

# State and Federal Health Care Reform in Alameda County:

- Challenges and Opportunities
- Preliminary Impact Analysis
- HealthPAC--The Low Income Health Program
- The Health Care Portal

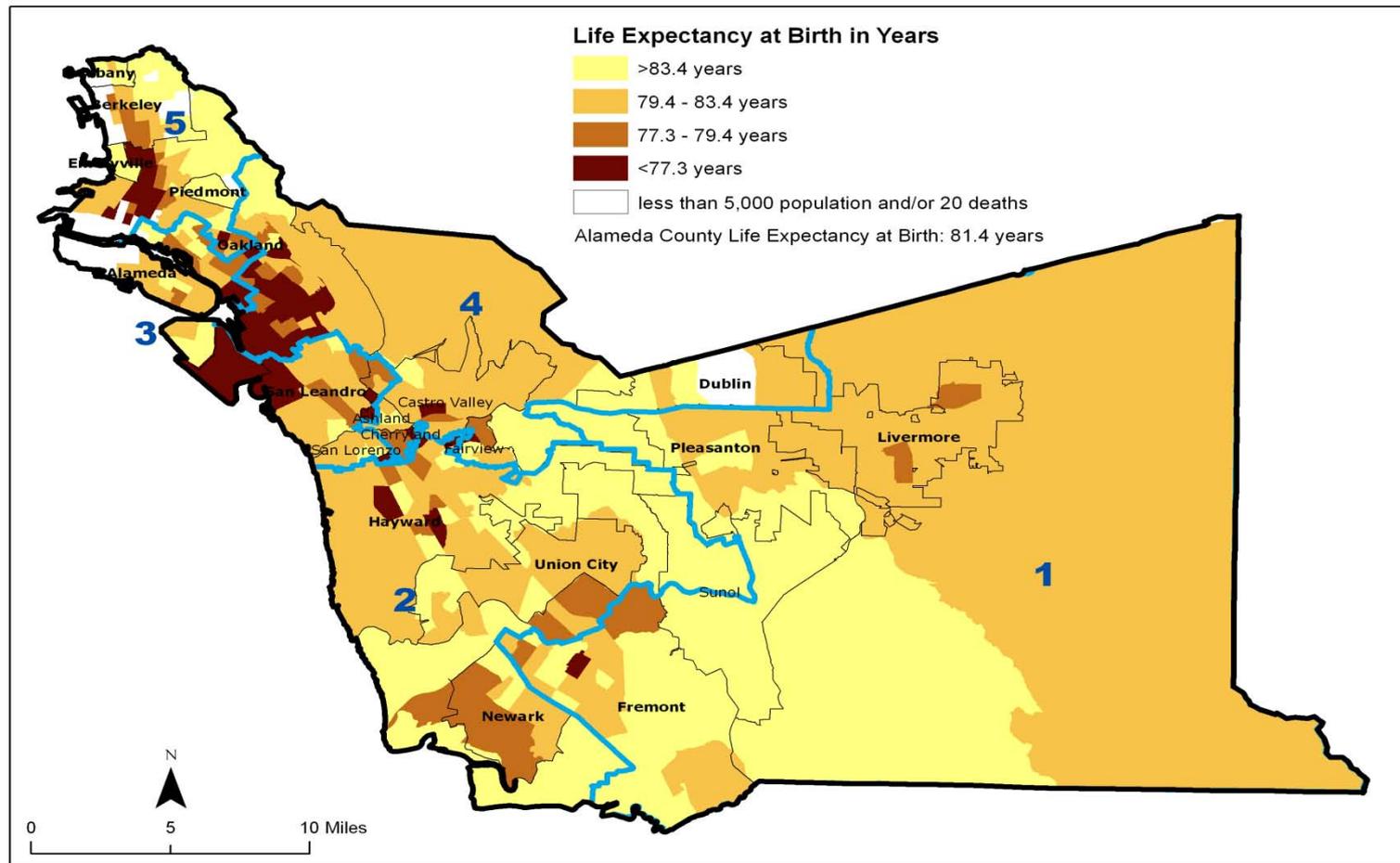


# Challenges and Opportunities

- The Social Determinants of Health
- Coverage Expansion and Increased Access to Care
- Delivery System Redesign
  - Behavioral Health Integration
  - Primary Care Expansion
  - The Health Care Portal
  - General Acute Care Collaboration

# Place Matters: Health Inequities by Where People Live

## Life Expectancy at Birth, 2006-2008

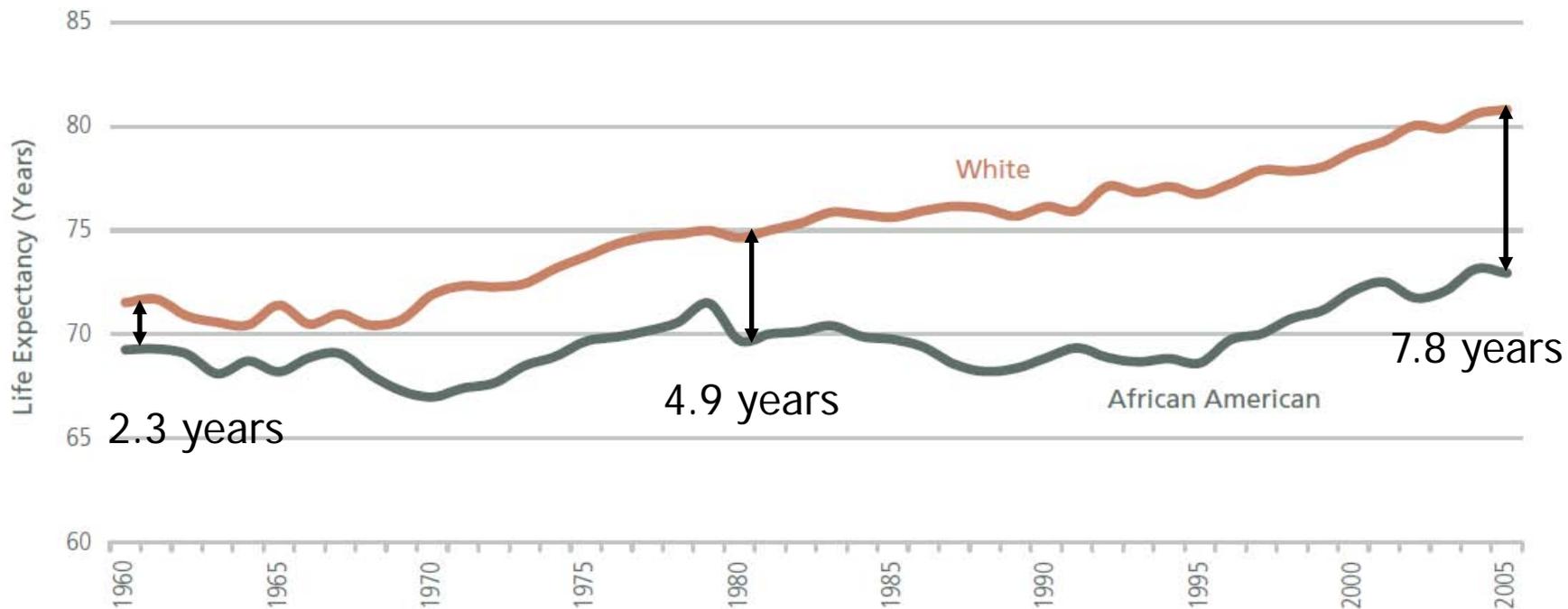


Source: CAPE, with data from Alameda County vital statistics files.



# Race and Racism Matters: Health Inequities by Race/Ethnicity

Figure 5: Historical Life Expectancy at Birth, Alameda County



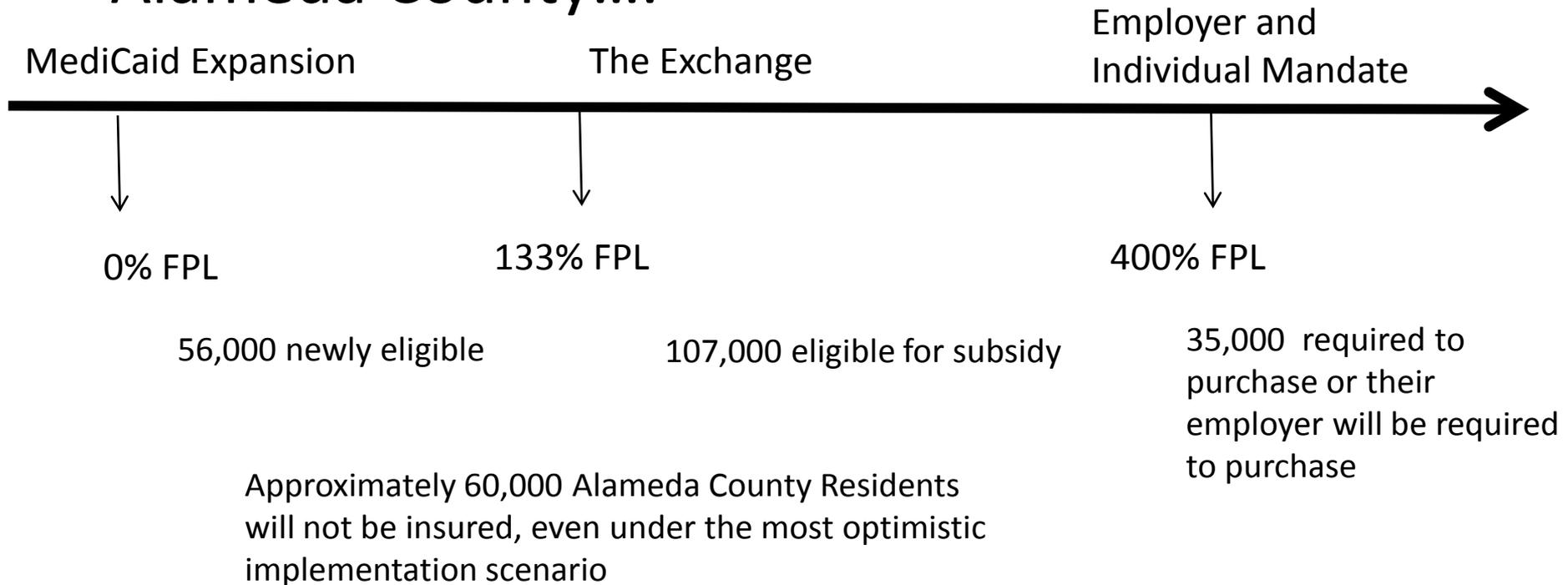
Note: White and African American defined regardless of Latino origin.  
Source: Alameda County vital statistics files, 1960-2005.

# Projections in Alameda County

- Of the 1.5 million residents in Alameda County, 17.6% were uninsured in 2006 totaling 229,252 persons. More recent CHIS data has adjusted this number downward, to about 200k, though the same data shows increasing number of the uninsured over the last three years.
- After full implementation of reform in 2018, 56,200 Alameda residents will be newly eligible under Medi-Cal, allocating nearly \$227 million to the county in federal match. We estimate that 107,547 Alameda residents will be eligible for subsidies to purchase private, individual insurance through the Exchange, with a countywide allocation totaling \$370.5 million in federal subsidies.
- Assuming full enrollment, Alameda would see a 95.5% insurance rate, with only 60,000 individuals remaining uninsured.[ii]
- Those who remain uninsured would be comprised of the undocumented and those with exemptions due to religious beliefs or financial hardship.

# Who Goes Where?

This is another way to break down the impact in Alameda County....



# 1115 Waiver in California

- 1115 Waiver was approved in November 2010.
- Four core components of the waiver:
  - Movement of SPD population into Managed Care
  - New financing structure for Public Hospitals
  - Pilots in BHI, Duals, and CCS
  - The Low Income Health Program (LIHP) or Pre-Medicaid Expansion
- The Low Income Health Program is California's effort to take advantage of the opportunity to expand MediCal eligibility before 2014 using county funds as the non federal match.
- Alameda County has a relatively unique (just a few counties) to take advantage of this opportunity, up to 40 million in new federal funds per annum.



# Overview of HealthPAC

Alameda County's Low Income Health  
Program (LIHP)

# Who will be eligible for LIHP?

To be eligible for funding under LIHP an enrollee must:

- Be 19 to 64 years old.
- Have a family income between 0 and 200% FPL.
- Verify Citizenship or legal permanent residency for at least 5 years.
- Not be eligible for Medi-Cal.

# Challenges Under LIHP

- Meeting access standards.
- Providing a medical home to all eligible patients.
- Unknown costs of covering out-of-network emergency services to MCE enrollees.
- Developing communication systems to provide true physical and behavioral health integration.

# Requirements Under LHP

- All patients must be given a medical home
- The County indigent program must become more “plan-like”
  - Network adequacy
  - Actuarially based rates
  - Cover out-of-network emergency and non-emergency transportation
  - Meet Medicaid cost sharing limits

# How does LHP fit into the existing County Indigent Program?

- The Alameda County Indigent Program, known as HealthPAC includes three populations
  - HealthPAC Medi-Cal Coverage Expansion (MCE)
  - HealthPAC Health Care Coverage Initiative (HCCI)
  - HealthPAC County (not eligible for MCE or HCCI and are between 0 and 200% of FPL)
- Services for the three populations will be the same except for coverage of out-of-network emergency services, which is only available to the HealthPAC MCE population

# Opportunities Under LIHP

- Increased funding for Services.
  - Expand mental health services.
  - Expand access to primary and specialty care.
- Improve care coordination for patients.
- Integrate primary and behavioral health services.
- Leverage funding for Sheriff through prisoner/inmate coverage.

# Timeline

February 14, 2011

- Applied for program

March 2011

- Amend CMSP/ACE contracts

July 2011

- New HealthPAC contracts to expand capacity to provide physical and mental health services

July 2014

- Eligible patients will move to Medi-Cal or Exchange.

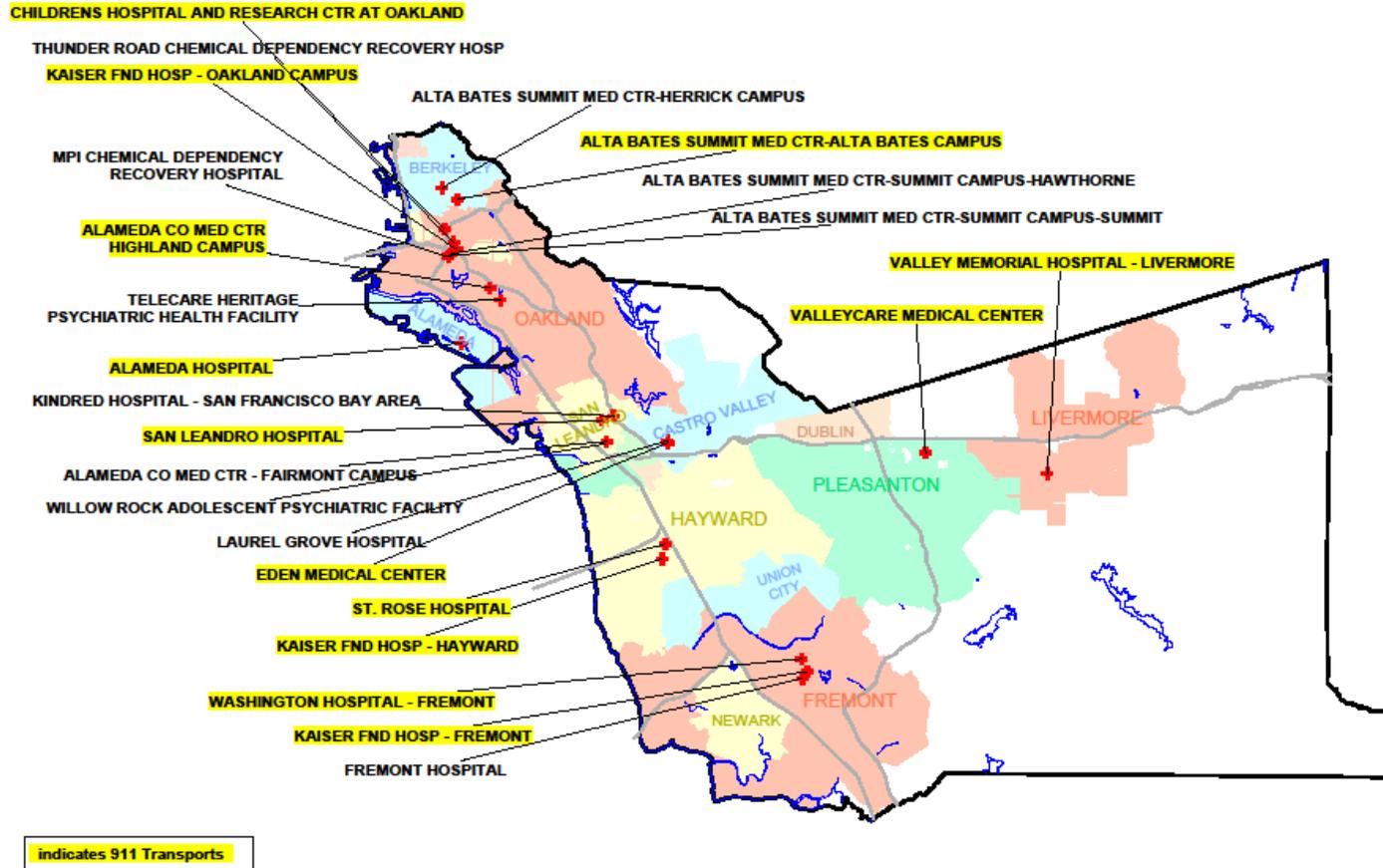
# How long does it take to access care through the safety net?

- Wait times for primary care
  - As long as 3 months for new patients
  
- Wait times for specialty care
  - As long as 6 months for new patients

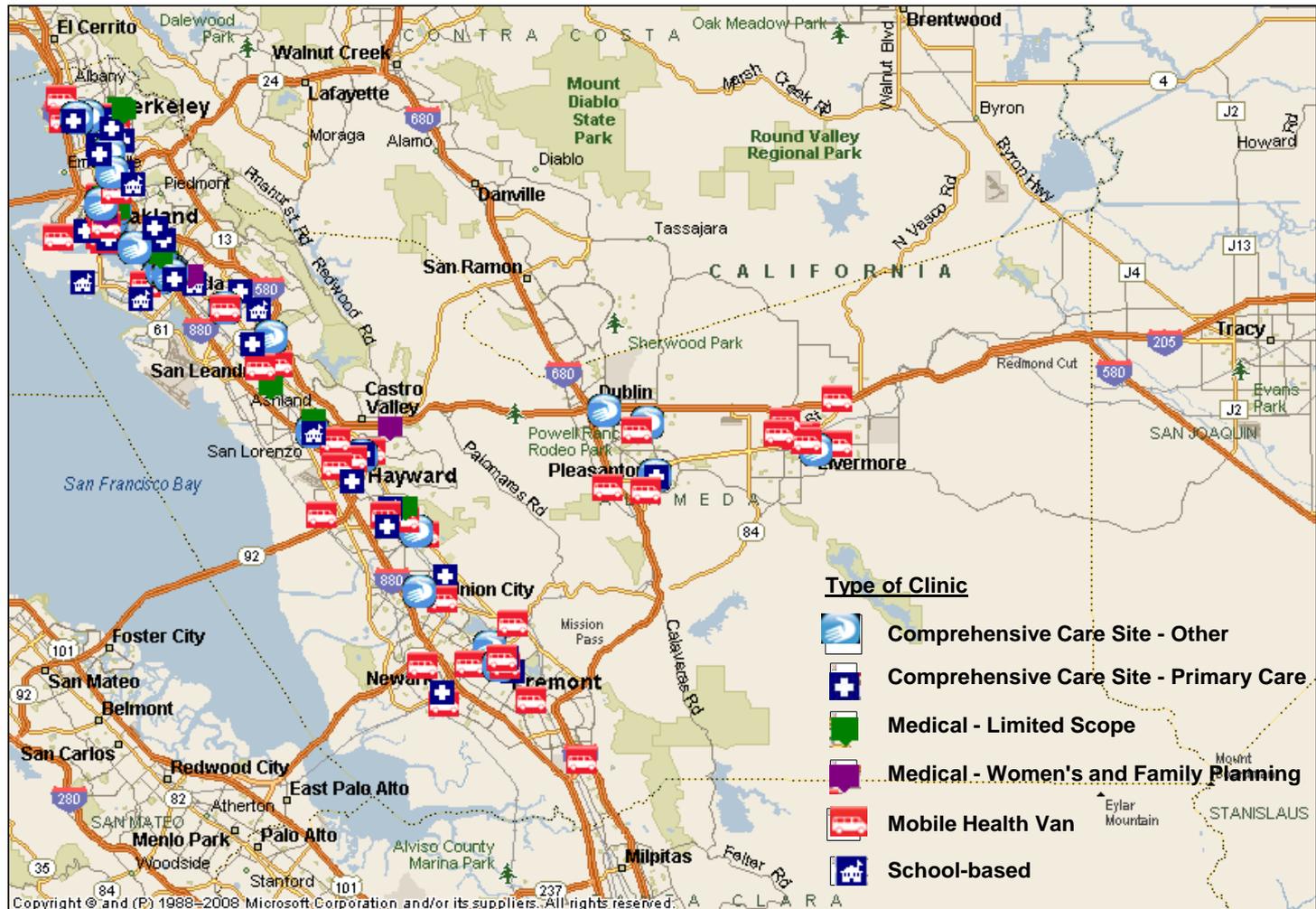
# Hospitals in Alameda County

Licensed as of 6/30/2007

Source: OSHPD



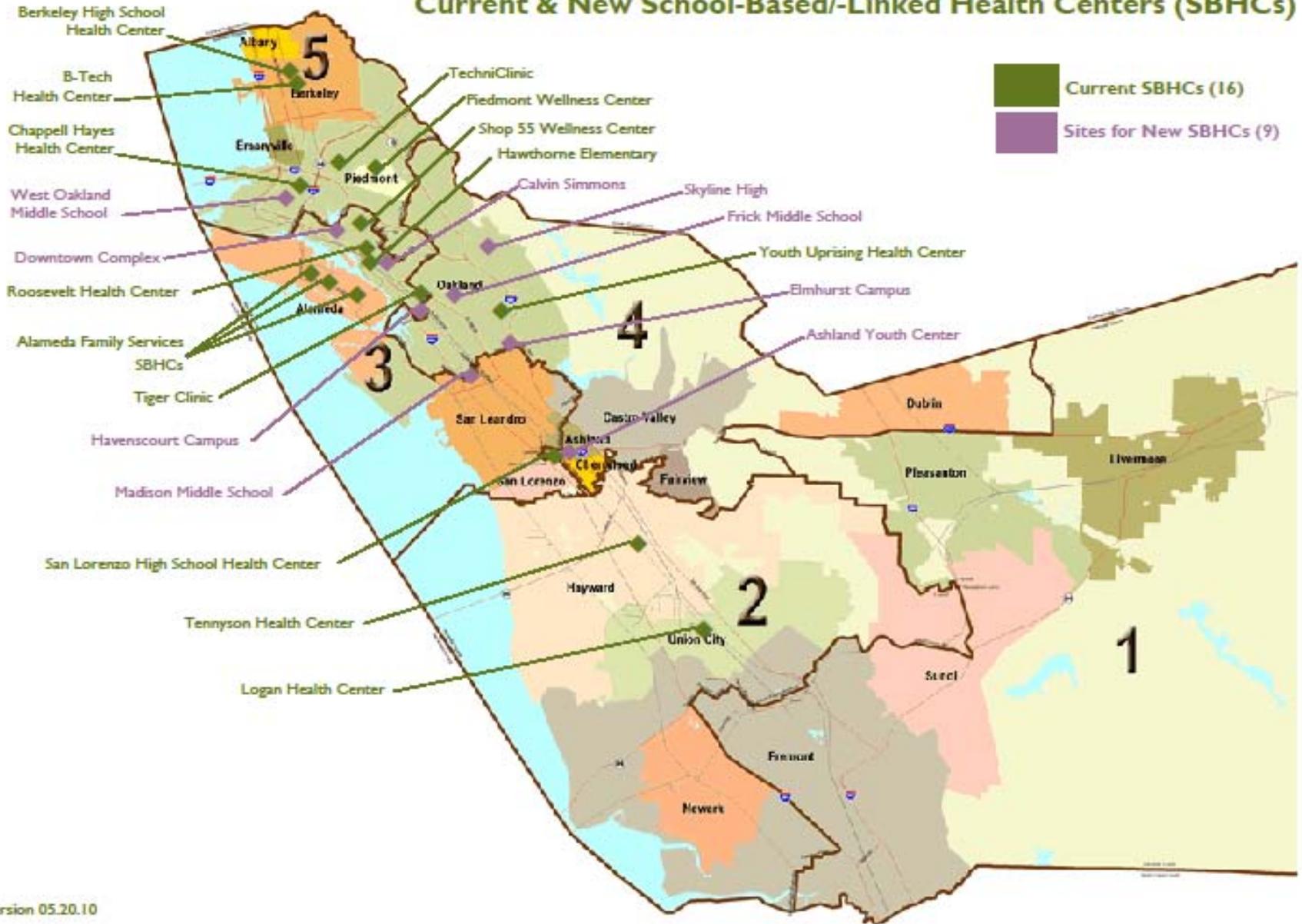
# All Primary Care Service Sites

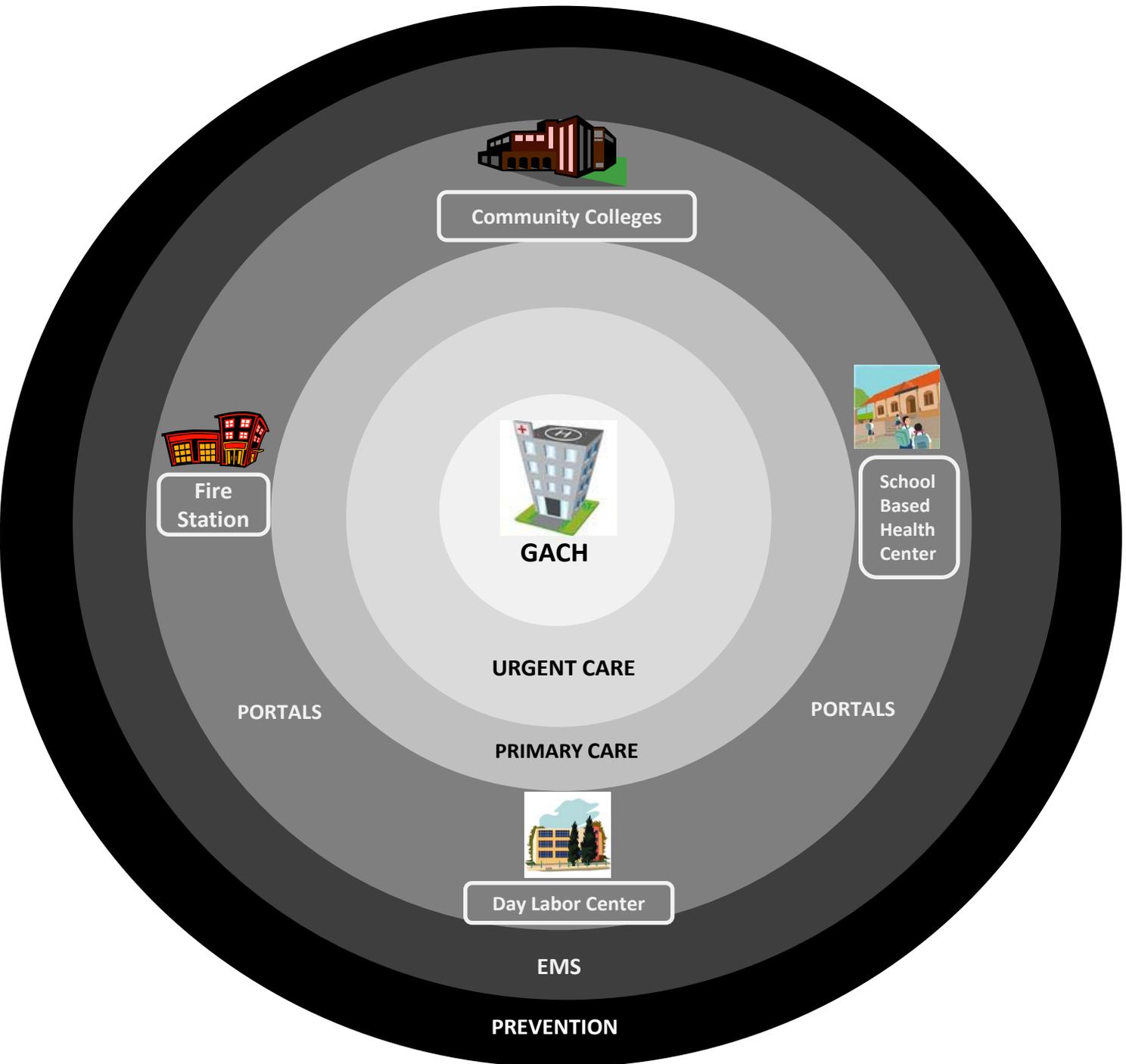


Note: Map includes all primary care access points.  
 Map created by Access to Care Collaborative, March 13, 2009



## Current & New School-Based/-Linked Health Centers (SBHCs)





Community Colleges



Fire Station



**GACH**



School Based Health Center

**URGENT CARE**

PORTALS

PORTALS

**PRIMARY CARE**



Day Labor Center

**EMS**

**PREVENTION**

# The Health Care Portal

- There is simply not now, nor where there be in the foreseeable future, an adequate supply of Primary and Preventative Care.
- Health Care costs are rising at five times the rate of wages, with health care premiums doubling in the last decade and projected to at least double in the next. A significant part of the problem is that we continue to drive episodic care to the highest cost settings.
- Per the American College of Emergency Room Physicians, California ranks 51<sup>st</sup> among states in the US in terms of ED capacity. In all other jurisdictions that expanded coverage (Vermont and Massachusetts), there were double digit percentage increases in ED utilization.
- The Health Care Portal is a new level of care, fully integrated in the existing health care service delivery system, place based, uses the expertise and trust of the EMS and Fire pre hospital care system, and accessible to all communities to dis-impact primary and ED service settings.

# Citations:

- Insure The Uninsured Project: County by County Comparison of the Impact of the Federal Health Care Reform
- Kaiser Family Foundation, Analysis of Federal Health Care Reform Legislation
- Author Stream: Federal Reform in Health Care
- Laurie Soman: Alameda County Children's Special Needs Committee
- CA Dept. Health Care Services Projections on March 2010 Federal Reform Initiative
- CMAC Fact Sheets on Health Reform