specialty care referrals for the uninsured.

Invest In Community – Identify specific areas with high needs

Recommendation 7: Develop neighborhood profiles of health status and utilization, including ED and clinic use, for neighborhoods with large populations of uninsured and underinsured individuals and high rates of preventable ED use.

Recommendation 8: Collaborate with these areas and neighborhoods to identify and address specific barriers and needs related to accessing primary care services.

Recommendation 9: Collaborate with area public health departments and other agencies to assist neighborhoods with addressing barriers and needs.

A coordinated and efficient approach to health care for uninsured and underinsured individuals requires ensuring sufficient capacity in clinics and physician offices so that individuals can access health care when they are sick and can responsibly manage their care and prevent illness. Sufficient primary care capacity means an individual should be able to have a “medical home” where they can identify one person as their primary care provider, as well as obtain the services, tests, medications and referrals they require when necessary. Those services should include mental health and dental care.

ICC members have implemented several successful strategies aimed at promoting appropriate use of primary care rather than the ED, as part of their collaborative efforts over the past ten years. The recommendations for additional investments discussed in this Report will assist in strengthening the existing safety net system currently in place for Central Texas residents. More information is provided about the following ICC initiatives in the Appendix:

- ◆ I-Care — A community-wide health information exchange and data-sharing resource for physicians and care managers
- ◆ EMerge Program — A program integrating behavioral and primary care services
- ◆ Medicaider and MedData Screening — Web-based, electronic tools that helps individuals determine eligibility for coverage and prescription drug programs
- ◆ Clinical Pharmacist Program — Patient specific medication management and education designed to help patients properly use medications.
- ◆ Care Coordination — A collaborative, community-wide approach to helping individuals learn how to better manage their chronic conditions like asthma, diabetes, and hypertension.
- ◆ Project Access — Program of donated physician care initiated by the ICC and operated by the Travis County Medical Society