

APR 26 2016

BY *Alyce Evans*
CLERK OF THE BOARD

For the Agenda of:
April 26, 2016

"Communication Received and Filed"

To: Board of Supervisors

From: Department of Health and Human Services

Subject: Status Update: Healthy Partners Program

Supervisory
Districts: All

Contact: Sherri Z. Heller, Director, Health and Human Services, 875-2002
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Overview

A limited benefit healthcare services program for undocumented Sacramento county residents was authorized during the 2015-16 Fiscal Year June Budget Hearings. A November 10, 2015 Board item provided a brief planning update and introduced the program name, "Healthy Partners." On December 16, 2015, the Department of Health and Human Services (DHHS) provided a report back on the planning status for the Healthy Partners program. Enrollment and primary care services began as planned on January 4, 2016. This report provides an overview of the early implementation status.

Recommendation

Receive and file.

Measures/Evaluation

Program services began January 2016. As of April 7, 1,629 have been enrolled in Healthy Partners. Program capacity of 3,000 enrollees is anticipated by the end of June 2016.

Fiscal Impact

None.

BACKGROUND

A healthcare program was approved during the Fiscal Year 2015-16 June Budget hearings. This is a limited healthcare benefit program for adult low-income undocumented county residents who meeting residency, income and other eligibility requirements. The most recent update for the Healthy Partners program was pre-implementation on December 16, 2015. Enrollment and primary care services began as planned on January 4, 2016. This report provides an overview of the implementation status to date.

IMPLEMENTATION UPDATE

Enrollment & Referrals

Enrollment into the Healthy Partners program began formally on January 4, 2016. As of April 7, Healthy Partners has 1,629 enrollees. It is anticipated that Healthy Partners will reach full enrollment by the end of June 2016. Once the program reaches capacity, enrollment will be closed and a waiting list will be maintained.

Most individuals (47%) are referred by word of mouth (family and friends). Communities based programs received training and are providing navigation and enrollment assistance. La Familia and Sacramento Covered are primary referral sources.

	Enrollment
Data as of April 7, 2016	1,629
	Largest Referral Sources
Family and Friends	762
Sacramento Covered	214
Media – Spanish	182
La Familia	192
Faith Based – Immigration Support Network	62

Spanish is the preferred language of approximately 95% of the enrollees.

Primary Care Services

In terms of primary care services, the County Health Center has been able to accommodate new patients to establish integrated primary care. This population tends to have a higher “show rate” for appointments than other populations. Enrollees are also served by Pharmacy, Radiology and Quest (laboratory services located on site) as indicated by their primary care provider.

Healthy Partners enrollees pay out of pocket for most medications through low cost retail stores such as Walmart. Many medications are available for either \$4 (one-month supply) or \$10 (three-month supply). Medications are the patient’s only out of pocket costs for this program. County Pharmacy provides a limited county formulary for those medications that are deemed essential and are not available through low cost retail. Approximately 70% of medications dispensed through the County Pharmacy so far have been for diabetic medications and supplies. The next largest medication need has been for asthma.

During initial implementation, newly enrolled clients remarked on the following themes:

- Disbelief that there is no cost to primary care. They described that the cost sharing at many community clinics was too high for repeat visits and services. (Typically each service requires a co-pay; primary care visit, lab, pharmacy, etc.)
- They value their Healthy Partners Identification Card as it provides legitimacy to their establishment with a primary care medical home.
- Many people were relieved that medications for diabetes do not require out of pocket expense. These drugs are expensive (approximately \$100 – \$120 per month) and have been a tremendous strain on families with limited resources.

- Many have been disconnected from healthcare for many years due to fear, perceived discrimination, and high cost.
- Staff have conducted patient satisfaction surveys over the phone and found that patient experience thus far has been positive across service lines (enrollment, primary care, pharmacy, and radiology).

The contract with Employee Health Systems, Inc. (EHS) was executed on April 1, 2016. EHS provides advanced imaging services such as Magnetic Resonance Imaging (MRI) and will provide specialty consults. These are secure, electronic consultations with a specialist.

Specialty Services

Specialty services are not part of the core Healthy Partners benefit. They are authorized based on medical necessity and specialist availability.

Specialty services through SPIRIT (Sacramento Physicians' Initiative to Reach Out, Innovate, and Teach) began February 2016. Sacramento Sierra Valley Medical Society (SSVMS) SPIRIT staff and local hospital system partners (Dignity Health, Sutter Health, Kaiser and University of California, Davis (UCD)) have completed initial outreach to hospitals, physician medical groups, ambulatory care centers, and surgical teams. This will require ongoing dedication to expand services. Arranging to expand surgeries requires extra efforts due to the number of involved parties (e.g., medical groups, anesthesia groups, hospitals, ambulatory care centers, etc.)

Current available SPIRIT services are:

Specialty Outpatient Services in Physicians' office - ENT (Otolaryngology) and Ophthalmology

Surgical Services - Ophthalmology, ENT, Hernia, General Surgery, Orthopedics (limited), and plastic surgery (carpal tunnel). The physicians see the patients in their private offices for the pre-operative appointment prior to surgeries. Waits for surgeries are varied.

County/SPIRIT Specialty Onsite Clinic - Many volunteer physicians expressed a desire to work at the Primary Care Clinic outside of business hours. The first Saturday morning specialty clinic is scheduled for April 23. This may include the following specialties: Dermatology, Neurology, Gynecology, and Urology. Specialists will receive an orientation and see scheduled patients. County staff onsite will include a manager, healthcare, and clerical staff.

SPIRIT specialty services in development – SPIRIT staff is currently recruiting other specialists to begin services at their offices or at the Primary Care Center. SPIRIT and hospital systems are also working to increase surgeries available through the ambulatory surgery centers.

Specialty Services / Health Center - Some limited specialty will also be offered at the County Health Center through the UCD TEACH (Transforming Education and Community Health) program. These are primary care internal medicine physicians with specialized expertise - Nephrology, Rheumatology and Muscular-Skeletal.

STAKEHOLDER PROCESS

Stakeholder meetings have evolved into a Healthy Partners Advisory Group as of February 2016. Members have been pleased to continue active involvement. This meeting includes program updates (enrollment, primary care, specialty), data and other topics of interest. Advisory members include:

Representation	Seats	Detail
DHHS Primary Health	3	Convener; program leadership
Advocates	4	Building Healthy Communities (BHC), Legal Services of Northern California (LSNC), Sacramento Area Congregations Together (Sac ACT), Sacramento Covered
Beneficiaries	3	Will recruit
FQHC (Community)	1	Cares Community Health represents the community FQHCs.
Employee Health Systems	1	
Hospital Systems	2	Dignity Health, Kaiser were selected by hospital systems to represent the group.
Physicians	2	Sacramento Latino Medical Association (SaLMA) and UCD Department of Internal Medicine
SPIRIT	1	SPIRIT Program Director
Total	17	

Stakeholders have been pleased to stay involved as the program transitioned from concept to implementation. In the last few meetings, stakeholders have discussed their thoughts about program expansion. Stakeholders have prioritized expanding primary care services over expanding specialty services. Some desire service provision in other parts of the county to assist with geographic access. Others would like the upper age requirement (age 19 – 64 years) to either be lifted or extended a few more years.

Healthy Partners Briefings by members of the advisory group for the Board Chiefs of Staff have also been scheduled. The first one was held February 25, 2016. These meetings include program status updates and data on enrollment and healthcare services.

ORGANIZATION AND FUNDING

The Clinic Services budget contains the County Health Center that provides integrated behavioral health primary care services, the Refugee Health Assessment Program, and the Radiology Clinic. The County Health Center’s primary care teams provide services to clients with multiple eligibility types. There are currently no enrollees in the County Medically Indigent Services Program (CMISP). Over the years the CMISP population was replaced by the Low Income Health Program enrollees, then Medi-Cal and uninsured. Now the teams provide services for Medi-Cal, Healthy Partners and Uninsured. Healthcare teams do not specialize in exclusively treating individuals with one program eligibility type. The same is true for the Pharmacy and Radiology services that support Clinic Services programs as well as other programs outside the division such as Public Health, Mental Health Outpatient, Mental Health Treatment Center, and Juvenile Medical Services.

The only employees dedicated specifically to Healthy Partners are the Healthy Partners Member Services staff. They provide eligibility, enrollment, service education, initial appointments and will handle any concerns.

The foundation of the current Health Center staff are those positions that remained after the reductions to staffing made in Fiscal Year 2014-15. Those reductions were made necessary by the State's take back of Health Realignment funds. The County Health Center and Pharmacy expect to absorb the new Healthy Partners enrollees into existing budget and resources. *Exception:* some of the costs to run the specialty clinics will be in the Clinic Services budget. In anticipation of those expenditures, some funds may need to be transferred from the Healthy Partners Specialty Medical Treatment Account into Clinic Services.

\$1 million in health realignment for CMISP in the Medical Treatment Account was redirected to the new Healthy Partners program for contracted specialty services as part of the Fiscal Year 2015-16 Adopted Budget. In addition, a new allocation of General Funds for Healthy Partners was approved in the Fiscal Year 2015-16 budget. This included \$400,000 for administration and \$1.5 million for contracted specialty services. The combination of the \$1 million in redirected health realignment and the \$1.5 million in new General Funds is located in the Medical Treatment Account budget. The \$400,000 for administration of the program is in the Clinic Services budget.

Since the EHS contract was not executed until April 1, there will be minimal expenditures this fiscal year. In the new fiscal year, the specialty budget will be carefully monitored and will not exceed the amount allocated. The plan currently is to utilize the EHS contract for advanced diagnostics and specialty consults. This will leave funds for some specialty costs within Clinic Services.

Increases in costs will occur if there are changes to the number of enrollees, changes in eligibility requirements or changes in the service benefits. Unavoidable costs are those associated with costs of living or allocated costs. Per Board direction, this program was capped at 3,000 enrollees with specific eligibility requirements and limited healthcare benefits. Specialty dollars are also capped.

MEASURES/EVALUATION

Enrollment was 1,629 as of April 7. This is 54% of the target enrollment.

The Department is tracking enrollment, referral sources, preferred language, basic demographic data, chronic conditions, and service utilization. Other reports such as patient experience and clinical measures will be completed periodically. This information will be reviewed by the County Health Center leadership, the Healthy Partners Advisory Group and the Board Chiefs of Staff.

Enrollment and services are still in the implementation phase. Preliminary impressions are that Healthy Partners patients are more likely to keep appointments, are younger and healthier than the Medi-Cal Expanded Adult population or the former County Medically Indigent Program population and there is heartfelt gratitude for the primary care services they are receiving.

Commonly diagnosed chronic conditions are the same as the Medi-Cal population: diabetes, heart/cardiovascular, hypertension, asthma/respiratory, and/or mental health conditions.

SUMMARY COMMENTS

The Department appreciates the opportunity to administer the Healthy Partners program. It is a privilege to serve the enrollees and to have such invested community partners. Another status report will be completed FY 2016-17.

Respectfully submitted,

APPROVED:
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By: _____
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