

CPHI Retreat

December 4, 2008

Access to Insurance and Healthcare Break-out Session

Some facts for the group to start out:

- 1 in 4 Philly adults uninsured for all part of last year (2007)
- 13% of children not insured; some ineligible

Recommendations?

- Advocate for Universal Insurance?
  - What happens with SCHIP will play into determining this
  - New administration promises to cover all kids---will that happen??

What is available for kids?

- Child at birth (below a certain SES level) eligible for Medicaid
- As children get older, have to fit more stringent poverty criteria
- SCHIP fills in the gap, but there is an upper limit as well
- Above the threshold, children expected to have private insurance

Where do uninsured in Philly fit in?

- Might be undocumented
- Might not be aware of services
- Ken gave an example of what they've accomplished at Sayre; were able to get all children there insured
  - Only problems there were people crossing specific border lines and "double dipping"

Problems getting insurance in the community?

- People apply for Adult Basic (for adults who don't qualify for MA), but have difficulties getting it
  - Problems with Adult Basic:
    - No dental, no prescriptions, no mental health services
    - Waiting list ~45,000---because of limited funding
    - Full cost: \$300/mo
  - Strategy for Advocacy: People should get on waiting list to show the immense need \*(important message for educating people)\*
    - Length of waiting list determines number of slots open
    - Advocate in community to sign people up! People may not be aware of availability
  - One issue with funding---funding came from tobacco tax, so as we eliminate smoking, funding decreases

Issue with undocumented people

- Five year wait to get Medicaid, even for legal migrants
- Undocumented get nothing

What is the perception that undocumented folks are an issue in west and southwest Philly?

- Heavily populated with Cambodians, Africans to name a few
- There are health centers in West Philly where people without insurance (and are uninsurable) can get care and don't need to show papers (just proof of Philly residency)

Some recommendations:

- Need to make distinction between *insurance* and *care*
- For CHIP and Adult Basic:
  - Inability of attaining specialty care under MA
  - Simplifying paperwork and process---this may be a deterrent for some
- Should access to children's care be first priority?
  - Get all eligible children signed up
  - Universal care for at least children as priority---should we also expand that to all?
  - Should it be all or none, or incremental?---incremental approach could be pilot
  - Focusing on kids could be a starting point
- Outreach and enrollment crucial
- Communicating that programs to provide care/insurance are out there (in Philly)

Communication is important

- Is this a way CPHI can help?
- Need for benefits counselors, etc to do paperwork, etc.
- Necessary to get these people out in the community (not just in health system)
- Have people who can help sign those in need up out in the community!
  - Improving system for processing paperwork once it's already in is also important
    - Pts sometimes get bills and then must file for bankruptcy---need to avoid this by initiating a better system for processing
- Libraries and other community sites could become benefit sites

Who provides care and how to access care in West Philly?

- Perception of specialty care?
  - Problems getting Medicaid patients seen---long waits
  - Residents might see them
  - Selective scheduling of pts. based on insurance status
- Provider system overwhelmed because not getting reimbursed
  - Why is this happening---from a provider standpoint?
    - Hassle (lots of time to coordinate, etc)
    - Perception of what will happen when types of patients mix in waiting rm.
    - No reimbursement
    - Not a lot of transparency---don't know how much things cost and what they can pay
      - need to give more info upfront; these patients have complicated lives

- Rec: Need to increase access to a 24/7 system to decrease burden (on ED and patients)

One problem with perception in the community: Institution getting a lot of money for research, yet so many people sick in the community

- This happens because the patients can't get meds or appointments with specialists
- Philly doesn't have a lot of community clinics associated with the med schools in Philly, as compared to other cities
  - This might help with perception in community
  - However, these are costly
  - Need coalition between community and academic community so they aren't getting dumped on
  - Example in Massachusetts—states paid for this---however, is this reasonable due to the state of the economy?

No shows also a huge problem in dealing with access---how to deal??

- Minute clinics
  - Staffed by NPs
  - In CVS and Walmart
  - Paired with pharmacies usually
  - Slight fee
  - Interesting network of primary care
- However, still doesn't address the major health problems and where to go for care
- Complicated lives of patients need to be taken into account
  - Implications for better coordination and education
    - Importance of having good and trustworthy lay medical workers
    - Effort in community to train people in the community
- Transportation also an issue
  - Possible solution: bring access to families (mobile clinics)—examples of this with dental care and immunizations in North Philly
  - However, not a lot of continuity of care; high costs; specialists??
- As demand is put on system, will prove the greater need for increase health care options

Access to prescription meds in south and west Philly?

- Data: 200,000 people who couldn't get scripts filled last year according to PHMC
- Problem: people stop using meds altogether
- How best to treat? Comes down to rock-bottom solutions in end; use what's cheap and effective?
- Making sure providers are informed of what patients can get access to and what they are able to afford is key

Solutions for CPHI for access to care?

- Public health problems may be predominate problems in south and west philly
- Need to focus there, go to community

- What are resources in the community?
  - Help people find out what's out there and help them utilize resources
  - Start with the small things to keep people healthy
  - Sustainable reimbursement needs to be addressed as well

What could Penn do directly to get people benefits, etc?

- Information as common thread to all solutions
  - Right info at right place key
- Electronic medical record inclusive of all south and west philly medical services
- Keeping PH educators employed to increase education of physicians and patients
  - Has to do with grant funding
- Community Based Participatory Research---goes both ways!
  - Have to provide benefits to all sides
  - Need to show Penn what's in it for them—concretely
  - Will be difficult, but needs to be done
- Important to clearly and effectively communicate resources to patients who come into Emergency Department
  - Let them know where else they can go for care to break the cycle
  - Provide them with appropriate documentation of what to do, where to go
- Need to change paradigm for students
  - Get students out there and work in community
  - Service learning project as requirement for graduation
    - Would transform image of University
- Think about how care is reimbursed in order to get more practitioners
- How do we create service learning w/out further exemplifying two-class system??
  - Example of how med schools previously provided care to poor---complaints that the poor were getting better care than others