

# Expanding Access FOR THE Uninsured: Building a Community Response

In 2000, more than 38 million Americans did not have health insurance. While states have been active in expanding coverage to low-income children, other population groups – such as lower-income working families, adults without dependent children, and undocumented immigrants – remain largely uncovered. And the current economic downturn, combined with strained state budgets, has put recent gains in insurance coverage in jeopardy. Many who are currently insured may face the loss of employer-sponsored coverage or limits on the availability and scope of coverage through Medicaid and the State Children's Health Insurance Program.

Insurance coverage is the most important determinant of access to health services – nearly 40 percent of uninsured adults and 25 percent of uninsured children have no regular source of health care. With no medical home, the uninsured often do not receive regular preventive and primary care. Smaller proportions of the uninsured are screened for chronic diseases, and mortality rates for cancer, heart attacks, and many other conditions are highest among the uninsured.

The uninsured who do get care generally rely on a handful of institutions and individual providers who are willing to provide care without compensation. These safety net providers, however, are not organized to promote prevention, coordinate services, spread the financial burden among providers, or maximize access to and quality of care. Rather, systems are often fragmented, providing uncoordinated care to the health system's most vulnerable. In addition, safety net providers are pressured by a combination of market forces that affect their long-term viability, and those who depend on public subsidies are facing great uncertainty regarding the future levels of public funding.

While national and state policymakers have been stymied over options for creating comprehensive solutions, some communities have picked up the pieces of the broken system and put together solutions that are working. Communities and safety net providers around the country are responding to the lack of national action with innovative approaches to arranging and providing care to the uninsured.

Two of the nation's largest private health funders, The Robert Wood Johnson Foundation (RWJF) and the W.K. Kellogg Foundation, have provided critical support to such community efforts, offering both financial and technical support – along with the voice and the responsibility for designing their own approaches – to expand access. RWJF's

Communities in Charge program (which supports 14 communities) and Kellogg's Community Voices program (serving 13 communities) are helping broad-based community consortia design and implement new delivery systems that manage care, promote prevention and early intervention, and integrate services using a variety of models.

Foundations at the state and local level have also made access to care a priority – convening community leadership, funding communitywide planning processes, facilitating health system change, expanding insurance coverage, building the capacity of safety net providers, and filling gaps in the delivery of services. Many have also been instrumental to the local success of the Community Voices and Communities in Charge grantees.

Over the next three years, Grantmakers In Health (GIH) will be working with RWJF, Kellogg, and other national and local foundations committed to expanding access to synthesize lessons from their grantmaking. Our objective in this work is to provide foundations with lessons and models that will enable them to make successful community-level investments to improve access.

## OPPORTUNITIES FOR GRANTMAKERS

- **Convening Leadership and Supporting Community Planning** – Foundations can provide leadership in their communities by acting as a convener for community stakeholders and by supporting needs assessments and planning processes that lay the groundwork for coordinated responses. The Assisi Foundation, for example, led the development of a coordinated approach to improve access in Memphis, Tennessee. By funding community assessment tools, regional planning meetings, and financial and legal analyses, the foundation paved the way for the formation of Memphis Community Access Coalition, which coordinates medical care for the uninsured. At the state level, the Rhode Island Foundation worked with the Rhode Island Department of Health to survey more than 3,000 businesses about the health insurance they provide to their employees. The foundation subsequently convened government and business leaders, advocates, and health care provider groups, and it will be codirecting a two-year effort to develop solutions for the state's uninsured.

► **Facilitating System Change** – Foundations have also helped their communities to implement systemwide reform. Among the grantees of Communities in Charge and the Community Voices programs, the most common approach to expanding access has been enrolling their uninsured populations into organized health systems – systems that resemble managed-care plans, integrating the services of the safety net delivery system to provide better coordinated and more efficient care for uninsured residents. These plans are working to improve health care and lower costs by reducing care in inappropriate settings and eliminating avoidable illnesses and hospitalizations.

While community plans differ by eligibility criteria, services offered, financing sources, and administrative entities, they share many common elements. Comprehensive delivery networks – built around a community’s safety net providers – emphasize primary care and reduced inpatient and emergency room usage. In addition, networks are able to share uncompensated care more fairly among providers and coordinate specialty referrals among voluntary physicians who agree to take a certain number of referrals for the plan’s uninsured enrollees. Clinic and hospital services are often linked through data systems that share information and create seamless transitions for uninsured patients.

Several of the Community Voices grantees and most of the Communities in Charge grantees have implemented this approach with some level of success, having enrolled thousands of uninsured patients into health plans. Foundation funding has been used to support the planning for and implementation of such efforts and the administrative structure that is required for continued operation.

Local foundations, too, have been leaders in helping their communities adopt systemwide approaches. The Jewish Healthcare Foundation, for example, has been a key player in creating the Coordinated Care Network of Pittsburgh. The network has developed a model to finance and deliver health care to the uninsured by selling preventive case management and disease management services to health maintenance organizations. Cost savings from reduced utilizations are used to offer primary care, mental health and substance abuse treatment, dental services, and dozens of other programs to the uninsured.

► **Expanding Insurance Coverage** – Several of the grantees of the Community Voices and Communities in Charge programs are complementing delivery system reform with efforts to expand private coverage. The Denver Health Community Voices grantee, for example, has initiated a subsidy program that targets low-income, small businesses newly offering insurance coverage to workers. The program covers a percentage of the premiums. At the local level, the Alliance Healthcare Foundation brought together community and business leaders who are committed to improving access to health care for the uninsured in San Diego. The main focus

of its initiative has been to develop an insurance program for low-income workers that subsidizes operational costs and premiums through an existing health plan. The foundation also works to inform, educate, and promote the expansion of health coverage for the county’s uninsured residents.

► **Building the Capacity of Safety Net Providers and Filling Gaps in the Delivery of Services** – Strengthening the capacity of providers who make up the community’s safety net is a critical complement to system reform and expanding insurance coverage. Foundations have been active in this area for many years, providing operational support and technical assistance to safety net providers. Recently there has been an increased focus on providing support for networking and management information systems. The Health Foundation of Greater Cincinnati, for example, is funding a network of safety net providers to implement shared services arrangements – creating more efficient ways for providers to manage their ongoing services, reduce their operational costs, and enhance the quality of services delivered to their patients. Shared services include clinical and administrative services such as billing and claims processing, utilization management, and patient tracking.

Strengthening the capacity of the safety net also includes filling gaps in services that are available to the uninsured. Many foundations play a critical role by subsidizing underfunded services such as oral health and mental health or care for populations that perpetually lack coverage. Funded by the Community Voices program, for example, Vision For Health in Baltimore opened the nation’s first health center for uninsured men between the ages of 19 and 64, many of whom are not eligible for government health programs.

*GIH is interested in programs designed to expand access and insurance coverage. If your foundation is working with communities to improve access, please let us know by contacting Julia Tillman at 202.452.8331*

## SOURCES

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