

NORTH CAROLINA SAFETY NET

Presentation to the NCIOM Legislative Health Policy Fellows Program

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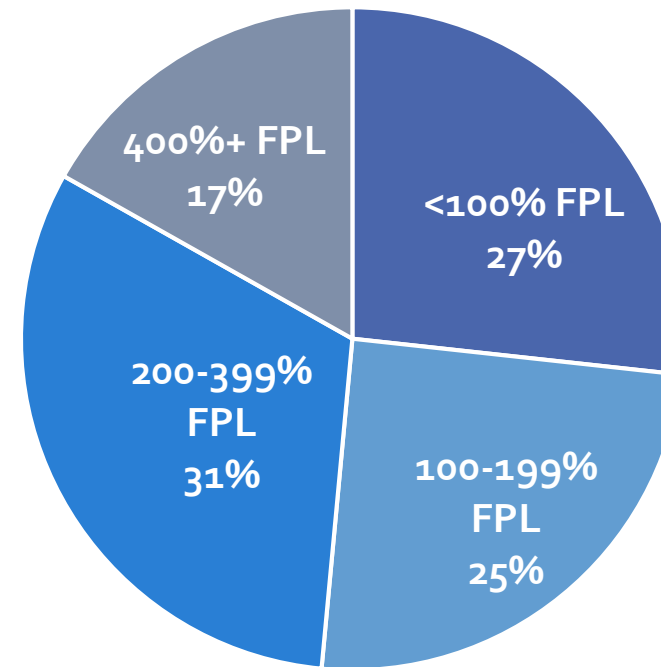
Gillings School of Global Public Health

April 23, 2018

Uninsured in North Carolina

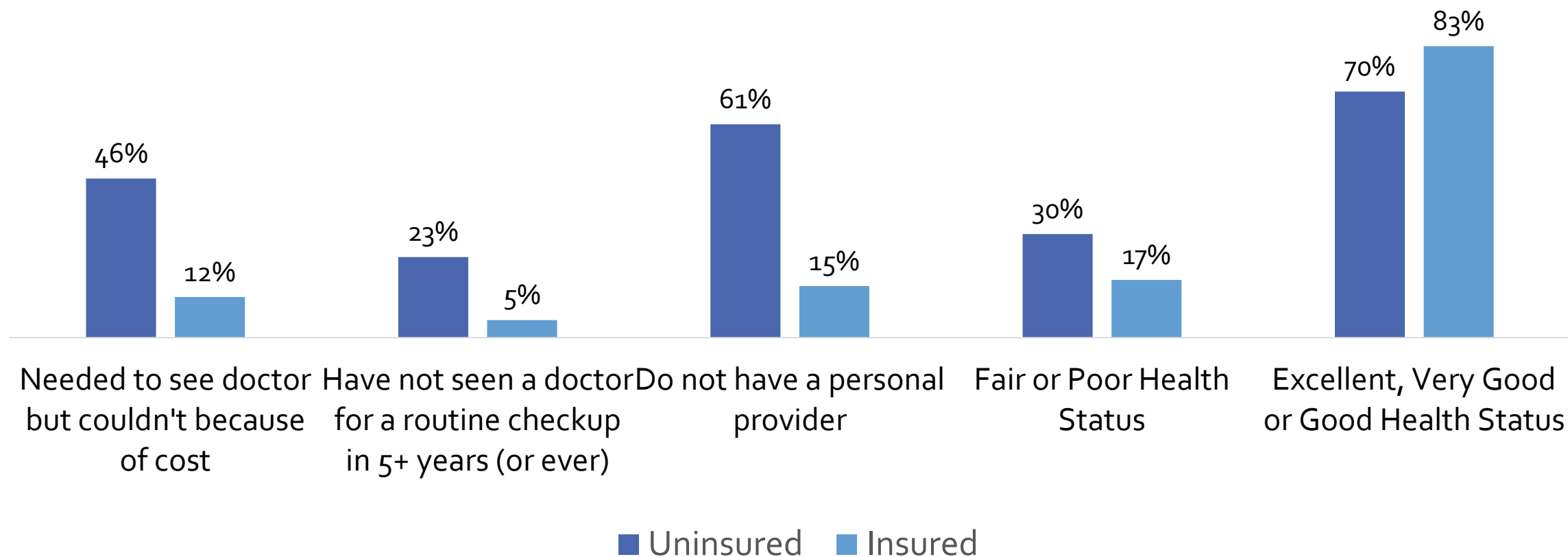
- Approximately 1.1 million people uninsured in 2016. Of these:
 - ~906,000 were nonelderly adults ages 19-64 (83%)
 - ~142,000 were children ages 0-18 (13%)
- Most of the uninsured in a family with at least one full-time worker
 - 70% have at least one full-time worker
 - 12% have at least one part-time worker

Nonelderly Uninsured (NC, 2016)

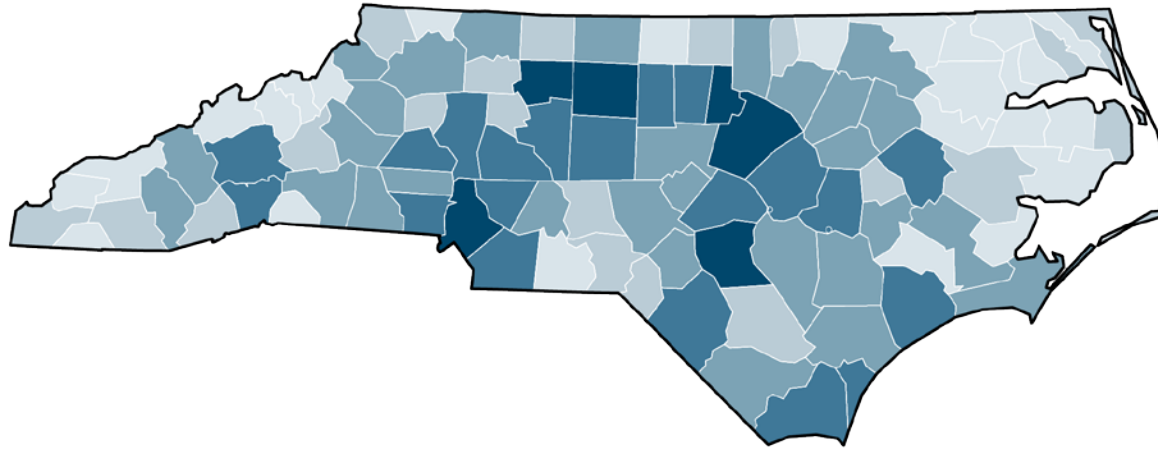


Approximately 208,000 North Carolinians fall into the Medicaid "coverage gap"

Uninsured Adults Generally Have Poorer Health Status, Less Access To Care

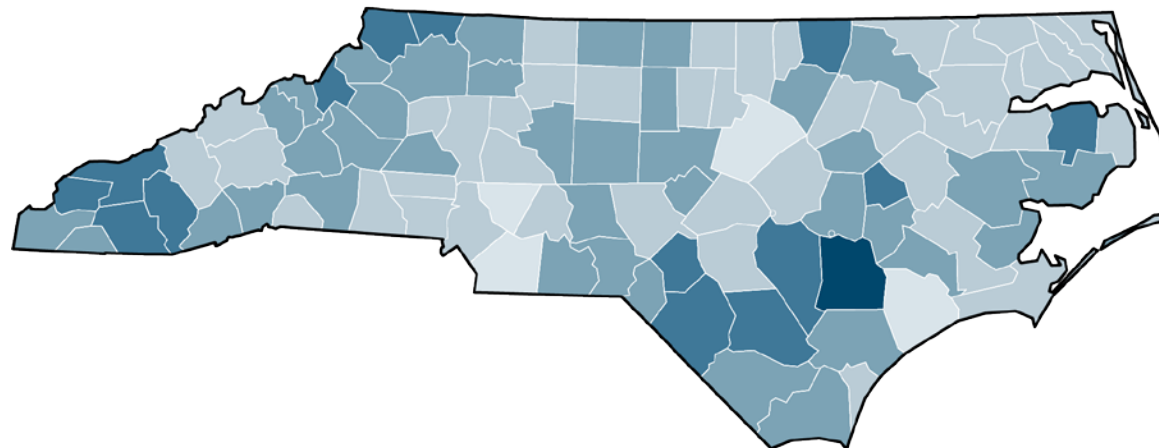


Number and Percent of People Under Age 65 Without Health Insurance North Carolina, 2016



Number Uninsured, Under Age 65
(# of Counties)

| | | | | |
|---------------------|------|---|-------------|---------|
| Greater than 25,000 | (6) | → | Mecklenberg | 112,129 |
| 10,000 to 24,999 | (20) | | Wake | 84,547 |
| 5,000 to 9,999 | (29) | | Guilford | 49,069 |
| 2,500 to 5,000 | (20) | | Forsyth | 37,955 |
| Less than 2,500 | (25) | | Durham | 33,038 |
| | | | Cumberland | 30,261 |



Percent Uninsured, Under Age 65
(# of Counties)

| | | | | |
|------------------|------|---|----------|-------|
| Greater than 20% | (1) | → | Duplin | 20.1% |
| 16.0% to 19.9% | (14) | | | |
| 13.0% to 15.9% | (38) | | | |
| 10.0% to 12.9% | (43) | | | |
| Less than 10% | (4) | → | Union | 9.9% |
| | | | Cabarrus | 9.8% |
| | | | Onslow | 9.6% |
| | | | Wake | 9.2% |

Sources: Small Area Health Insurance Estimates Program, U.S. Census Bureau,
<https://www.census.gov/data/datasets/time-series/demo/sahie/estimates-acs.html>, accessed 4/6/18;

Produced by: Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Safety Net Defined

Institute of Medicine definition: Safety net providers are “those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid and other vulnerable populations.”

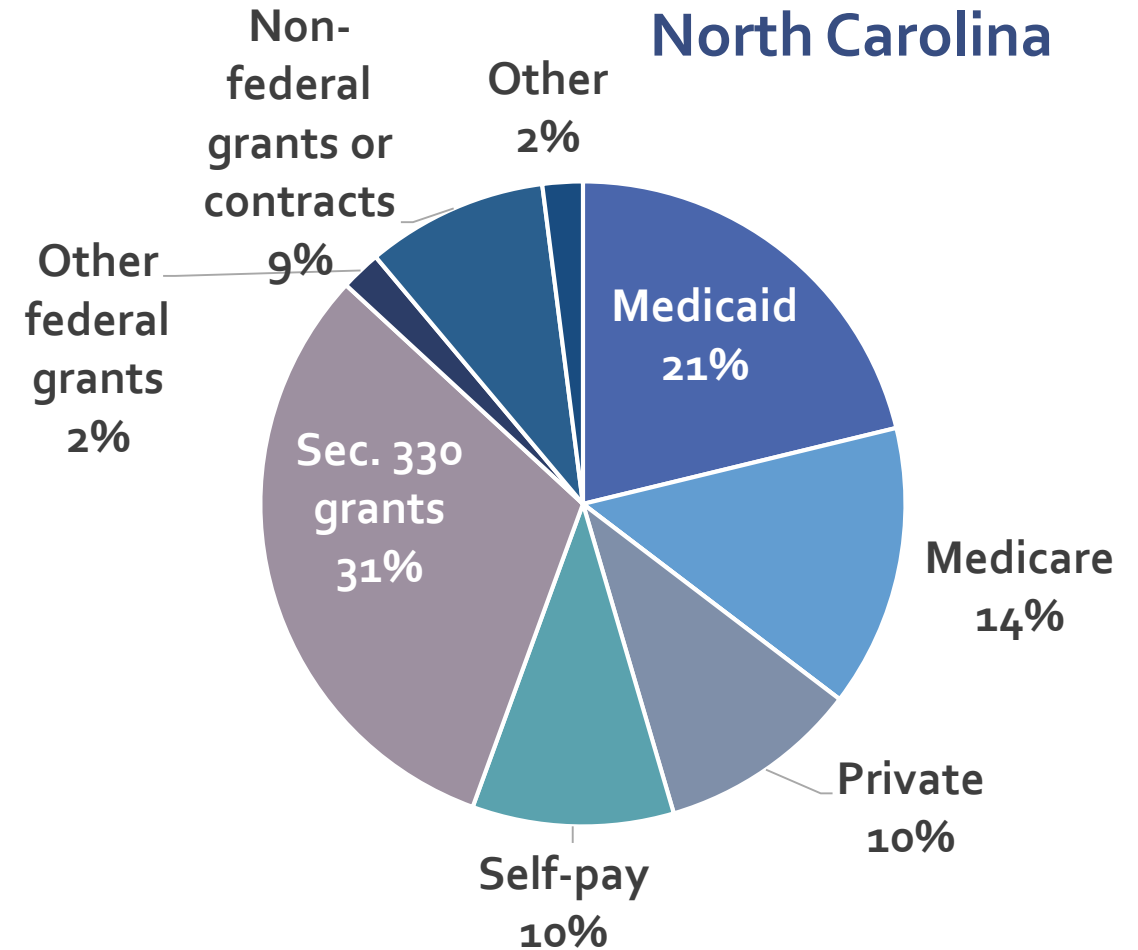
Core safety net providers are those who “either by legal mandate or explicitly adopted mission, offer care to patients regardless of ability to pay; and a substantial share of their patient mix are uninsured, Medicaid and other vulnerable patients.”

Federally Qualified Health Centers

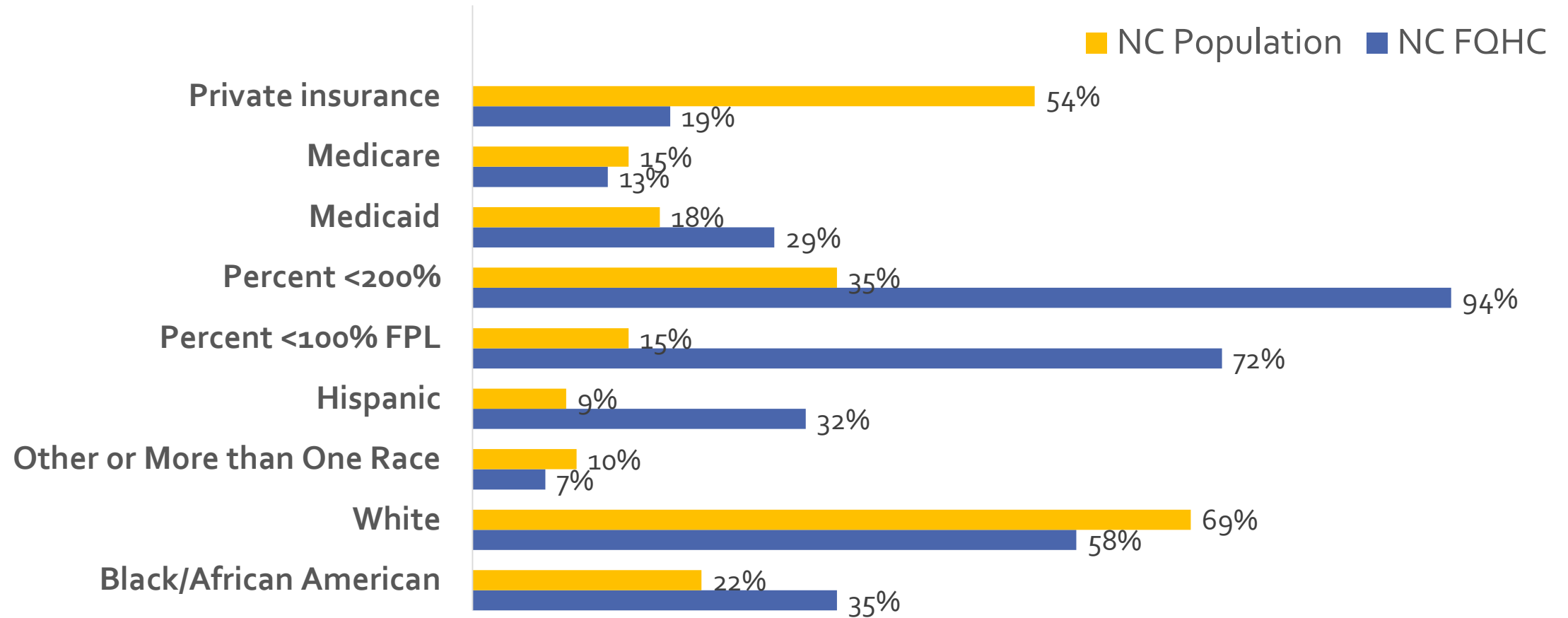
- Federally qualified health centers (FQHCs) include Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, and Public Housing Primary Care Programs.
 - Must be located in or serve a high needs community
 - Must be governed by a community board. The majority of Board members must be community members served by the FQHC.
 - Must provide comprehensive primary health care services as well as “enabling services” that promote access to care (eg, care management, interpreters, transportation)
 - Must provide services to all with a sliding scale fee structure

Federally Qualified Health Centers

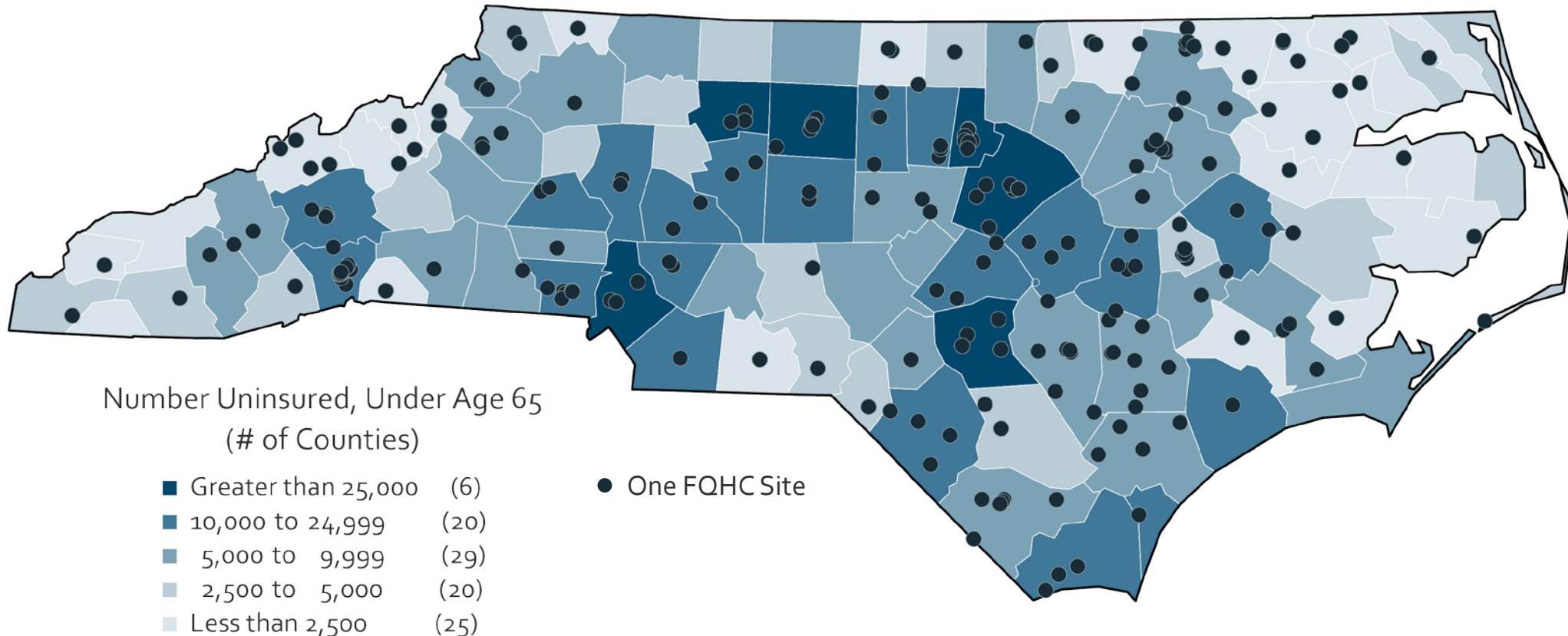
- In North Carolina, there are 41 centers with 216 sites
- North Carolina FQHCs and Look-Alikes served 508,599 patients in 2016



FQHCs More Likely to Treat Underserved Populations



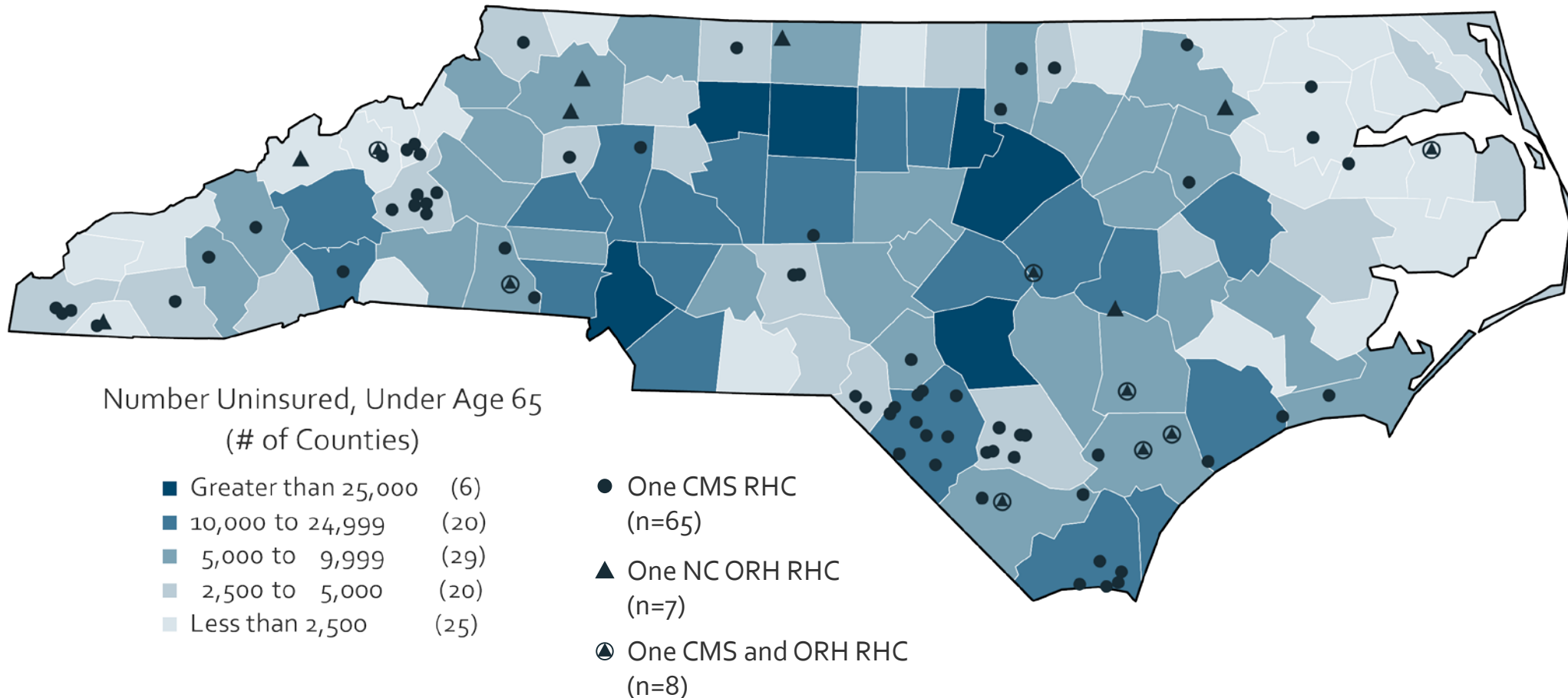
Number of People Under Age 65 Without Health Insurance, 2016 and Location of Federally Qualified Health Centers, 2018 North Carolina



Rural Health Clinics & State Designated Rural Health Centers

- Rural health clinics are federally designated primary care providers that are located in medically underserved areas
 - 85 federally-certified rural health clinics in North Carolina (2015)
 - Must accept Medicare and Medicaid patients. Are not required to serve the uninsured but many do so.
- Medical Access Plan (MAP): Eligible rural health center organizations can receive state funding to help pay for indigent care (patients with incomes <200% FPL).
 - 14 state-funded rural health center organizations with 17 sites are currently funded through the Medical Access Plan

Number of People Under Age 65 Without Health Insurance, 2016 and Location of Rural Health Centers, 2018 North Carolina



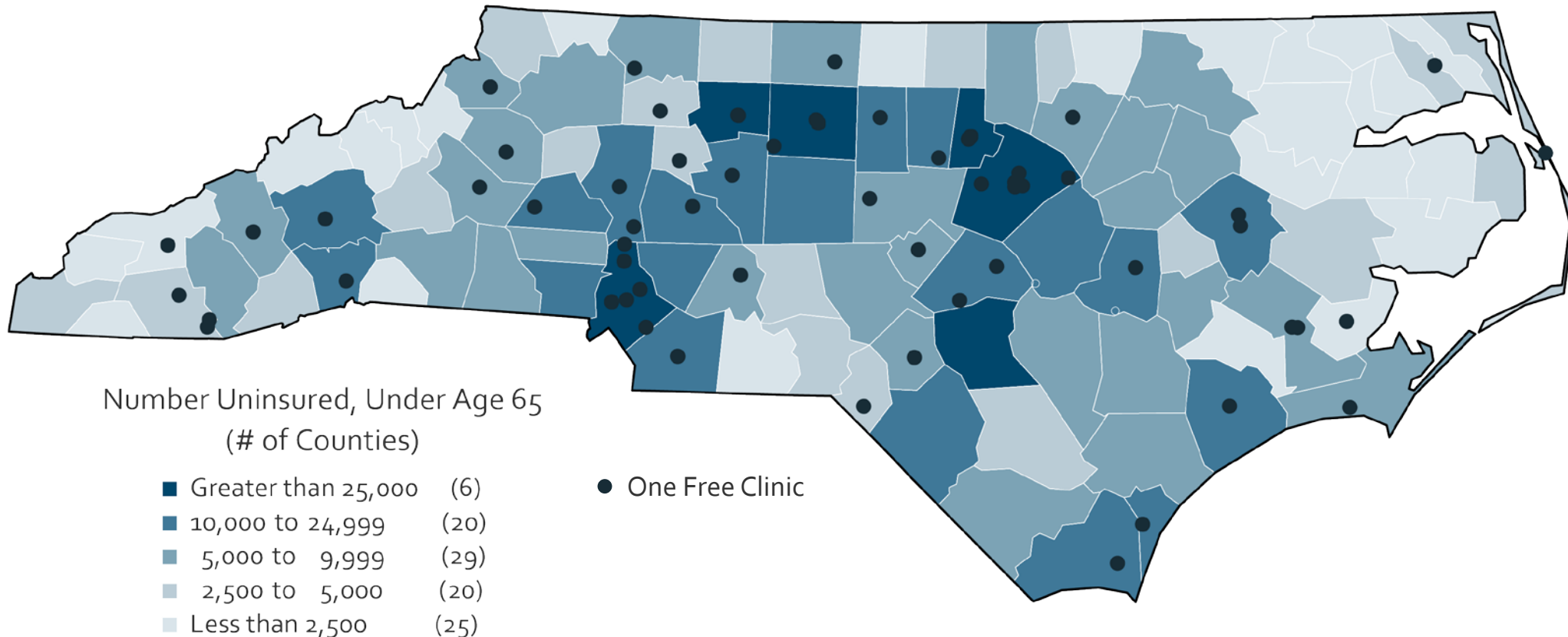
Sources: North Carolina Office of Rural Health, 2018; Centers for Medicare and Medicaid Services, 2018; Small Area Health Insurance Estimates Program, U.S. Census Bureau, <https://www.census.gov/data/datasets/time-series/demo/sahie/estimates-acs.html>, accessed 4/6/18;

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Free Clinics

- Free clinics are generally staff by volunteer health providers and provide care to uninsured with incomes below certain income threshold.
 - Approximately 85 free clinics serving patients in 70 counties around the state
 - Some of the smaller clinics operate 1-2 nights/week; others are open more regular hours
 - 24 offer emergency dental (generally extractions only); 60 offer specialty clinics for people with chronic conditions
 - Served ~73,500 patients in 2016
 - Provided ~\$234 million in donated services

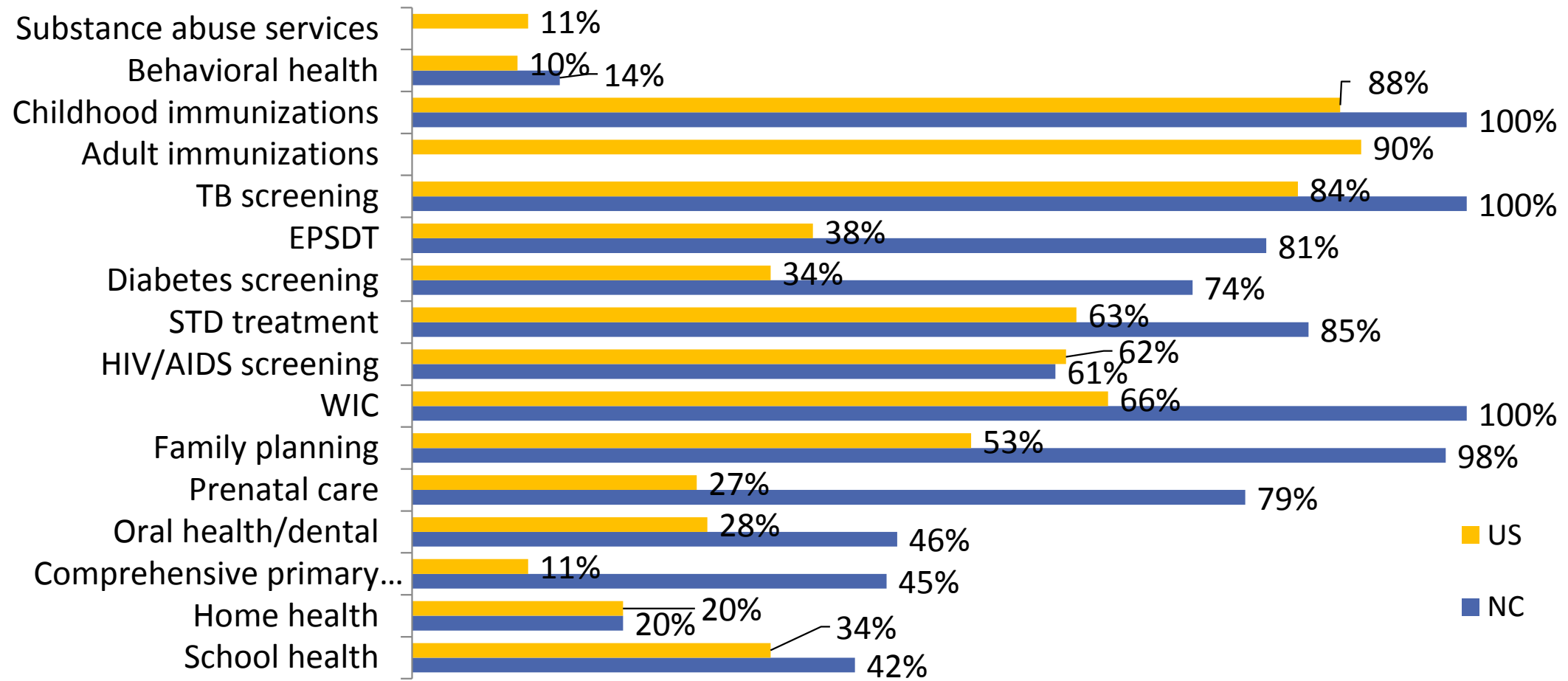
Number of People Under Age 65 Without Health Insurance, 2016 and Location of Free and Charitable Clinics, 2018 North Carolina



Local Health Departments

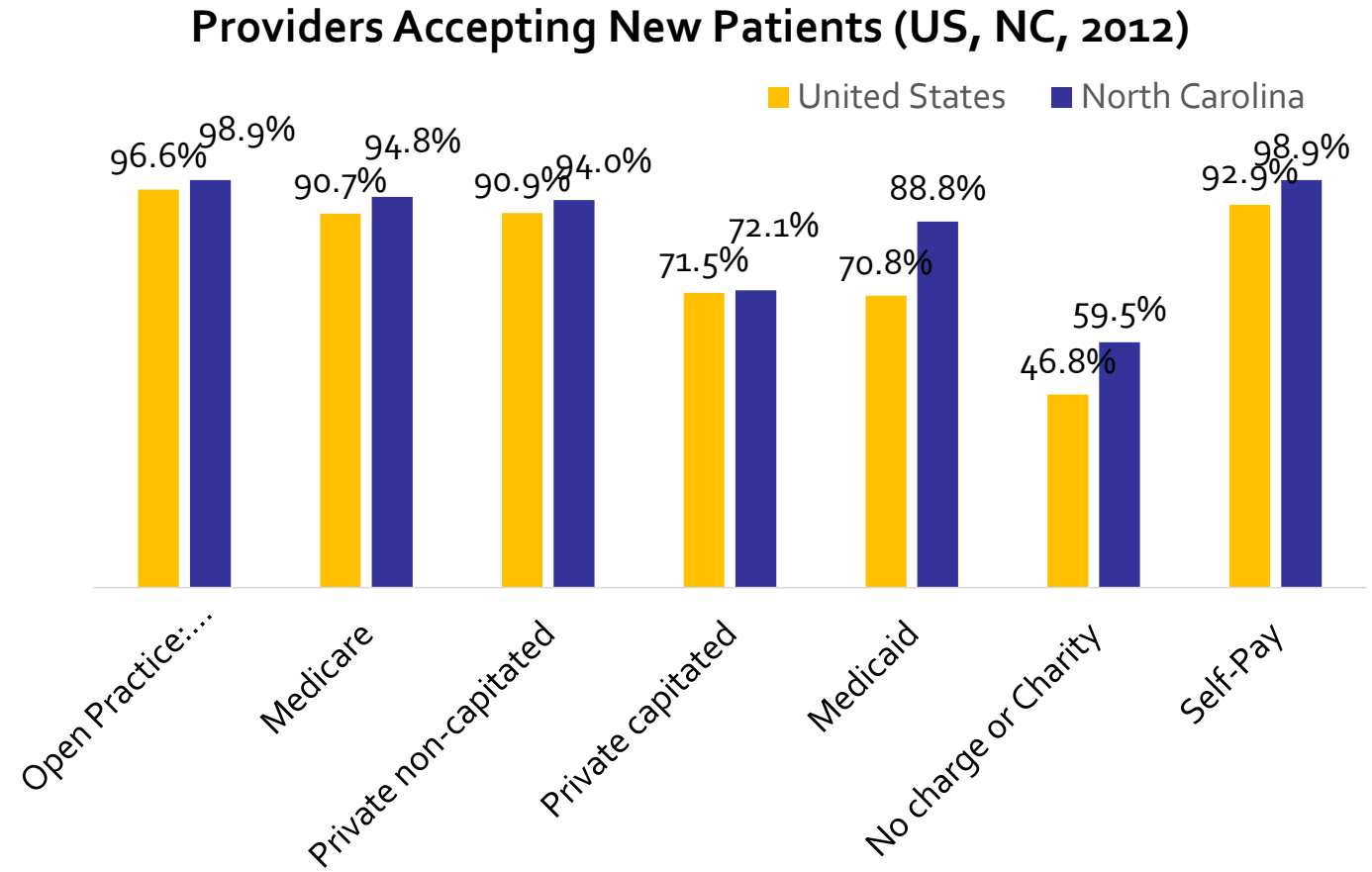
- 85 local public health departments (LHDs)
 - 79 LHDs are single-county health departments, 6 are multi-county district health departments (covering 21 counties)
- Services provided:
 - Nearly all provide child immunizations, STD testing and counseling, TB testing, and family planning
 - Almost all provide WIC and prenatal care
 - Half provide dental services
 - More than 40% provide comprehensive primary care to either adults or children (or both)

NC Health Departments Provide Broader Range of Health Services than Counterparts Nationally (NC 2017/US 2016)



Private Providers Also Care for the Uninsured

- 2008 Health Tracking Survey found that 59.1% of physicians reported providing charity care (free or reduced cost care)
- No information on what has happened since ACA implementation



Behavioral Health Programs

- LMEs/MCOs provide some mental health, substance abuse and IDD services to some uninsured
- According to the NC DHHS:
 - “There is considerable unmet need in most parts of the state, particularly among uninsured individuals and in rural areas of the state;
 - The amount of unmet need varies by county, disability and payer, with the uninsured being far less likely to receive services”

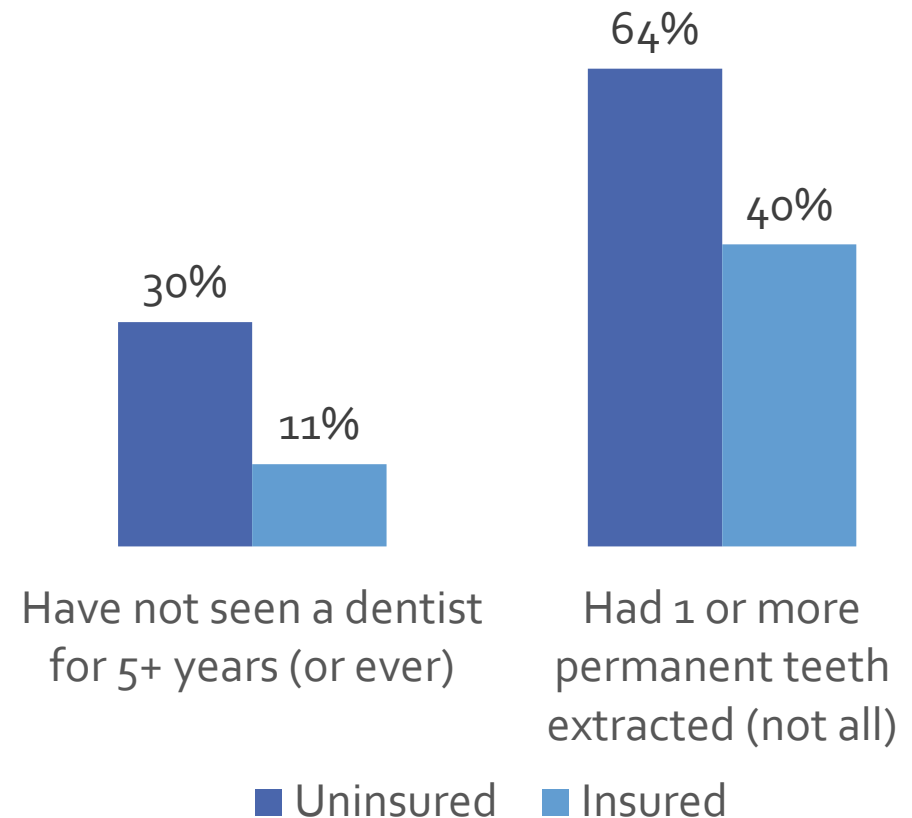
| Disability | Estimated Prevalence Among Uninsured | % of Prevalence Receiving Services (Uninsured) | Estimated Number Who Need but Not Receiving Services |
|-------------|--------------------------------------|--|--|
| Adult MH | 213,215 | 24% | ~162,000 |
| Adult SUD | 125,979 | 23% | ~97,000 |
| Child MHSUD | 20,469 | 11% | ~18,000 |

Table 3: Statewide Summary of Penetration Relative to Prevalence by Disability. NC DHHS. Strategic Plan for Improvement of Behavioral Health Services. Report to the Joint Legislative Oversight Committee on Health and Human Services. Jan. 31, 2018.

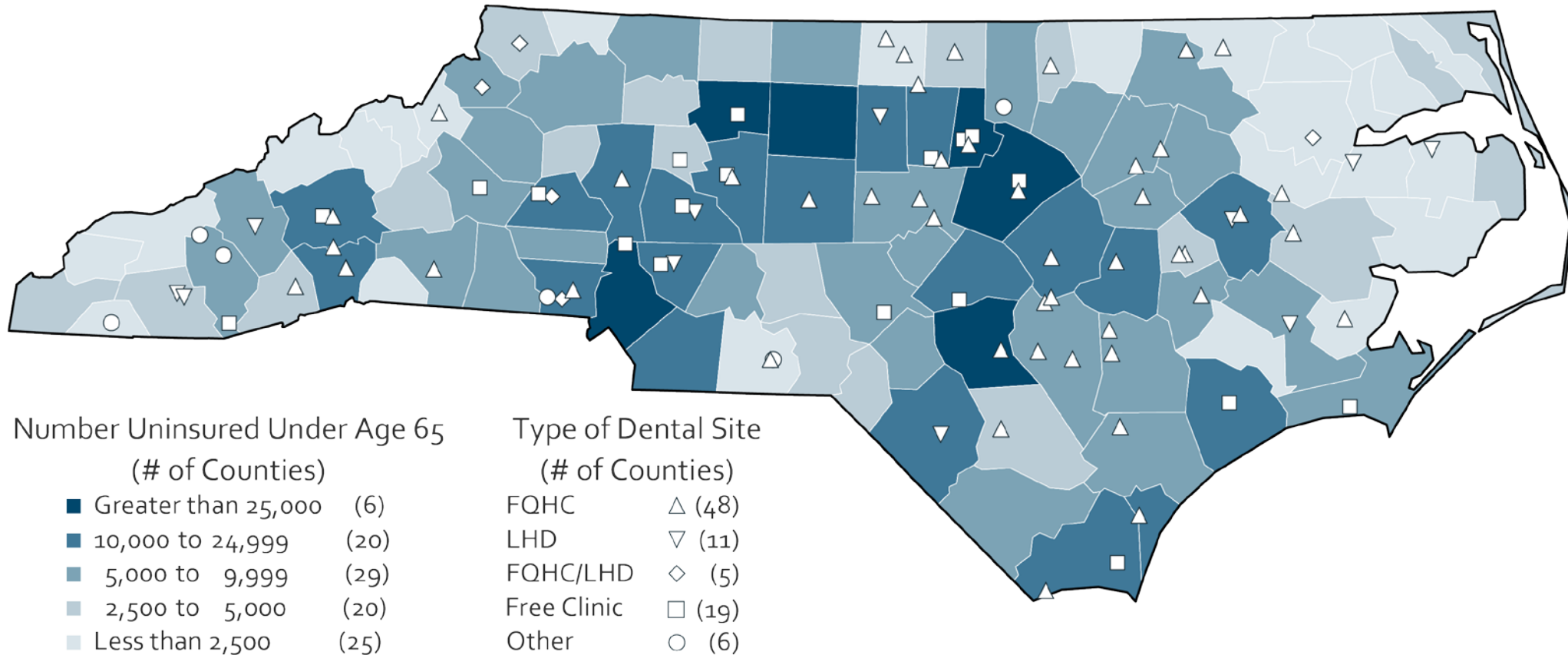
Dental Safety Net

- Some FQHCs, LHDs, and free clinics provide dental services to the uninsured
 - Most free clinics have limited hours of operation/week
- However, uninsured still far more likely to report access barriers

Dental Access Barriers and Needs



Number of People Under Age 65 Without Health Insurance, 2016 and Location of Dental Safety Net Sites, 2018 North Carolina



FQHC = Federally Qualified Health Center, LHD = Local Health Department. Includes 3 mobile clinics.

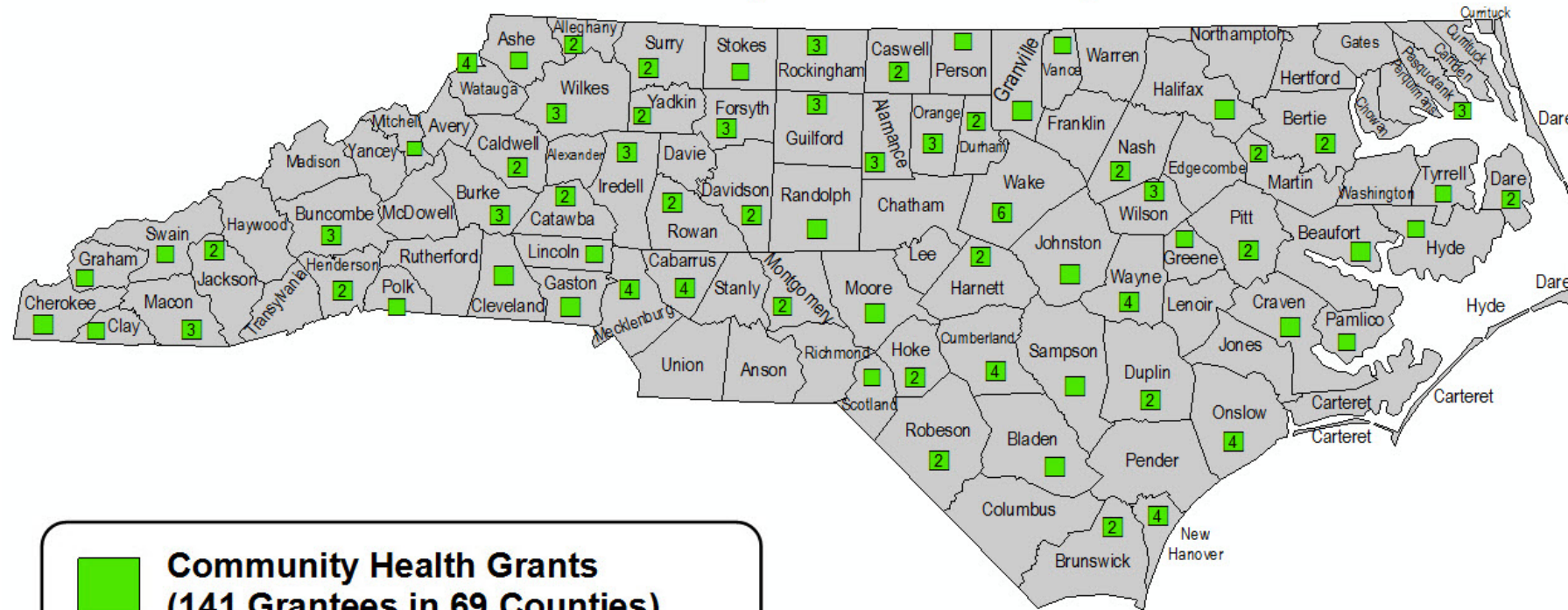
Sources: North Carolina Office of Rural Health, 2018; North Carolina Association of Free and Charitable Clinics, 2018; Small Area Health Insurance Estimates Program, U.S. Census Bureau, <https://www.census.gov/data/datasets/time-series/demo/sahie/estimates-acs.html>, accessed 4/6/18;

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NC Community Health Grants

- In SFY 2018, NC General Assembly appropriated \$15M for the NC Community Health Grants Program
 - “(i) to provide primary and preventative medical services to uninsured or medically indigent patients and (ii) serve as a medical home to these vulnerable populations”
 - May be used for primary care services, dental, pharmacy and/or behavioral health services if built into the medical home
- Grant funds have been allocated to:
 - 45 Free Clinics (\$5.1M)
 - 26 FQHCs (\$3.5M)
 - 54 Health Departments (\$4.3M)
 - 5 School Based Health Centers (\$617K)
 - 3 Hospitals (\$390K)
 - 5 Others (\$630K)
 - 3 Rural Health Clinics and Centers (\$228K)

Office of Rural Health Community Health Grantee Locations SFY 2018 (Includes Years 1-3)



**Community Health Grants
(141 Grantees in 69 Counties)**

Numbers inside of symbols indicate number of grantees within the respective county

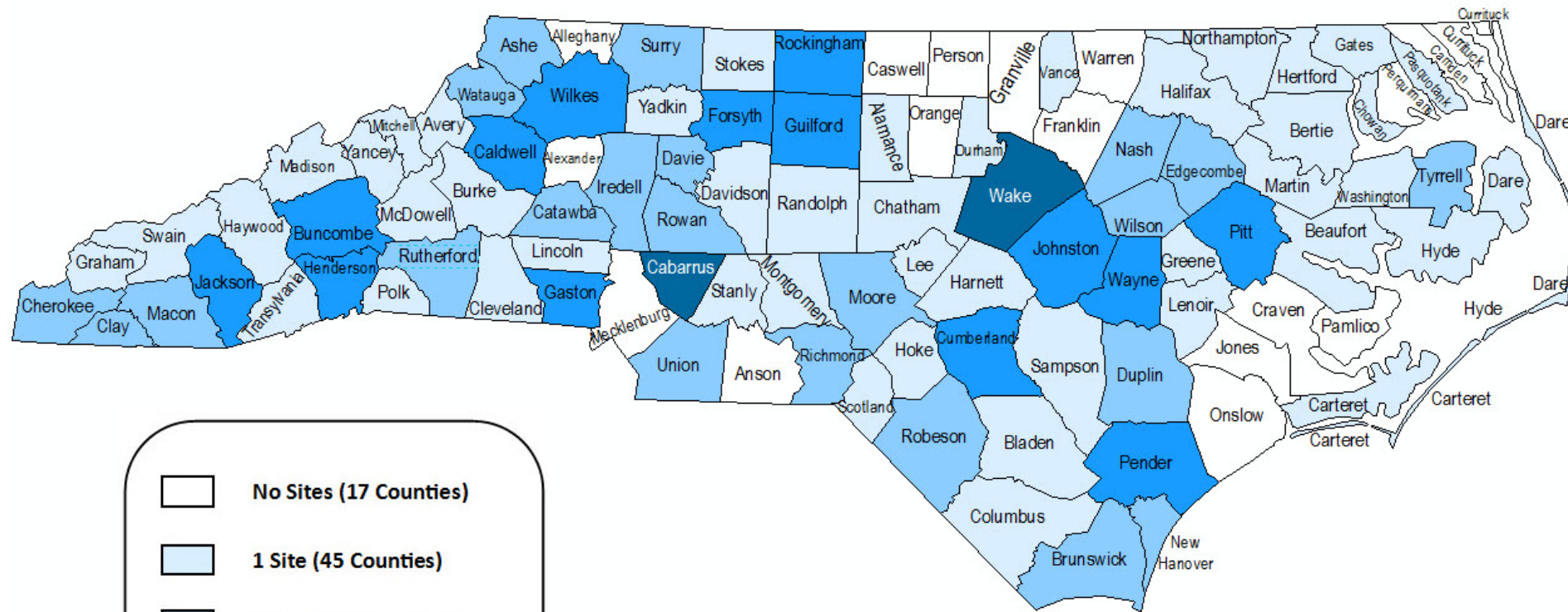







Rural Health
HEALTH AND HUMAN SERVICES

Pharmacy Assistance Programs

- Pharmaceutical companies provide some drugs at no cost to the uninsured with incomes below certain limits
 - Eligibility criteria and application process varies by company and by drug
 - ORH has created “The Pharmacy Connection” software to help facilitate application to pharmacy assistance programs through different pharmaceutical companies
 - Software operating in 102 sites in 83 counties
- 340B drug discount pricing program
 - Provides deeply discounted medicines to certain safety net providers including but not limited to FQHCs, certain hospitals, and health departments (for certain medications only)

SFY 2017



- | | |
|---|-------------------------|
|  | No Sites (17 Counties) |
|  | 1 Site (45 Counties) |
|  | 2 Sites (22 Counties) |
|  | 3-4 Sites (14 Counties) |
|  | 5-6 Sites (2 Counties) |

***83 Total Counties Served**



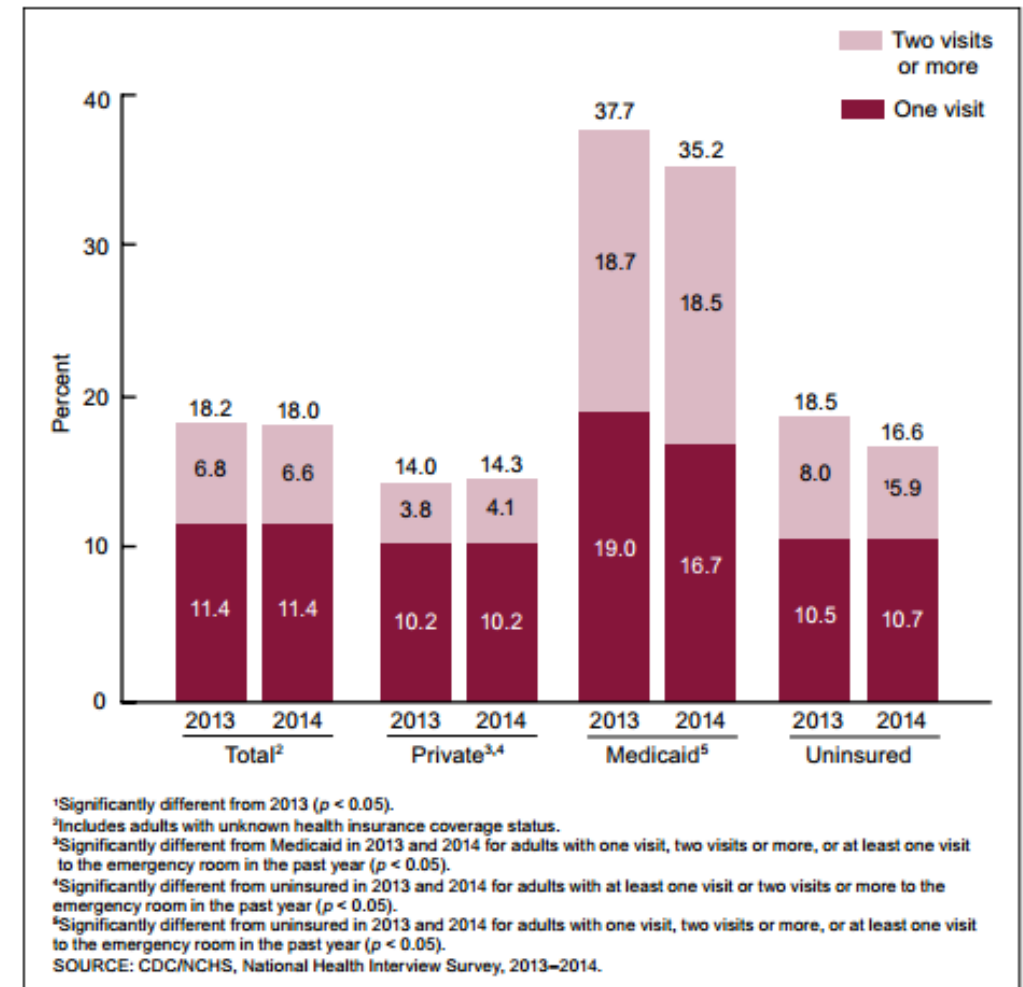
Rural Health
HEALTH AND HUMAN SERVICES

Hospitals as Safety Net Providers

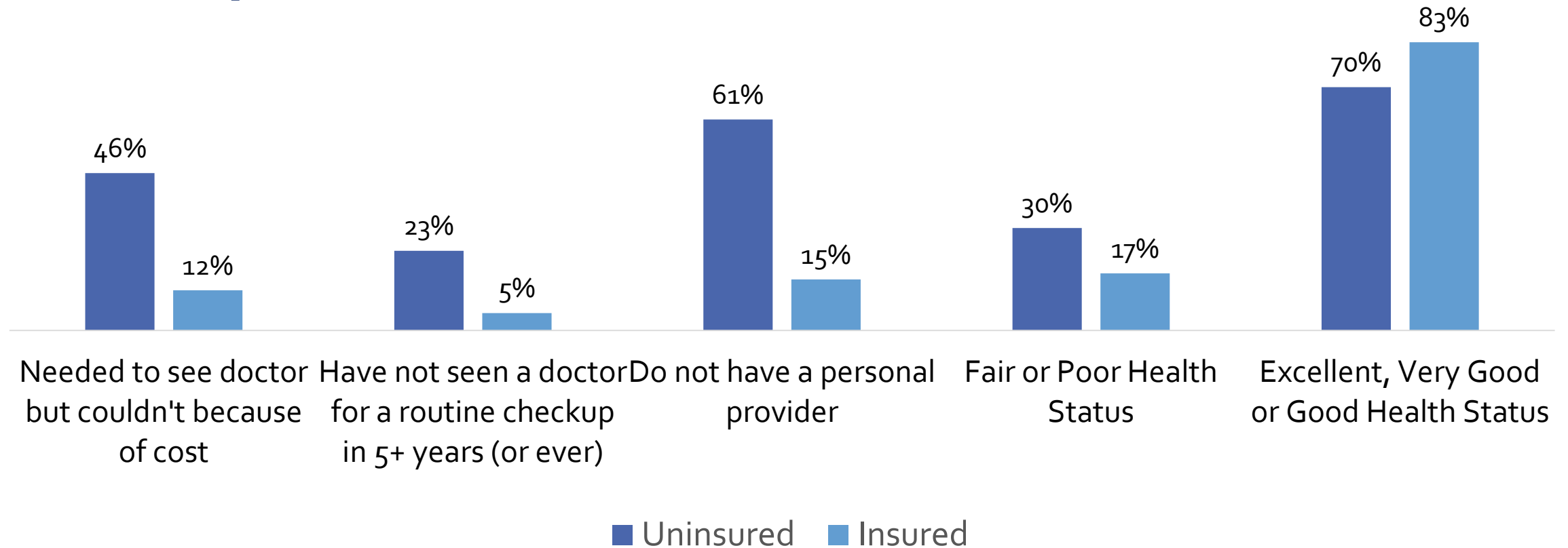
- Hospital Emergency Departments (EDs) are a major source of care for the uninsured
 - The Emergency Medical Treatment and Active Labor Act (EMTALA) requires hospitals that participate in Medicare and that have EDs to screen and stabilize anyone who requests treatment at the emergency room, regardless of ability to pay.
- NC hospitals provide charity care and financial assistance for eligible patients (hospitals define their own eligibility criteria)
 - Nonprofit hospitals must offer financial assistance policies in order to maintain tax exempt status.
 - In 2015, North Carolina hospitals reported providing more than \$1B in charity care

The Emergency Room as a Source of Care

- Controlling for other variables, adults with Medicaid were most likely to report seriousness of the medical problem as the reason for their most recent ER visit.
- Adults with private coverage were more likely to visit the ER because the doctor's office was not open.
- Uninsured are more likely to visit the ER because they lack access to other providers.



Even Though Safety Net Organizations Exist, Uninsured Adults Generally Have Poorer Health Status, Less Access To Care



Limitations of Primary and Acute Care Safety Net

- While safety net capacity exists in some communities, they are not adequate to provide healthcare for uninsured:
 - Lack access to specialty services
 - Access to pharmaceuticals limited - rely on charitable programs, donated drugs
 - Access to behavioral health services limited
 - Access to dental care almost non-existent in many communities for the uninsured
 - Existing safety-net resources not well integrated in many communities
- Historically, less than half of the uninsured use or are aware of a safety net provider in their community

Safety Net Programs: Conclusions

Many other safety-net programs exist, but:

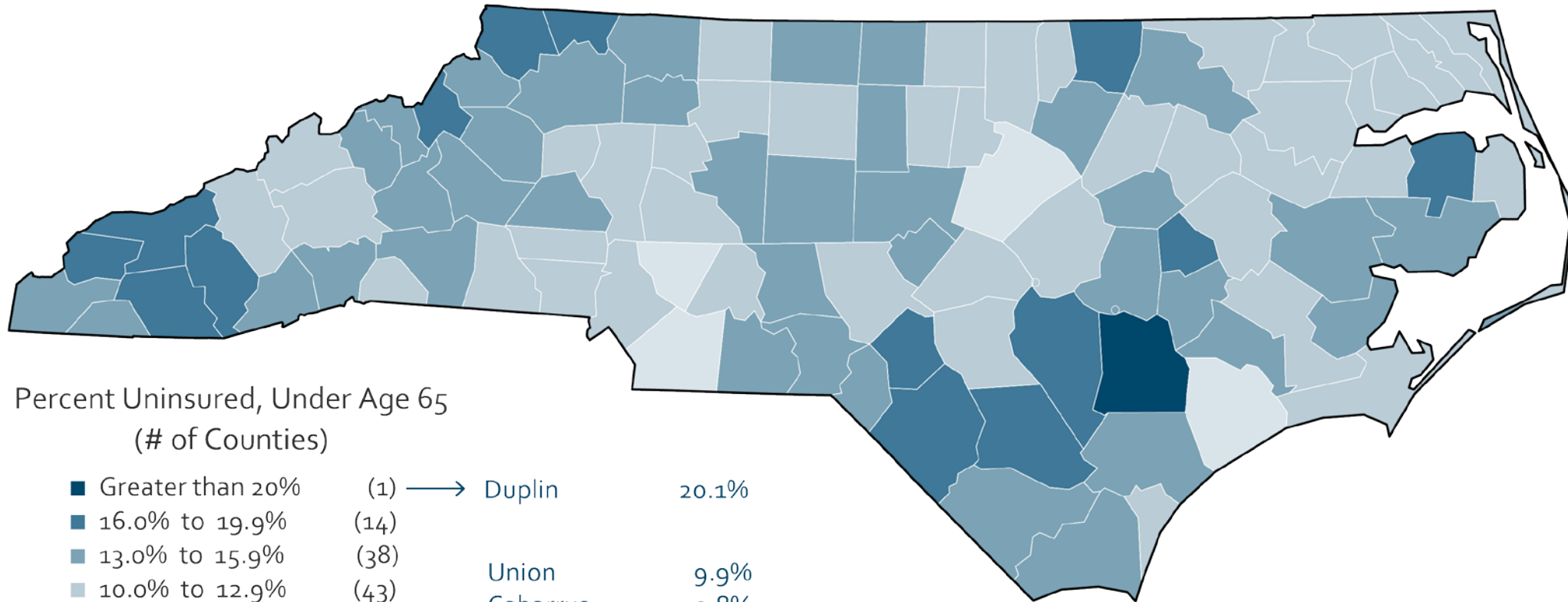
- Not always available in every community
- Most programs have limited funding
- Funds generally not adequate to serve all needy individuals
 - Services sometimes “rationed” based on severity of condition or use of waiting lists

Acknowledgements

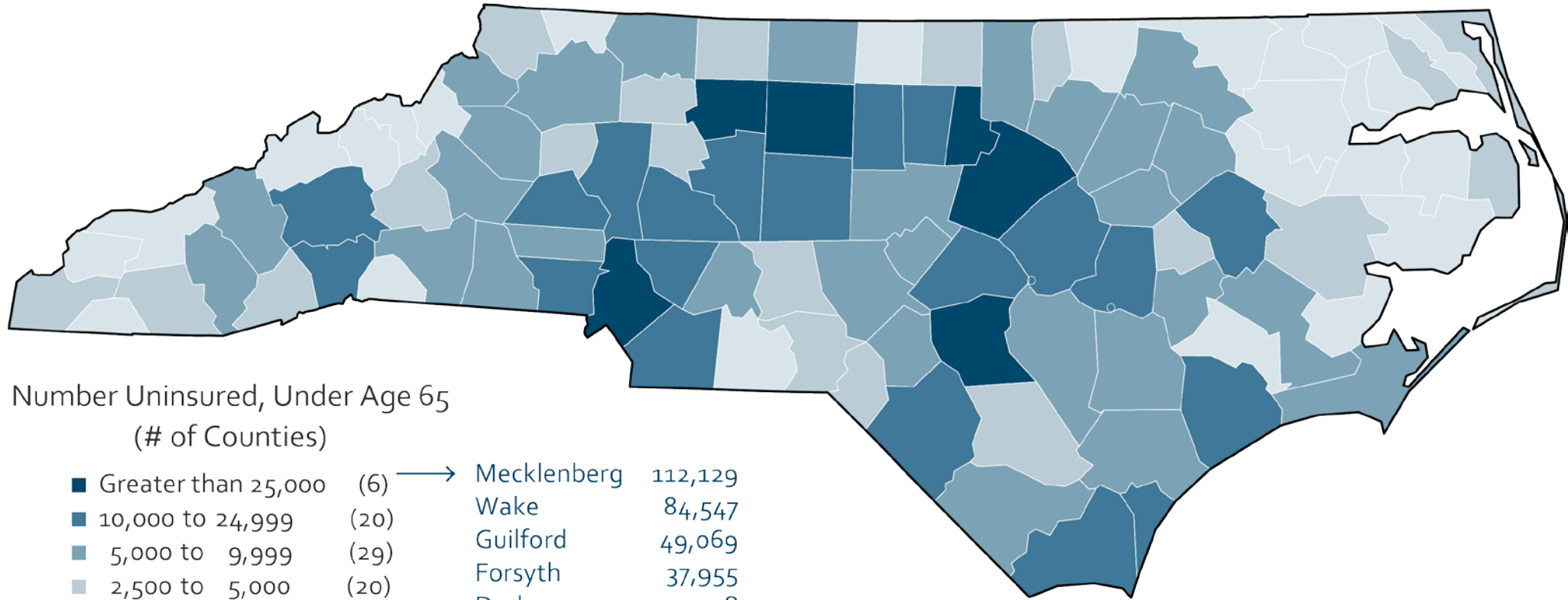
- Katie Gaul, MA, Research Associate with the Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill
- NC Office of Rural Health (information on rural health clinics, pharmacy assistance programs, dental safety net, and NC Community Health grantees)
- NC Community Health Center Association (information on NC FQHCs)
- NC Association of Free Clinics (information on free clinics)
- NC Healthcare Association (information on hospital safety net services)

Questions?

Percent of People Under Age 65 Without Health Insurance North Carolina, 2016



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