

# 2008

## 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 Focus

In 2008, we updated the PHPDA Strategic Plan to focus on five key strategies.

1. Develop sustainable ways to identify and eliminate barriers to care.
2. Fund specialty care services with partners and providers.
3. Develop credible measures of the unmet demand.
4. Increase transparency in our communication of financial revenues and grants.
5. Protect the PHPDA's assets to support mission priorities.

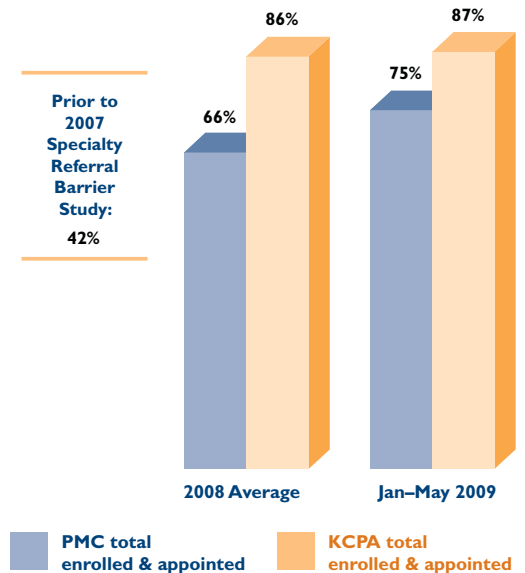
At the Pacific Hospital Preservation & Development Authority, we continually seek sustainable ways to improve access for the underserved in our local community. We have supported a number of initiatives over the past two years to learn more about the everyday barriers to health care access for the uninsured. Asking (and answering!) these questions helps the PHPDA and our partners learn more about this complex issue of health care access.

#### OUR QUESTIONS

**What percentage of uninsured patients referred for specialty care successfully receive appointments?**

In 2007, only 42% of the uninsured patients referred for specialty care successfully received appointments. The PHPDA funded the **2007 Specialty Referral Barrier Study** to identify and resolve difficulties experienced by safety net clinics in getting their uninsured specialty care patients into the door of local specialty care providers at Pacific Medical Center (PMC) and King County Project Access (KCPA). The study led to recommendations, including the simplification of eligibility

#### Successful Appointment Rates (KCPA and PMC)



The PHPDA tracks the number of patients referred who successfully received appointments as one of our outcome measures. Our grantees—Pacific Medical Center and King County Project Access—have increased the rate of successful appointments every year. By the end of 2008, the average percentage of successful appointments for both grantees had increased from 42% to 73%.

requirements and the use of one eligibility form for all referrals.

Implementation of these recommendations began in December 2007. By the end of 2008, more than 73%

of KCPA and PMC patients received appointments. King County Project Access had an 86% success rate, and Pacific Medical Centers a 66% rate. In 2008 the PHPDA funded an additional **Safety Net Referral Barrier Study** to look at processes within the safety net clinics and additional specialty referral providers.

**?** *Why aren't there more specialty referrals from safety net clinics? How can we be sure they are appropriate referrals?*

As a result of the **2007 Specialty Referral Barrier Study**, safety net organizations expected a significant increase in the overall number of uninsured patients sent for specialty care. This did not occur. In December 2008, the PHPDA initiated a **Safety Net Referral Barrier Study** to look at the systems and processes within the safety net clinics to determine what internal

barriers exist to successful specialty referrals and to recommend changes. The PHPDA is working closely with the Community Health Center Council, Public Health-Seattle & King County, Harborview Medical Center and King County Project Access on this project. This work will be completed in 2009. We anticipate that the safety net and key specialty providers will gradually implement changes on an ongoing basis.

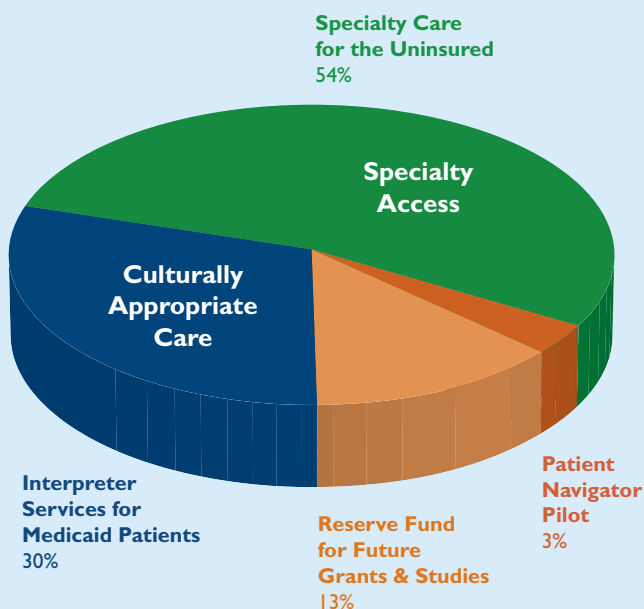
**?** *What are the costs of Emergency Department use by the uninsured?*

The PHPDA commissioned a study of **Emergency Department Impact** in late 2008. The purpose of the study was to determine if there were realistic savings from caring for uninsured specialty care patients outside of hospital emergency departments. Although local data was limited, the study identified a 40–60% decrease in use of the emergency department for communities with a Project Access model, which links uninsured patients with pro bono specialists. Another study of emergency room visits concluded that one third of hospital emergency department visits could be provided in other settings, such as outpatient specialty or primary care clinics.

**One third of hospital emergency department visits could be provided in other settings.**

To follow-up on this work, the PHPDA has commissioned the **Emergency Department Use Analysis** to gain a more in-depth look at the cost and impact of the use of

**2008 Allocation of Funds by Program**



**PROGRAMS FUNDED**

**In 2008, the PHPDA expended more than \$2 million to enhance access to specialty care services and culturally appropriate health care services.**

## GRANTS AWARDED

**In 2008, the PHPDA awarded almost \$1.7 million to programs and providers of specialty care for the uninsured.**

emergency departments by the uninsured for King County hospitals. The purpose of this effort is to demonstrate that access to specialty care can reduce the use of Seattle/King County emergency departments by uninsured populations. We hope to engage local hospitals in focused efforts to support community-wide specialty care access programs and to engage them in designing internal processes that direct appropriate patients to those resources.

### **How can we improve specialty care for non-English speaking patients?**

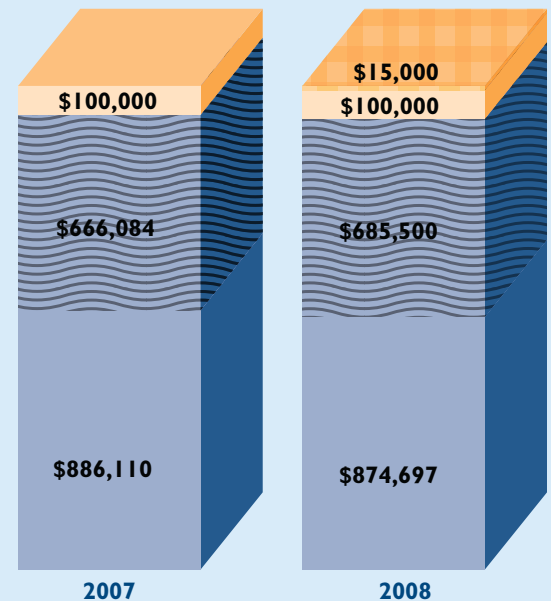






PHOTO BY THERESE FRARE, COURTESY OF NEIGHBORCARE HEALTH

In 2008, the PHPDA developed initial plans to pilot patient navigator programs for non-English speaking patients. Patient navigators are respected members of

a specific ethnic community who are knowledgeable about the health care system, and assist patients of their community to “navigate” through complex health care systems. In 2009, we are beginning to identify local partners who will implement this model and commit to measuring outcomes. The PHPDA wants to prioritize navigation for patients for whom English is not their first language, and/or who come from cultures not familiar with or distrustful of Western medicine, all of which may make it difficult to access and effectively receive medical care. PHPDA representatives served on the Oversight Committee of the Navigator Pilot initiated at Seattle Children’s in 2008.

## PHPDA Grants Awarded



-  King County Project Access—Capacity Building and Sustainability Grant
-  King County Project Access—Specialty Care for the uninsured
-  PacMed—Interpreter Services for Medicaid patients
-  PacMed—Specialty Care for the Uninsured

### **How do we measure the need for specialty care by the uninsured?**

There are many numbers floating around. What is the best projection of needed specialty care? How can we plan and design systems to provide specialty care if we don’t know the volume of patients or services needed?

The PHPDA conceptualized this work in 2008. It is underway in 2009, in partnership with Milliman Consulting and others.

# MESSAGE FROM THE EXECUTIVE DIRECTOR

For the Pacific Hospital Preservation and Development Authority, 2008 was a time of increased focus on our goal of creating a functional and sustainable process for uninsured patients to receive appropriate specialty care. We looked closely at system barriers and the cost to our community when patients don't receive the care they need.

We focused our efforts on directly funding specialty care through our grantees and learning more about ways to remove barriers and sustain improvements for the health care safety net. Our **2007 Specialty Referral Barrier Study** looked closely at why it is so difficult for uninsured patients to get appointments. By implementing the study recommendations, we saw an increase in average appointment rates from 42% to 73%. When the number of patients referred remained relatively flat despite these improvements, we began

looking closely at the barriers in the safety net providers by funding the **Safety Net Referral Barrier Study**. This work will be completed in 2009. We also looked at the cost of caring for uninsured patients in Emergency Department and are working on developing local data on the cost and impact of use through the **Emergency Department Use Analysis** study.

This work could not be successful without the active involvement of safety net service providers within our community. We thank them for their willingness to "dig into the detail" and for continually seeking ways to improve the experience for low-income uninsured patients and the process for our community.



**Rosemary Barker Aragon, MPA**



## For more information:

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