

## **Relationship between Specialty Care, Hospital Services and Pharmacy**

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**March 24, 2015**

Non-insured individuals in California are able to access emergency services when needed and may qualify for presumptive eligibility if pregnant and otherwise not eligible for public insurance or temporarily when presenting to participating hospitals. Additionally the state Family PACT, the Every Woman Counts, and the Breast and Cervical Cancer Treatment (BCCTP) programs cover family planning, and sexually transmitted disease testing and treatment for both men and women and breast cancer screening treatment for women and men and cervical cancer treatment for women. Individuals without an emergent or one of the categorical needs, however, have limited options for access to primary and specialty care. For individuals who are prohibited from participating in the insurance exchange market, fewer options exist. Many of these individuals may afford to receive primary care at a Federally Qualified Health Center (FQHC) on a sliding scale, but this does not guarantee access to specialty care. This lack of access to specialists may lead to significant disease burden, affect quality of life and ability to function and limit employment potential. Over time the cost of non-treatment can be significant, especially when lost work days are added to the sum.

Therefore although access to primary care is important and foundational, access to non-emergent specialists, especially those in surgical or interventional specialties is also of importance and requires equal focus. Even non-surgical medical specialties that require advanced diagnostic tests can be cost prohibitive to access for individuals who are not insured. Sadly, the consequences of not having this level of comprehensive care can lead to significant personal burden and financial burden to the system.

Examples of common ailments or diseases that would be gaps in coverage in a system that solely provides primary care include the following:

1. Simple Hernia: Hernias result from a variety of factors and can grow in size, become painful, and the person's intestine may become incarcerated (blocked)—leading to a medical emergency. Repair of a hernia is a low risk surgical procedure that can be performed by a general surgeon and rarely requires inpatient hospitalization. The cost of the surgery may be prohibitive for an individual without insurance and will include a facility charge, anesthesist fee, and surgeon fee, at minimum.
2. Gallbladder Stones (Cholecystitis): Gallbladder stones lead to irritation of the gallbladder that in turn causes significant abdominal pain, nausea, vomiting and inability to eat. Stones can eventually block the gallbladder outlet and lead to liver irritation and an irritated gallbladder can also become infected requiring open drainage or removal.

Patients suffering from cholecystitis may have several hospital emergency department (ED) visits due to pain but unless the gallbladder is infected or about to rupture, surgeons prefer to remove it when the inflammation goes down. Therefore, surgical removal is considered best when done in a non-emergent manner and considered low risk. For individuals without insurance this cost can be prohibitive.

3. Gastrointestinal (GI) endoscopies (colonoscopy, upper endoscopy, stomach/esophageal biopsies): Individuals may require a GI tract endoscopy or biopsy for a variety of non-emergent reasons like screening for colon or esophageal cancer, diagnosing particular types of stomach ulcers, diagnosing autoimmune diseases like Chron's or Ulcerative Colitis. Failure to screen or accurately diagnose these issues can lead to significant morbidity and mortality---at a time when treatment options are well established. For example, individuals with a family history of colon cancer can prevent developing cancer by monitoring colon polyps on a regular basis. This can only be done by a gastroenterologist or general surgeon trained in endoscopy and may require anesthesia---rarely are these able to be performed in the primary care setting.
4. Cancers: Diagnosing and treating cancers frequently requires advanced diagnostic equipment, surgical intervention and hospital based treatments. In California breast and cervical cancers are covered through the BCCTP program however no specific coverage exists for any other form of cancer. Common cancers like skin, colon, and prostate require biopsies, advanced diagnostic tests like CT and PET Scans and may require surgical removal or surgical open biopsy to confirm a diagnosis. These problems rarely present as medical emergencies and therefore non-insured individuals have limited options for obtaining a diagnosis in a timely fashion. Patients may also present with a definitive diagnosis but then have to face limitations in treatment. Radiation Oncology is a treatment option only available in hospital based settings or self-standing specially licensed centers. Chemotherapy treatment may be provided either in a hospital infusion center or physician office, but although physicians are willing to waive their professional fee, the cost of chemotherapy agents is prohibitive for a non-insured individual.
5. Complex Medical Issues: Certain complex medical issues require specialty intervention that may only be provided in a hospital based setting or may require advanced diagnostic support. Complex and/or new seizures or onset of new headaches, for example, may not be initially seen via an emergency room but may present at the primary care office. In order to ensure there is no brain mass or other issue causing the new seizure, CT and/or MRI scans may be required. If a mass is found a biopsy is warranted and on occasion ablation of the lesion will be required----these can only be performed by a neurosurgeon in a hospital based setting. Some lesions are not

cancerous and patients are able to live full lives once they are removed or minimized. Common examples of these lesions are pituitary adenomas.

When considering coverage options for the residually uninsured it is therefore important for systems to take into account the importance of primary care as a foundation but also the need to have specialists, advanced diagnostic and hospital based services available, albeit with limitations. Failure to do so may end up costing more as patients will eventually seek ED care, may have more advanced disease or be higher risk patients.

As Sacramento County considers expanding access to primary and specialty care to the residually uninsured, it is important to understand the potential barriers and issues that may arise. In our experience working with free clinics, FQHC's and faith based clinics, common themes have emerged in include:

1. Limited access to diagnostic services can hinder a specialist's ability to provide care that meets community standards. Thoughtful consideration of what those services are and establishment of evidence based guidelines on their use is critical.
2. Individuals need to have a stable medical home that is capable of managing their care across the delivery system in order to have the best outcomes and contain costs. Tying coverage to the medical home is important. For example, individuals will get a specialty service covered only when referred to the service by their medical home.
3. Specialists and hospital based providers are able to efficiently communicate with the patient's medical home. This can be done both by phone or secure electronic communication.
4. Assistance with prescriptions is highly advised at the provider level to ensure use of generics and evidence-based practices are maximized. A pharmacist who can help guide prescribers from expensive "new" medications that have no proven record of improved outcomes and have a lower cost alternative is critical. Additionally, when a generic option is not available a system that utilizes the Pharmaceutical Assistance Programs when appropriate can help keep costs down.

The following table highlights common hospital based or higher cost diagnostic services that may be required in order to appropriately support the specialist in providing equal high quality care to all patients. Associated high cost medications that may not have a generic alternative are also noted.

<b>SPECIALTY CARE AND ASSOCIATED HIGH COST TREATMENTS AND SERVICES</b>	
<b>Specialty Service (Non-Surgical)</b>	<b>Associated Hospital Based or High Cost Diagnostic Service</b>
Neurology	CT, MRI, EEG
Gastroenterology	Endoscopy, Colonoscopy,
Cardiology	ECHO, Cath Lab, Nuclear Stress Tests
Pulmonary	CT, Pulmonary Function Testing, Sleep Apnea Diagnostics
Oncology	CT, MRI, PET Scans, Infusion Services, Radiation Services, Surgical/Open biopsy Services
<b>ASSOCIATED HIGH COST MEDICATIONS</b>	
<b>Specialty Service</b>	<b>Associated Potential High Cost Pharmaceuticals</b>
Neurology	New generation anti-seizure medications
Gastroenterology	New generation Hepatitis C treatment
Cardiology	Anti-platelet
Pulmonary	Asthma and COPD inhalers
Oncology	Chemotherapy
Rheumatology	Biologics (e.g. Enbrel)
Endocrine	New generation Insulin