


Still Intact-- Still Endangered

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Community Tracking Study

- ❑ Conducted by the Center for Studying Health System Change
 - ❑ Since 1996—biennial site visits to 12 nationally representative urban communities plus ongoing surveys
 - ❑ Funded by the Robert Wood Johnson Foundation
 - ❑ Continuing focus on safety net issues across communities
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Community Tracking Study Sites





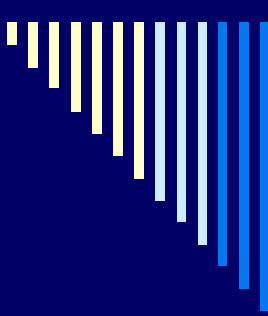
Wide Array of Safety Net Providers in CTS Communities

- Public Hospitals: Boston Medical Center, Cambridge Health Alliance (BO), MetroHealth (CL), Wishard (IN), Harborview (SE), Jackson Memorial (MI), Maricopa (AZ)
 - Public Academic Health Centers: UAMS (LR); UCI (OC); SUNY Upstate (SY)
 - More than 100 FQHCs and “look-alikes”
 - Numerous other publicly- and privately-supported free and subsidized clinics
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Broad, recurring themes

- ❑ Vastly different indigent care eco-systems
 - ❑ Remarkable resourcefulness in spite of (or because of) limited resources
 - ❑ Vulnerability to economic cycles; potency of local social and political trends
 - ❑ Medicaid policy is critical
 - ❑ Management matters
 - ❑ Limited progress in devising truly *community-wide safety net systems*
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Recent trends/observations from Round 6 site visits (Feb- June 2007)

- Safety net providers solidify their lock on caring for the uninsured
 - Growing demand; fewer alternative sites of care; limited growth in core support funding
 - Impact of physician shortages is growing
 - Evasive behavior of many private providers --widely rationalized as necessary due to “economic realities”
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Trends (2). . .

- Safety net providers achieve “magnet status” for specialty care to low income patients
 - Without employed specialists of public hospitals and academic health centers there would be severely limited access for uninsured and Medicaid patients in many communities
 - ED specialty coverage also is highly reliant on these same facility-based physicians
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Trends (3) . . .

- FQHC funding growth impressive, but much of increase going to new sites
 - CHCs as primary care backbone of safety net; embody “patient centered medical home”
 - SN Hospitals anchor local indigent care systems; w/o them systems would collapse
 - Many SN hospitals tempted to engage in mission shifting/hedging to safeguard financial position
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Trends (4). . .

The reform dilemma. . .

- Safety net providers are appropriately anxious about state level reform

It may not happen. . .

It may not be sustainable. . .

It may not be comprehensive. . .

It may not be the solution envisioned...



Persisting Problems

- ❑ Continued deterioration of public mental health services has substantial spillover effects on safety net providers
 - ❑ Ambivalent Medicaid policy regarding support for safety net providers
 - ❑ Immigration—health care system as crucible
 - ❑ Recent era of relief, restoration, and reform has passed—recession looms
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The real threats to the safety net

- ❑ Service ethos of health care providers being subordinated to “economic realities”
- ❑ Professed belief in consumer-directed care ascendant over notions of need-based care

Providers committed to keeping need-based care flame flickering do so at their own peril
