Health Care Access and the Uninsured

Issues for America’s Underserved
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- Limited access is a major difficulty facing America’s underserved.
- Those lacking access are less likely to have a regular source of care.
- Those lacking access are more likely to receive lower quality care.
- Access to health care disproportionately affects those of low socioeconomic status.
What is Access to Health Care?

- Access is defined as the timely use of personal health services to achieve the best possible health outcome.
Barriers to Accessing Health Care

- Financial Barriers: Lack of insurance is the single largest impediment to health care access

- Structural Barriers: Limited physician availability and poor continuity of care
Barriers Continued

- Personal Barriers: Lack of knowledge about the health care system, poor levels of education, availability of child care and transportation, language barriers and inability to miss work.
Barriers to Health Care Among Nonelderly Adults, by Insurance Status, 2006

- **No Usual Source of Care**
  - Uninsured: 33%
  - Insured: 12%

- **Postponed Seeking Care Due to Cost**
  - Uninsured: 26%
  - Insured: 6%

- **Needed Care but Did Not Get it Due to Cost**
  - Uninsured: 15%
  - Insured: 3%

- **Medical Bills Had Major Impact**
  - Uninsured: 29%
  - Insured: 14%

Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. Other than the question about usual source of care, all questions are about access problems in the past 12 months.

Characteristics of the Uninsured, 2006

Family Work Status

- 1 or More Full-Time Workers: 71%
- No Workers: 18%
- Part-Time Workers: 11%

Family Income

- <100% FPL: 36%
- 100-199% FPL: 29%
- 200-399% FPL: 24%
- 400% FPL+: 11%

Age

- 0-18: 20%
- 19-34: 39%
- 35-54: 32%
- 55-64: 9%

Total = 46.5 million uninsured

The federal poverty level was $20,614 for a family of four in 2006.
SOURCE: Kaiser Commission on Medicaid and the Uninsured/Urban Institute analysis of March 2007 CPS.
Uninsured Rates Among the Nonelderly, by State, 2005-2006

US Average = 18%

>20% (10 states)
18%-20% (9 states)
13-17% (18 states & DC)
< 13% (13 states)

Characteristics of the Uninsured

- 2/3 of the uninsured come from low-income families.
- 1/3 of the uninsured are either low-income parents or their children.
- 4 out of 5 (82%) are in working families.
- 71% in households of at least one full time worker.
Who Are the Uninsured?

- Low-income Americans with family incomes below 200% of the poverty level run the highest risk of being uninsured.

- Over 1/3 of the poor and nearly 29% of the near-poor (100-199% of poverty) lack health coverage.
Continued

- 11% with a part-time worker.

- Low wage workers are at greater risk of being uninsured, as are those employed in small businesses, service industries, and blue collar jobs.
Myths about the Uninsured

- The uninsured go without coverage because they believe they do not need it or don’t want it.

- Most of the uninsured do not have health insurance because they are not working and so don’t have access to health benefits through an employer.
Myths Continued

- Most of the growth in the uninsured has been among those with higher incomes.
- Most of the uninsured are new immigrants who are not U.S citizens.
- The uninsured often receive health services for free or at reduced charge.
- The uninsured can get the care they need when they need it and are able to avoid serious health problems.
Buying health insurance coverage on your own is always an option.

We don’t really know how large the uninsured problem is and many are only uninsured for brief periods.

The health care the uninsured receive, but do not pay for, results in higher insurance premiums.
Myths Continued

- Expanding health insurance coverage to all, or even a large share of the uninsured will cost far more than the country currently spend on health care.
What Have We Done To Address This Growing Issue?

Safety Net Consortium of Middle Tennessee and the Bridges to Care Programs
Safety Net Consortium of Middle Tennessee

- Formed May 2000
- Composed of all Nashville hospitals and clinics that serve the uninsured on a sliding fee scale
- Board of Directors and three Advisory Boards – Nashville, Mid-Cumberland, Behavioral Health
- MPHHD is managing partner
Bridges to Care

- Links uninsured persons to a health clinic that lowers their normal charge for low-income persons
- Provides help with some prescription medications, patients pay $7
- Provides help with transportation
Requirements to Enroll

- Must not have health insurance.
- Must live in Davidson County.
- Must provide documentation of family income.
- Must sign a release of information statement.
Care Coordination

- Catholic Charities of Tennessee provides care coordination.

- Care Coordinators are located at Lentz Health Dept., MGH, BTC Main Office & Woodbine Clinic.

- Primary function is to link the uninsured person to a safety net provider.
Pharmacy Services

- Matthew Walker and UNHS clinics fill prescriptions for their patients.
- Prescriptions for other BTC enrollees are filled at Lentz PHC.
- $7 co-payment per prescription per month.
- Co-payment waived for the homeless.
Transportation Services

- Care Coordinator screens BTC enrollee during the initial enrollment session to determine if they are eligible.
- Transport only to Consortium clinics and BTC Plus Doctors.
- Health Department schedules trip for appointments only.
- Bus pass mailed to enrollee.
Safety Net Providers – Primary Care Clinics

- Matthew Walker
- United Neighborhood Health Services
  - Cayce, Waverly-Belmont, Sam Levy, Southside, Shade Tree, Madison
- Faith Family Medical Clinic
- Siloam Family Health Center
- St. Thomas South, West, Preston Taylor
Safety Net Providers – Primary Care Clinics

- Meharry Medical College Clinic
- Downtown Clinic for the Homeless
- General Hospital Ambulatory Care Center
- ProHealth Nashville
- Vine Hill Community Clinic
- Comprehensive Care Center
Safety Net Providers – Primary Care Clinics

- First Response Clinic
- Baptist Hospital/UT Medical Clinic
More than 43,200 residents of Nashville have been enrolled into BTC since the inception of the program in February 2002.
Enrollee Characteristics

- 42% are employed, 35% more than 20 hrs.
- 94% have incomes below 200% poverty
- 61% white, 35% black, 3% other
- 28% born in another country
- 25% are Hispanic
- 15% homeless
- 12% cannot read
Bridges to Care Results

More than 178,000 prescriptions have been filled for BTC enrollees at the Lentz and MNGH pharmacies.
Bridges to Care Results

More than 6,779 free, round trip transports to medical services have been provided.
Bridges to Care Plus

- BTC enrollees with income below 200% of poverty.
- Managed by Nashville Academy of Medicine.
- Private physicians see BTC patients referred by a doctor at a Safety Net Clinic for a $10 charge per visit.
- Hospitals provide services upon the request of the BTC Plus participating physician.
- Kroger fills prescriptions, $5 co-pay.
Bridges to Care Plus Results

- 6,798 patient slots as of June 30.
- 654 physicians participating.
- All nine medical/surgical hospitals participating.
- 1124 patients served
- $7,459,781 care provided
$ Value of Services Provided

Total = $7,459,781

- Outpatient Visits, $2,173,107.34, 29%
- Diagnostic Tests, $1,045,817.28, 14%
- Inpatient Stays, $1,436,173.13, 19%
- Physician Office Visits, $2,804,683.45, 38%

* Values are rounded to the nearest dollar