

**COUNTY OF SACRAMENTO
CALIFORNIA**

For the Agenda of:
September 27, 2016
“Communications Received and Filed”

To: Board of Supervisors

From: Department of Health and Human Services

Subject: Status Report: Healthy Partners Program

Supervisory District(s): All

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Overview

In June 2015, the Board of Supervisors approved a limited healthcare benefits program for uninsured, undocumented Sacramento County residents meeting specified criteria. It was later named “Healthy Partners.” The program was launched in January 2016, beginning with enrollment and primary care services. Specialty services have been phased in as they became available. This report provides basic information covering the initial six months of operation (January 2016 – June 2016) and a current status update. Full program enrollment of 3,000 members was reached on August 11th and a wait list was activated.

Recommendation

Receive and file.

Measures/Evaluation

The Department tracks enrollment, referral sources, language preference, basic demographic data, chronic conditions, and service utilization. Other reports such as patient experience and clinical measures will be completed periodically.

Fiscal Impact

None.

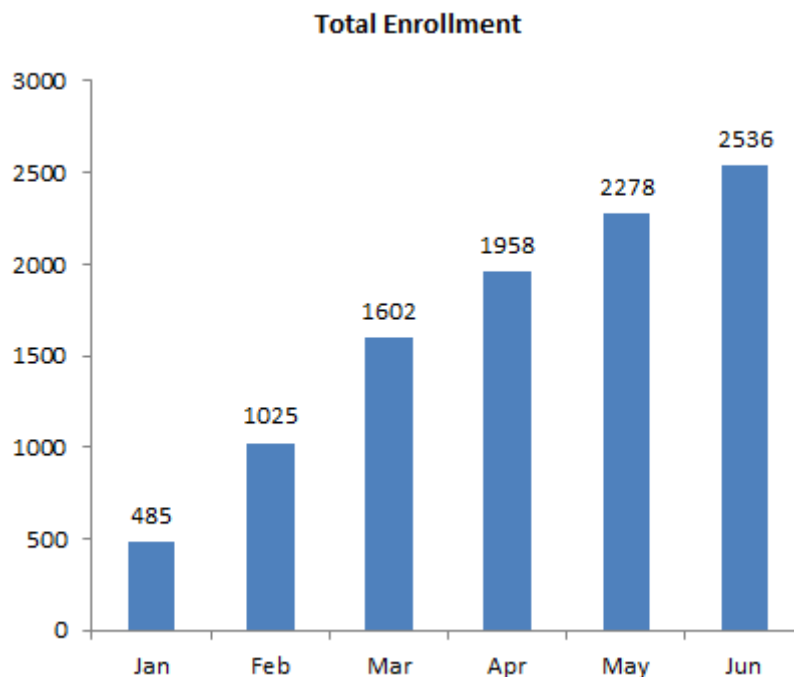
BACKGROUND

In June 2015, the Board of Supervisors approved a limited healthcare benefits program for uninsured, undocumented Sacramento County residents meeting specified criteria. It was later named “Healthy Partners.” The program was launched in January 2016 beginning with enrollment and primary care services. Specialty services have been phased in as they became available. This report provides basic information covering the initial six months of operation (January 2016 – June 2016) and a current status update.

ACCOMPLISHMENTS – Period of January – June 2016

Enrollment

Healthy Partners Member Services staff completed enrollment. Navigation assistance was provided in the community by Sacramento Covered and La Familia. Both agencies have trained staff that work closely with Healthy Partners member services staff. There were **2,536** enrolled as of June 30, 2016. *Note: Full enrollment of 3,000 members was reached August 11, 2016 shortly after the close of the six month review period.*



Most individuals (48%) were referred by word of mouth (family and friends). Community-based programs (La Familia and Sacramento Covered) received training and provided navigation assistance.

| Referral Source | Percentage |
|--------------------|------------|
| Family & Friends | 48% |
| Other* | 19% |
| Sacramento Covered | 13% |
| La Familia | 10% |
| Media | 8% |
| Faith Based | 3% |

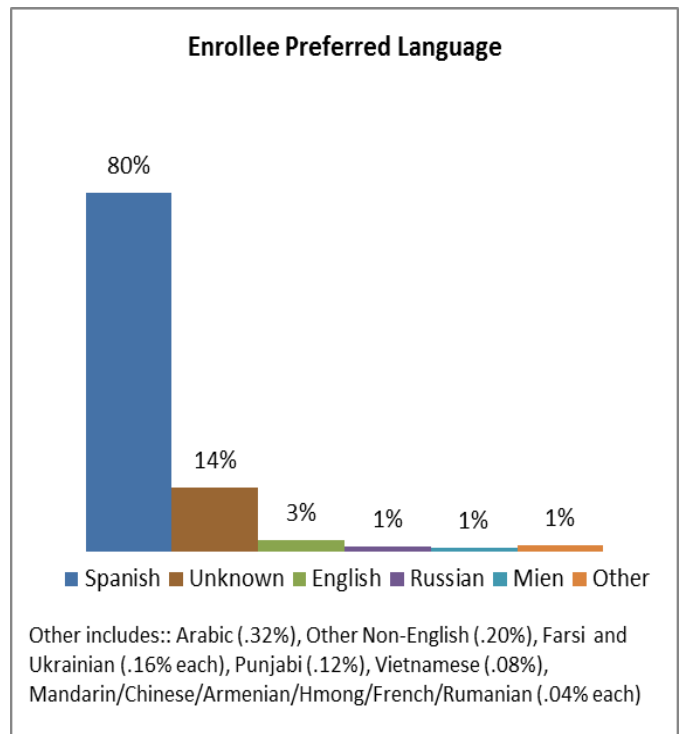
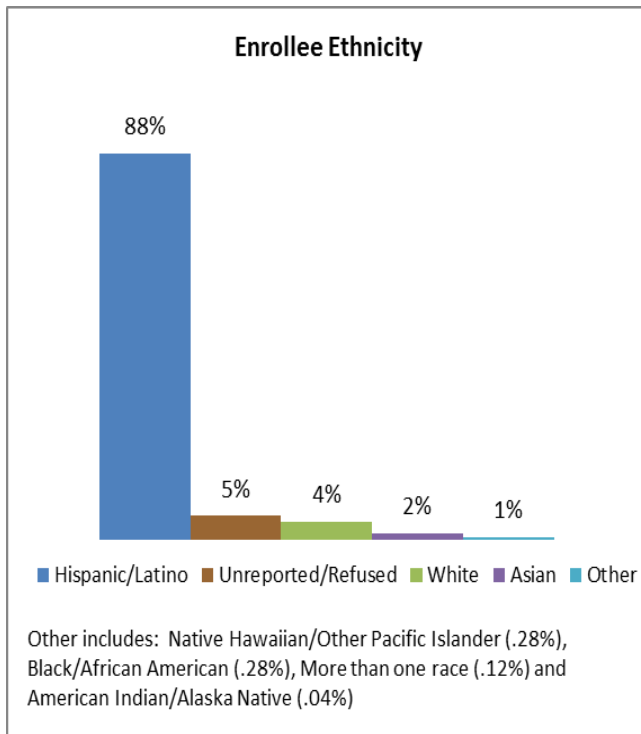
* Other includes "walk in" clients, community clinics, unknown source, etc.

Participant Demographics

The majority of enrollees are between 25 – 44 years of age (72%), with more females (67%) than males (33%) presenting for services.

| Years of Age | Percentage |
|--------------|------------|
| 19 – 24 | 3% |
| 25 – 34 | 27% |
| 35 – 44 | 45% |
| 45 – 54 | 19% |
| 54 – 64 | 6% |

Enrollee ethnicity and preferred language are noted below. The majority of the enrollees are Hispanic/Latino (88%) with Spanish (80%) as the most preferred language.



Geographic Distribution

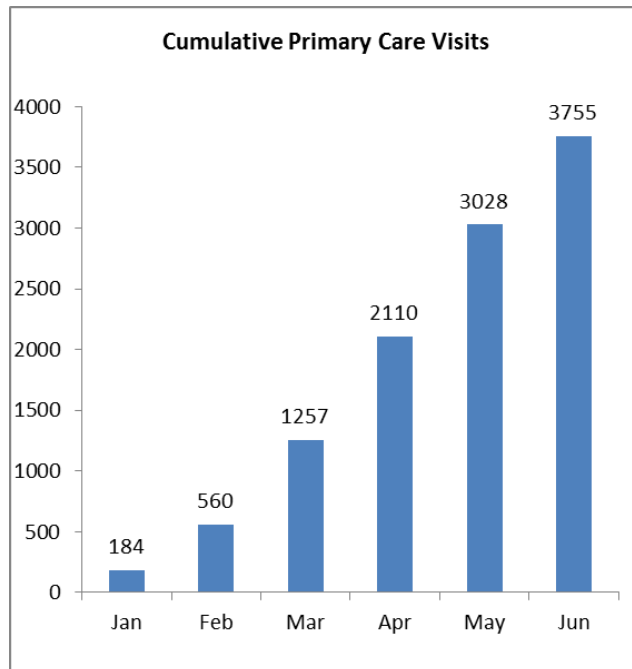
Advocates initially requested Healthy Partners enrollee zip code data in early May. Initial thoughts were that most enrollees resided near the County Health Center. The zip code data

revealed a wider distribution of enrollees throughout Sacramento County. Approximately 74% of enrollees reside in communities with consistently high rates of poor health outcomes.

| Geographic Distribution Based on Enrollee Zip Codes Data as of June 30, 2016 | | |
|---|---------------------|---|
| Communities | Number of Enrollees | |
| North | 400 | 74% of enrollees reside in communities with consistently high rates of poor health outcomes related to chronic disease. |
| South | 1,473 | |
| Downtown | 9 | |
| Other Communities | 654 | 26% reside in other communities |
| Total Enrollees | 2,536 | |

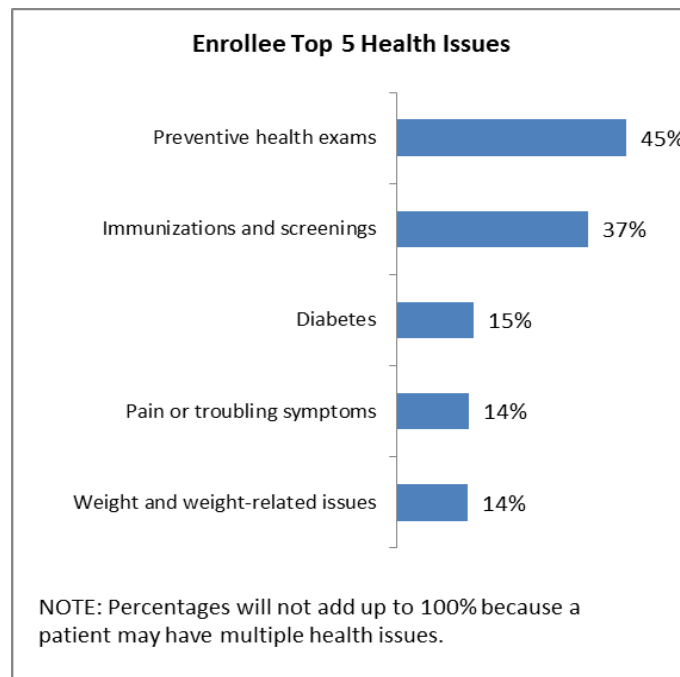
Primary Care Services

Preventative and primary care services, prescriptions (most through low cost retail, some through county pharmacy), simple films (radiology), and diagnostic tests comprise the health care benefits for this program. There were 3,755 primary care visits during the initial six-month period.



Since adults who are undocumented only have access to restricted scope Medi-Cal for emergency services, one of the goals of Healthy Partners was to establish a medical home for primary care including preventative health services with the goal being to address health issues

early. Approximately 82% of the enrollees' top health issues for the initial provider visit was preventative health exams, immunizations and health screenings.



Enrollees have expressed their gratitude for having a medical home verbally, in writing (cards or notes), and by referring family and friends. Enrollees also have a very different “show rate” for initial appointments. Approximately 96% showed for their initial primary care visit and 100% percent showed for their specialty appointment.

Prescriptions

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. The County Pharmacy provides a limited county formulary for those medications that were deemed essential and are not available through low cost retail. Approximately 70% of medications dispensed through the County Pharmacy during this period have been for diabetic medications and supplies. The next largest medication need has been for asthma.

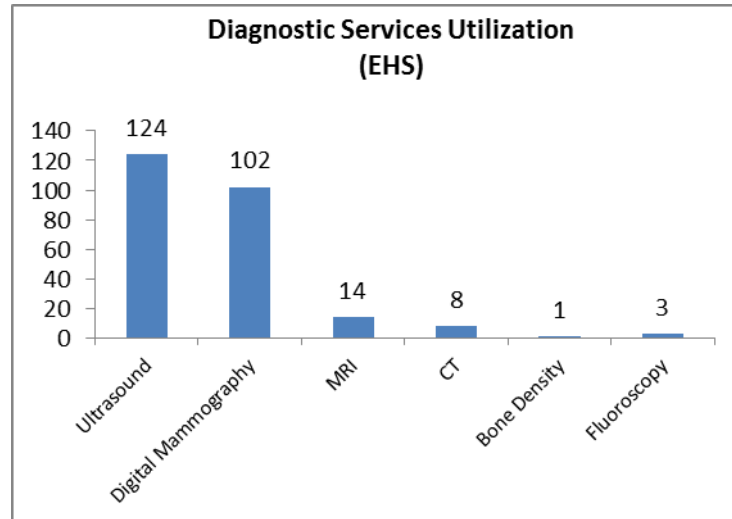
Throughout the Program enrollment process, newly enrolled clients remarked on the following:

- They value their Healthy Partners Identification Card as it provides legitimacy to their establishment with a primary care medical home.
- Many have been disconnected from healthcare for many years due to fear, perceived discrimination, and high cost.
- 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.)

- 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.
- 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).
- Enrollees have favorably commented on the cleanliness of the facility and ease of access due to the co-location of radiology, laboratory, and pharmacy services.

Advanced Imaging

The contract with Employee Health Systems, Inc. (EHS) was executed on April 1, 2016. EHS provides advanced imaging services such as Ultrasounds, Digital Mammography, Magnetic Resonance Imaging (MRI), etc. *From the end of April – June 252 services were provided.*



Specialty Services / County Health Center – Some limited specialty is 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. Two providers began late in the fiscal year – *Rheumatology (completed 4 services) and Muscular-Skeletal (completed 12 services).*

County Health Center /SPIRIT Specialty Collaborative Clinic – This clinic is staffed with SPIRIT (Sacramento Physicians’ Initiative to Reach Out, Innovate and Teach) volunteer physicians and County Health Center employees (treatment and support staff). The first half-day clinic was held on a Saturday in April 2016. The included specialties were Dermatology, Neurology, Gynecology, Gastroenterology, and Urology. Specialists received an orientation and saw scheduled patients. County staff onsite included a manager, healthcare, and clerical staff. This clinic has performed life-saving measures for at least two known patients who had suffered long-term debilitating illness. One had an illness that had been misdiagnosed for years. Clients have been very grateful for the specialty services offered. *Twenty enrollees received services.*

Specialty Outpatient Services in Physicians' office – *One enrollee has received a consultation (Gastrointestinal).*

Surgical Services – *One enrollee received a surgery (hernia).*

STAKEHOLDER PROCESS

Monthly stakeholder meetings evolved into a Healthy Partners Advisory Group as of February 2016. This meeting includes program updates (enrollment, primary care, specialty), data and other topics of interest. Advisory members include representation from the following:

- Building Healthy Communities (BHC) – advocates from various community based agencies such as Sacramento Covered, Sacramento ACT, and Legal Services of Northern California
- Federally Qualified Health Center (FQHC) – Cares Community Health represents community based FQHCs
- Hospital Systems – Dignity Health and Kaiser represent the four local hospital systems (all four systems including UC Davis and Sutter Health are active SPIRIT partners)
- Sierra Sacramento Valley Medical Society – SPIRIT
- Physicians – Sacramento Latino Medical Society (SaLMA) and UC Davis Department of Internal Medicine TEACH
- County DHHS Primary Health – convener, Healthy Partners administration

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.

Briefings are also completed for the Board of Supervisors Chiefs of Staff on a quarterly basis. This briefing includes staff and representatives from the Advisory Group (BHC, Hospital, and SPIRIT). These meetings include program status updates, data on enrollment and healthcare services and planning status.

In addition to providing feedback on an ongoing basis, the Healthy Partners Advisory Group will also provide formal recommendations.

EXPENDITURES

In the CEO Proposed budget of June 2015, approximately \$6.4 million was allocated for Healthy Partners. This included some new funds (\$1.5M General Funds for specialty and \$400,000 for administration). \$1M of health realignment was redirected from the Medical Treatment Account for specialty services. \$1M of Intergovernmental Transfer Fund (IGT) was approved for growth for the Health Center to expand TEACH and support for those providers. Approximately \$1M was valued for “in kind” for specialty clinic space, reallocated space for specialty, and a limited formulary. \$270,000 of “in kind” services from Department of Human Assistance was not

utilized. Health Center member services staff completed enrollment. Lastly SPIRIT donated services were estimated at a value of up to \$1.5M.

The program began January 2016 with gradually increasing enrollment and primary care. Specialty services began in late April 2016 and have been gradually phased in so there are only a few months of expenditure. Similarly, there was a gradual hiring process for clinic positions leading up to the program opening.

The actual year-end Fiscal Year 2015-16 County expenditures were approximately \$2.92 million for the Healthy Partners program, which includes the costs of primary care and pharmacy services based on utilization. The initial program description did not include this cost. Rather, it was stated that the Health Center could absorb the primary care services needs of the 3,000 individuals at maximum enrollment. Typical of new healthcare programs, Healthy Partners enrollees had pent up demands for initial services that resulted in actual year-end costs exceeding May estimates. However, DHHS closed Fiscal Year 15-16 with over \$2M in savings in the Medical Treatment Account, and Primary Health had over \$1M in salary savings in the Clinic Services Unit due to the mid-year kick-off.

Last spring staff worked on a methodology and data set to more accurately reflect costs associated with the Health Center's budget. Estimated expenditure for Fiscal Year 2016-17 is approximately \$6.7 million at full enrollment. A funded growth request was included in the Final Budget for FY 2016-17 for additional interpretation services and overtime associated with the Saturday Specialty Clinic which was not foreseen. Staff is tracking expenditures and will report expenditures on a quarterly basis to the County Executive's Office.

Recently the California Endowment representatives met with staff to discuss the program and complete a tour. They remarked on the efforts to stretch program dollars by utilizing two pharmacy methods and on the collaborative process for specialty services.

Cost controls include capped enrollment, a limited pharmacy formulary, and a limited specialty care budget, which does not include high cost items such as emergency department visits, inpatient hospitalization, or range of specialty services. Specialty dollars are capped and authorizations for limited specialty will stop when the funding is depleted.

CURRENT STATUS

The program is operating at full enrollment of 3,000 members. New referrals to the program closed on August 11th and a wait list is in effect. Community partners and the Healthy Partners Advisory Group regularly receive updates on enrollment and were notified of the closure.

The Health Center's member services team provides basic education to prospective wait list members, performs frequent program eligibility verification on current enrollees, and refers interested wait listed individuals to Sacramento Covered and/or La Familia to assist with services.

Items in development for the new fiscal year include the following:

Chronic Disease Management – Through a partnership with Dignity Health, the Health Center will offer chronic disease management evidence-based groups at the Primary Care Center. This will augment the Health Center's chronic disease management services. Staff can also refer to chronic disease management groups at La Familia.

Specialty / EHS – Staff are working to roll out specialty services in addition to the advanced diagnostic services.

Specialty / TEACH – Gynecology will be offered monthly on-site by internal medicine physicians trained in this specialty.

Specialty / SPIRIT –

As of July 30th SPIRIT has received a total of 582 referrals for specialty care. 546 (94%) are from the Healthy Partners program. The remaining 40 (6%) referrals are from several community agencies. Specialty updates for the Healthy Partners are noted below:

- A second Collaborative Care Specialty Clinic was held on July 23rd. 63 patients received services at this half-day clinic. 25 received services from specialists and the remainder (38) received diabetic retinopathy screenings. SPIRIT was instrumental in providing the retinopathy machine, obtaining a trained medical staff for these screenings and ensuring physician follow-up by a specialist (Ophthalmology).
- Recruitment is ongoing for specialists to work at private physician offices and at the County/SPIRIT Collaborative Care Clinic. The Collaborative Care Clinic will tentatively be offered on a quarterly basis.
- Sutter Health will offer services during their charity month. Sutter Health will be donating colonoscopy screenings for Healthy Partners enrollees and possibly some general surgeries.
- Dignity Health is working with two of their hospitals (Mercy San Juan and Mercy Folsom) to provide surgeries at a surgery center. This requires agreement and coordination with the surgery center, the medical group, and the anesthesiology group.

MEASURES/EVALUATION

The Department tracks 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 of Supervisors Chiefs of Staff.

SUMMARY COMMENTS

The Department appreciates the opportunity to administer the Healthy Partners program. It is a privilege and a pleasure to serve the enrollees and to have such invested community partners. We would like to publically acknowledge our county employees, our partner agencies, and our advocates. Your dedication, service, and advocacy make this a very unique program.

- *UC Department of Internal Medicine, Department of Psychiatry & UC School of Nursing*
- *SPIRIT Partners: Dignity Health, Sutter Health, Kaiser, UC Davis Medical Center and the Sierra Sacramento Valley Medical Society*
- *EHS*
- *Sacramento Covered*
- *La Familia*
- *Building Healthy Communities (BHC)*

The next status update will be in late January or early February. Staff will review data from twelve months of operations and recommend program changes. Recommendations from the Healthy Partners Advisory Group will be included for consideration.

Respectfully submitted,

APPROVED:
NAVDEEP S. GILL
County Executive

SHERRI Z. HELLER, Director
Department of Health and Human Services

By: _____
PAUL G. LAKE
Chief Deputy County Executive