



2009 REPORT TO THE COMMUNITY

Bridging Gaps in Health Care Access

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

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

Our Focus

In 2009, we continued to focus on creating a sustainable platform that will significantly increase access to specialty care for the uninsured/underinsured. We support the direct access to care. We fund efforts to identify and resolve barriers to care. We also work to identify and foster the use of credible measures of health care access.

As we go to press, President Obama has just signed health insurance reform legislation into law. The impact of much of the legislation won't be seen until 2014, but we know that when the plan is fully implemented, some 32 million Americans will have health insurance who didn't have it before. This will affect our work in ways we can't predict. However, we know there will continue to be underserved patients; there will continue to be barriers to care. Access problems will not instantly disappear. In other words, our work continues.

We have taken increasing responsibility in developing credible measures of health care access around demand for specialty care, emergency room use, and referral barriers. We begin by asking some simple questions and sharing what we learn with others in the community.

Successful Appointment Rates Increasing

For the past three years, the PHPDA has tracked the number of uninsured patients referred to specialty care who successfully received appointments with specified specialists. By the end of 2009, King County Project Access (KCPA) was close to the PHPDA's 90 percent goal at 87 percent, and Pacific Medical Centers (PMC) had increased their rate significantly from 66 percent to 75 percent.

OUR QUESTIONS

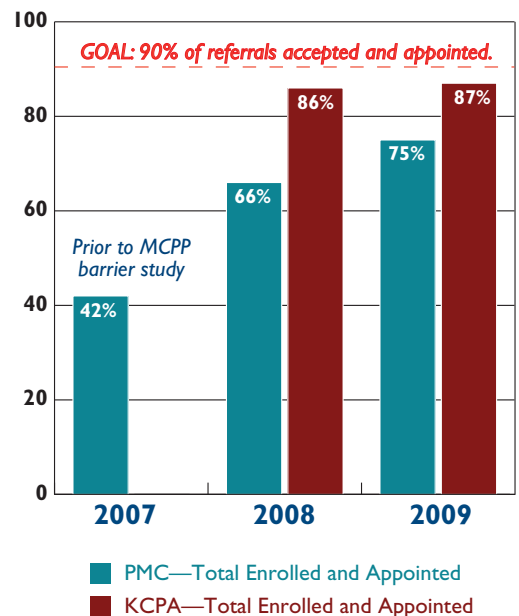


How do we track whether the patients referred for specialty care from safety net clinics receive appointments?

In 2009, we expanded our scope to identify what other organizations were providing specialty care to uninsured persons. Looking at specialty referrals from safety net clinics, we learned that 12 percent are sent to Harborview

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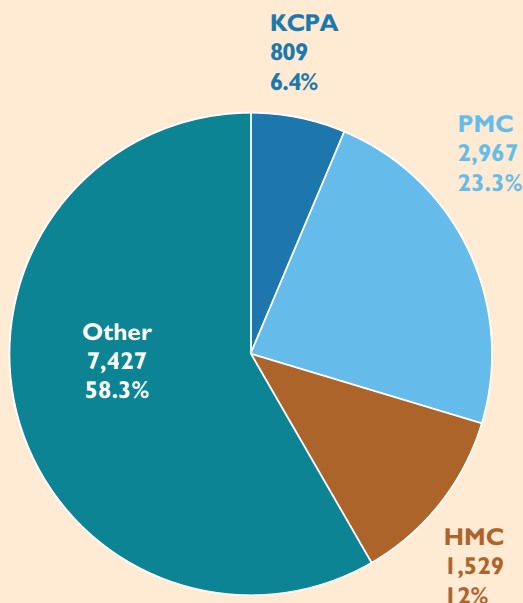
Successful Appointment Rates (KCPA and PMC)



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Medical Center (HMC), 23.3 percent are sent to Pacific Medical Center (PMC) and 6.4 percent are sent to King County Project Access (KCPA). This analysis also revealed that more than 50 percent of the referrals are sent to “other providers,” which includes local physicians, specialty group practices and other hospital systems in the community. For KCPA, PMC and Harborview, we know that 73–87 percent of the patients successfully get an appointment with an appropriate specialist. We have no measure of whether the patients sent to “other” providers are successful in getting appointments on their own, completing the required paperwork, tests, etc., and whether they actually received care. In 2009, the PHPDA began working with HealthPoint community health centers on a pilot project to design, implement and evaluate improvements to the specialty referral process. The goal: increase the percentage of uninsured patients appropriately referred to specialty care who are subsequently seen by a specialty provider. This work is continuing in 2010.

Specialty Referrals for Uninsured Patients (2008)



How many specialist referrals are needed for uninsured adults in King County each year?

The PHPDA contracted for an analysis of the state’s Uniform Medical Plan Data to answer the following question: “How many specialist referrals could be expected for adults (18–64) in King County who are uninsured and earn below 200 percent of the federal poverty level?” The best estimate available is that there are about 51,700 referrals annually per 100,000 persons for the King County adult, uninsured population. This is about half a referral per person (0.52 referrals per person annually). We believe this metric will help planning efforts in the future.



What basic information do specialists need for an efficient patient visit?

The PHPDA contracted with King County Project Access (KCPA) to determine the basic information needed by specialists when receiving referrals from safety net providers. The KCPA internal nurse consultant interviewed providers in the top seven specialty referral areas: orthopedics, hand surgery, dermatology, physical therapy, gastroenterology, general surgery and ophthalmology. KCPA completed a report on “The Efficient Visit.” Surprisingly, the specialists requested less information and/or workups than the primary care providers expected. The PHPDA is now working with safety net providers, Pacific Medical Centers, Harborview and KCPA to determine the best way to disseminate this information and help facilitate the provider-to-provider communication.



What is the cost of hospital emergency department usage by the uninsured?

Analysis of fiscal year 2007 data shows that, in total, about 14,300 emergency room visits by low-income uninsured persons in King County are estimated to occur annually, resulting in about \$19.5 million in emergency department (ED) charges. The distribution of charity

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care cases across hospitals in King County varies considerably. Harborview Medical Center treats more uninsured than any hospital in King County. Nearly 10 percent

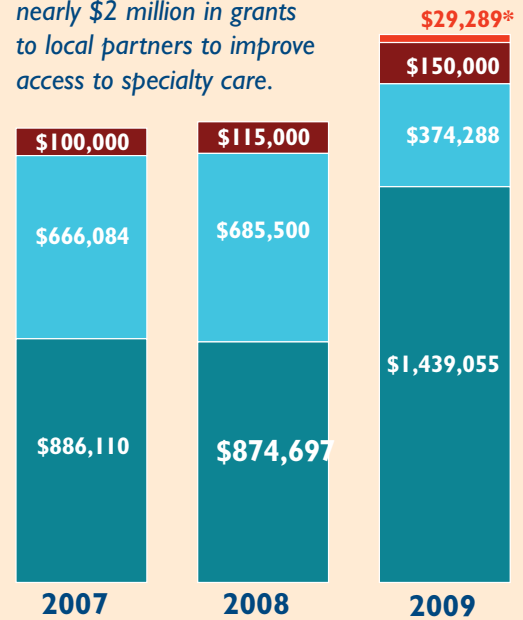
of all charges generated at Harborview are for charity care patients. The study developed data for 12 hospitals. The literature is consistent that uninsured persons often use the emergency department as their principal source of primary care when they need medical care, creating use rates that are twice as high as the rate for insured populations. Seven communities in the United States that implemented a Project Access type model showed a reduction in ED use. The PHPDA commissioned this study to determine the likely savings to the health care “system” if more primary and specialty care were readily accessible to uninsured persons. We had a secondary goal of engaging hospitals in this work (a goal which was not achieved in 2009).

? How can we improve specialty care for Limited English Proficient patients?

In 2009, the PHPDA began to look more closely at the value of patient navigators for Limited English Proficient (LEP) patients. Patient navigators partner with LEP families to help them learn how to be effective participants in the health care system. The PHPDA awarded an \$117,000 grant for Seattle Children’s Hospital to support three patient navigators, starting July 1, 2009. This is a two-year commitment with a financial match provided by Seattle Children’s Hospital. The program will serve Spanish and Somali-speaking LEP families seen at Seattle Children’s for complex medical care or chronic diseases such as diabetes. Patients will be from Washington state, and a majority will be from King County. The PHPDA, its evaluation consultant, and Seattle Children’s are planning to evaluate the impact of patient navigators on missed appointments, clinical outcomes, provider and family satisfaction, family preparedness and more. The purpose of this grant and the evaluation is to demonstrate the cost-benefit of patient navigators and a potentially replicable model of care.

PHPDA Grants Awarded & Monies Expended

In 2009, the PHPDA awarded nearly \$2 million in grants to local partners to improve access to specialty care.

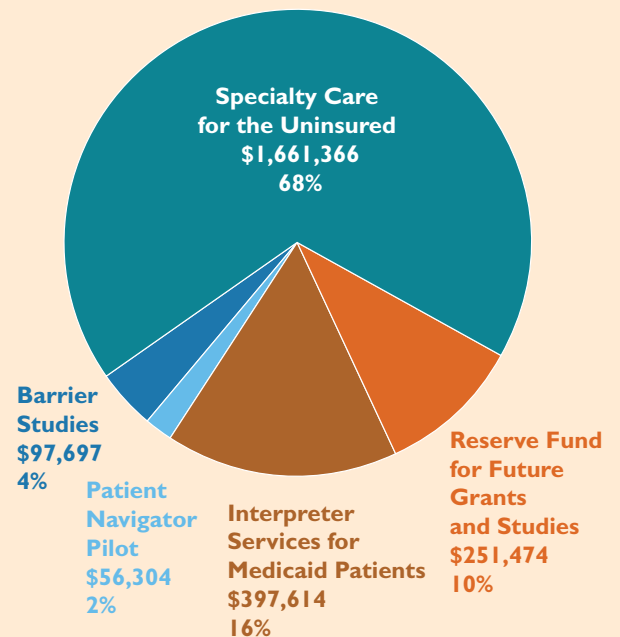


* The total grant amount awarded to Children’s in 2009 was \$117,154. The amount shown reflects the first quarterly payment, paid in 2009.

- PMC—Specialty Care for the Uninsured
- PMC—Interpreter Services for Medicaid patients
- KCPA—Specialty Care for the uninsured
- Children’s Navigator Grant

2009 Allocation of Funds by Program

In 2009, the PHPDA expended close to \$2.5 million to enhance access to specialty care and culturally appropriate health care services.



MESSAGE FROM THE EXECUTIVE DIRECTOR



As we look forward in 2010, we are witnessing a tremendous change with the new health care legislation. In four years, an additional 32+ million people will have access to insurance, an unprecedented number for our communities. The Pacific Hospital Preservation and Development Authority will continue to look at ways to champion health care for the vulnerable and disadvantaged in our community. We will continue our focus to make the “system” more efficient and the handoffs more successful. Our current economic climate is still in recovery; thousands are still out of work and out of insurance. We are proud to work with our community partners as “part of the solution.”

Rosemary Barker Aragon, MPA

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For more information:

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