

Our Mission

The mission of the Pacific Hospital Preservation & Development Authority (PHPDA) is to champion effective health care for the vulnerable and disadvantaged in our community.

Our Vision:

We envision a community in which all people have access to effective health care that respects each individual's value and circumstance.

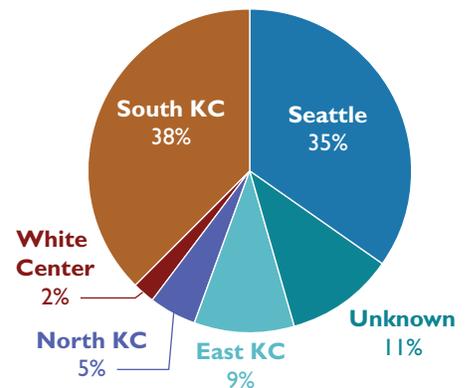
Learning More About Specialty Care Supply & Demand

There aren't enough specialists in areas where we need them.

In 2009–2010, we asked: **What is the real need for specialty care for the uninsured?** The Pacific Hospital PDA commissioned two studies on this subject. Here's what we learned:

- There are an estimated 87,000 people (ages 18–64) in King County who are uninsured and make less than 200 percent of the federal poverty level.
- We project that there is a need for 23,000–28,000 specialty referrals from safety net clinics for uninsured adult patients living in poverty.

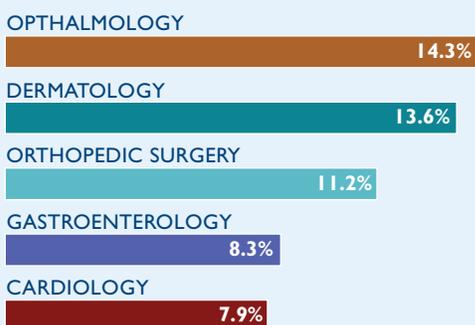
Expected Referrals by Region among Community Health Center Users



- There is a high demand for certain specialties. The top 15 specialties account for 90 percent of all referrals. The top five specialties account for 55 percent of all likely referrals.

Expected Referrals by Specialty

The top five high-demand specialties as a percentage of the total



- We project a greater need for specialty care services in South King County and Seattle than other parts of King County.
- Despite a higher level of anticipated demand in South King County, there are fewer specialty providers in South King County than there are in Seattle and East King County.





In Safety Net Clinics, small changes reap big rewards for patients.

At the other end of the referral process, the Pacific Hospital PDA began looking closely at referrals for specialty care from the safety net clinics. In 2007, there were anecdotal reports from safety net providers and staff that low-income, uninsured patients were not getting appointments with specialists. Unfortunately, there was no data.

The PHDPA commissioned a workflow study in 2007, which revealed that there were barriers from both the safety net and the specialty care side. We were able to determine that more than 50 percent of referrals didn't result in an appointment.

There were a number of reasons for this. If the eligibility paperwork was incomplete or the patient lacked appropriate tests or other work-ups, the appointment would not be made. Referrals were not consistently tracked to determine whether they resulted in an appointment. Process improvements were implemented, eligibility guidelines simplified, and tracking improved. By 2008, the success rate of specialty referrals increased by 57 percent.

In 2010, the PHDPA initiated a pilot with HealthPoint Community Health Centers to track referral outcomes and look for process improvements that a community health center could make readily. The HealthPoint Federal Way clinic team was the pilot team.

Here's what we learned about Safety Net Clinic Referrals in 2010:

- **Some patients need one-on-one assistance in scheduling a specialty appointment.**

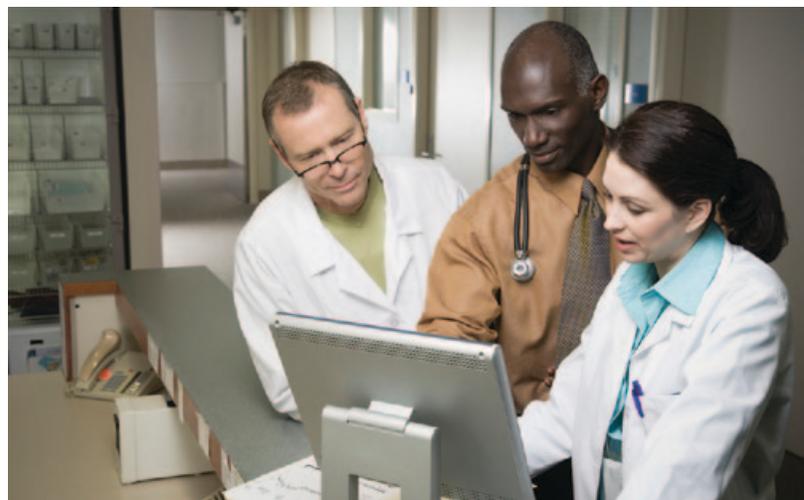
Our analysis showed that more than 34 percent of patients were asked to schedule their own appointment—including populations that truly needed scheduling assistance. Clinic staff believe they should meet one-on-one with the following patients to help arrange for an appointment: patients who are uninsured, homeless, need assistance with language or literacy, or need an urgent specialty care referral.

- **Modifications to the electronic medical record can solve some of the problems with incomplete referrals.**

By funding a few small changes in the NextGen electronic medical record, such as drop-down menus and a limited free-text option, the Pacific Hospital PDA was able to help safety net clinics make referrals more easily and measure them more efficiently.

- **Guidelines for primary care providers help ensure that patients referred to specialists have the needed tests, imaging and preparation.**

By contracting with King County Project Access (KCPA), the Pacific Hospital PDA was able to support interviews with specialists in the high-demand specialties about what tests, imaging and preparations are needed before they see a patient. KCPA is now trial testing the resultant "Efficient Visit Guideline" with some safety net providers.



Patient Navigators Improve Access to Care for Limited English Proficiency Patients

The Pacific Hospital PDA began supporting a Spanish- and Somali-speaking patient navigator project at Seattle Children's in July 2009. Limited English Proficient (LEP) patients face a range of health care quality challenges. For many LEP patients, the inability to communicate in English is THE primary barrier to accessing health service and information. LEP patients are less likely to receive preventive care or early treatment for chronic diseases, which results in increased costs, adverse health outcomes and lower patient and provider satisfaction.

The patient navigator pilot program at Seattle Children's has achieved promising results in the first 18 months.

Program highlights include:

- Provider satisfaction with coordination of care and quality of care for LEP families improved significantly with patient navigators.
- Families with patient navigators are more likely to complete referrals for care. Families with patient navigators completed 93 percent of the referrals, compared to 83 percent of referrals for Spanish- and Somali-speakers who did not receive navigator services.
- Families with patient navigators are less likely to miss appointments than those in the same language groups who do not have navigators. Somali families without navigator services missed 19 percent of appointments, compared to 5 percent of Somalis who had navigator services; and 17 percent of Spanish speakers without navigation services missed appointments, compared to 9 percent of Spanish speakers with a navigator.
- Families served by patient navigators are more satisfied with access, partnership with providers and continuity of care than those in the same language groups who do not have navigators.

PHPDA Grants Awarded & Program Studies Funded

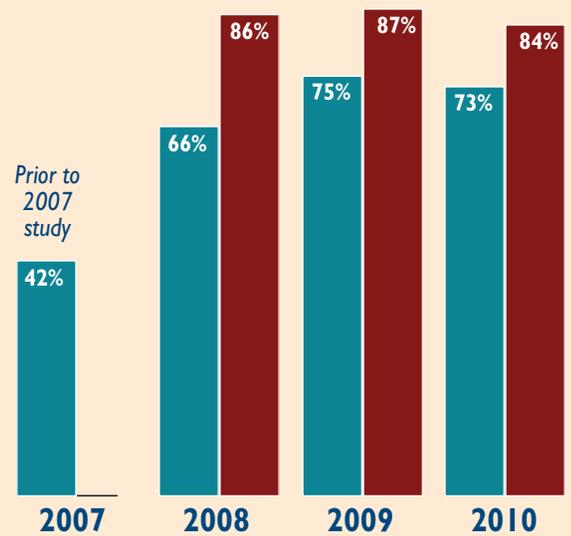
In 2010, PHPDA funded over \$2.1 million in grants and program studies.



- PMC—Specialty Care for the Uninsured
- PMC—Interpreter Services for Medicaid patients
- KCPA—Specialty Care for the Uninsured
- Systems Studies
- Children's Navigator Pilot & Evaluation

Successful Appointment Rates (KCPA & PMC)

PHPDA Goal: 90% of referrals accepted and appointed.



- Pacific Medical Centers (PMC)
- King County Project Access (KCPA)

MESSAGE FROM THE EXECUTIVE DIRECTOR



Rosemary Barker Aragon, MPA

In 2011, the Pacific Hospital Preservation and Development Authority is celebrating its 30th anniversary. We have gone through several changes over the years in how we are structured. However, our mission has really stayed the same—providing access to care for the underserved.

The mission began when the property opened its doors in 1933 to serve merchant seamen, men in the service of the US Coast Guard and Lighthouse Services, cases from the US Veterans Bureau and federal compensation cases. The Seattle Public Health Service Hospital was well known for partnering with community health centers, supporting the health of the Native American community, innovative uses of the National Health Service Corps and caring for the uninsured when it was transferred in 1981 from the Federal Government to the Pacific Hospital PDA.

Whether by directly providing hospital, primary or specialty care or later by leasing the property and using lease funds to underwrite patient care, the Pacific Hospital PDA has supported health care access and culturally appropriate care in King County. Over the years, the dollars add up to a substantial community contribution—more than \$50 million to support health care access for the uninsured and interpretation for limited English proficient patients.

- **Funding Health Care Access:** From 1986 through 2010, the PHPDA provided over \$42 million in charity health care for the uninsured.
- **Supporting Culturally Appropriate Care:** From 1988 through 2010, the PHPDA provided \$8.7 million to support interpreter services for the uninsured and underinsured.

In 2011, we face some unprecedented challenges in caring for the underserved. As we go to press, local, state and federal budgets are being drastically reduced. However, we continue to be optimistic that the consistent support of the Pacific Hospital PDA will make a difference in the lives of the underserved residents of King County. It's what we've been doing since we started and what we hope to continue for years to come.

Rosemary Barker Aragon, MPA

For more information:

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