

# COMMUNITY HEALTH DATA BASE

An Information Service of Public Health Management Corporation

## BRIDGING THE GAP:

# A Case Study of a CHDB Member and Its Impact on Wellness and Disease Prevention Among the Uninsured

This brief, the first in a series, examines access to care issues among uninsured adults in Southeastern Pennsylvania (SEPA) and highlights the efforts of the Independence Blue Cross (IBC) Foundation, one CHDB Member, in helping to meet the primary and preventive healthcare needs of the uninsured across the region.

**A** case study analysis is presented regarding the impact that the Independence Blue Cross Social Mission and the newly established Independence Blue Cross (IBC) Foundation's \$2 million in grant support for 34 private, nonprofit health clinics has had on uninsured and underinsured patients in the region. Based on the high-quality, accessible primary and preventive care, health promotion, chronic disease management, and self-management education that the IBC Foundation supported clinics provide to the uninsured and underinsured in SEPA, communities served by these clinics are likely to experience fewer emergency room visits and hospitalizations. Uninsured persons account for the largest proportion of visits to emergency room (ER) departments and cost of care in an emergency setting is more expensive than a doctor's office. On average, a visit to the ER for an uninsured person under the age of 65 is \$1397. Savings from IBC Foundation's investment in these health centers could be extensive, including approximately 20% in emergency room visits and approximately 10% in hospitalization among patients of health centers as compared to private practices. The cost savings that could result from these reductions in emergency room visits and hospitalization

will have a positive impact on these communities and the region as a whole. The following provides a picture of the uninsured in the region using PHMC's 2010 Southeastern Pennsylvania Household Health Survey, a random-digit-dialed telephone survey conducted every two years with 10,000 households in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties, to describe the uninsured population in SEPA. This is followed by a case study of the IBC Foundation supported clinics that are responding to the needs of the uninsured with increased capacity and new approaches to funding, including clinics' ability to leverage investment from IBC Foundation to access other opportunities, such as major funding authorized by the Patient Protection and Affordable Care Act. As a result of this investment and increased capacity, the IBC Foundation supported clinics are making an important impact on their communities and working to reduce poor health outcomes through primary and preventive care across the region. By combining data from the IBC Foundation with data from PHMC's Community Health Data Base (CHDB) Southeastern Pennsylvania Household Health Survey, a more comprehensive picture of the healthcare needs of the uninsured and how those needs are being addressed is presented.

## WHO ARE THE UNINSURED IN SOUTHEASTERN PENNSYLVANIA?

Access to medical care, including having a regular healthcare provider, is important for establishing and maintaining good health. Individuals without health coverage often face increased health risks and may experience poorer health outcomes, including increased emergency room utilization and hospitalization, compared to those with insurance. Across Southeastern Pennsylvania, approximately 276,400 adults aged 18-64 (11.4%) and 31,900 children (3.4%) have no public or private insurance. Approximately 102,600 adults in SEPA in 2010 had no health insurance and no regular source of healthcare, meaning they had no single place to go when they were sick or needed advice about their health. Additionally, over half of uninsured adults in SEPA have sought care at a hospital emergency room in the past year instead of a doctor's office or clinic (52.0% or nearly 42,800 uninsured adults).

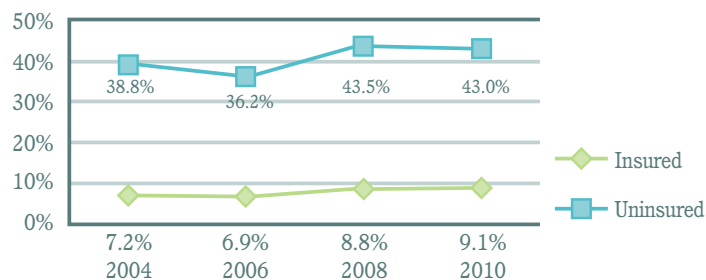
While adults of all backgrounds and from all parts of the region are counted among the uninsured, some groups are at greater risk than others.

- Adults residing in Philadelphia are nearly twice as likely to be uninsured (16.1%) compared with adults in the surrounding suburban SEPA counties which includes Bucks, Chester, Delaware, and Montgomery Counties (8.4%).
- As age increases, the percentage of adults who are uninsured decreases. Young adults, specifically those between the ages of 18 and 29, are more likely to be uninsured (20.8%) than adults ages 30-39 (12.7%), 40-49 (9.3%), and 50-64 (6.8%).
- Latino adults are the racial/ethnic group most likely to be uninsured (31.6%), followed by Black adults (16.6%), Asian adults (14.1%) and White adults (7.5%).
- One third of adults who are unemployed are without health insurance (33.7%). Adults who identify as being unemployed are more likely to be uninsured compared with adults employed full-time or part-time, homemakers, students, and those unable to work.

While some adults are uninsured for brief periods in transition between jobs or during other life changes, nearly 300,000 adults in SEPA are uninsured and nearly three-quarters of the region's adults without health insurance have been without health insurance for one year or longer (71.9%).

**FIGURE 1**

Adults (18+) in SEPA foregoing needed care in past year due to cost, by insurance status, 2004-2010



Without health insurance, many adults are not able to afford regular treatment and preventive screening. This can lead to breaks in continuity of care. In SEPA, uninsured adults are nearly five times as likely as their insured counterparts to have forgone necessary medical care in the past year because of the cost (43.0% versus 9.1%) (Figure 1).

## UNINSURED STATUS AND REGULAR SOURCE OF HEALTHCARE

One of the major barriers to obtaining needed regular health care among adults without health insurance is the lack of a regular source of health care. Adults without health insurance are less likely than those with health insurance to have a place they regularly go when they are sick or need advice about their health.

- More than nine out of 10 adults with health insurance (92.4%) had a regular source of care in 2010, while less than two-thirds of adults without health insurance (63.1%) had a regular source of care (Figure 2). As of 2010, approximately 102,600 adults in SEPA had no health insurance and no single place to go when they were sick or needed advice about their health.
- Over half of uninsured adults in Southeastern Pennsylvania have gone to a hospital emergency room for care in the past year instead of a doctor's office or clinic (52.0% or nearly 42,800).

## IMPACT OF PREVENTIVE CARE AND WELLNESS AMONG UNINSURED ADULTS

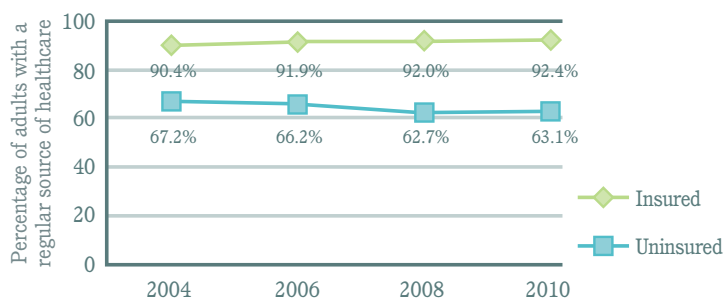
Adults without health insurance are less likely than insured adults to get the health care that they need, including preventive and wellness screenings along with treatment.

Individuals who do not undergo regular health and wellness screenings face an increased risk of developing more serious and costly medical conditions that could have been detected through preventive health screenings.

- In Southeastern Pennsylvania, almost one-third of adults without health insurance did not have a blood pressure reading in the past year compared with 7.4% of adults with health insurance.
- In 2010, six out of 10 uninsured women 18 years of age and older in Southeastern Pennsylvania did not have a pap test in the past year (59.5%) compared with 36.0% of insured adults.
- Twice as many uninsured women 18 years of age and older (58.1%) did not have a breast exam by a doctor in the past year compared with insured women (27.5%) in 2010 (Figure 3).
- As of 2010, almost twice as many women 45 years of age and older without health insurance (64.0%) did not have a mammogram in the past year compared with women with health insurance (33.0%).
- Among adult males 45 years of age or older in Southeastern Pennsylvania, uninsured men are more than twice as likely to have forgone a PSA test for prostate cancer in the past year (84.6%) compared with insured men (39.5%).

**FIGURE 2**

Adults (18+) in SEPA who have a regular source of care, by insurance status, 2004-2010



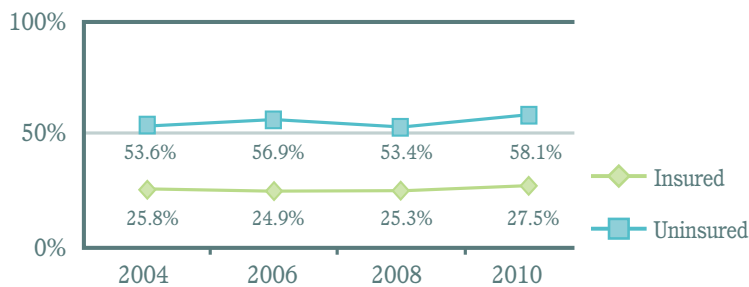
- In addition to missing medical care, uninsured adults are also less likely to have had dental care in the past year than are adults with health insurance. In 2010, about three quarters of adults with health insurance, or 73.4%, had seen a dentist in the past year, while about a third, or 33.8%, of uninsured adults had done the same. This indicates that 181,700 adults without health insurance in Southeastern Pennsylvania had gone a year or longer without a dental visit.
- More than one-half of uninsured adults (57.5%), compared with 20.7% of insured adults, has been unable to receive needed dental care within the past year due to cost.

## COMMUNITY HEALTH DATA BASE MEMBER SPOTLIGHT: CASE STUDY OF THE IMPACT OF IBC FOUNDATION SUPPORTED CLINICS

This section provides a case study analysis of one CHDB member organization's impact on the uninsured in our region. The analysis examines data about the 34 private, nonprofit health clinics supported by Independence Blue Cross (IBC) Foundation. Nonprofit, privately funded "safety net" community health clinics meet a well-documented need for health care for the uninsured in Southeastern Pennsylvania because they provide care regardless of a patient's insurance status or ability to pay. Since the IBC Foundation launched the Blue Safety Net initiative in 2011 as part of its commitment to caring for our region's most vulnerable, it has increased access to high quality, cost-effective primary and preventive medical and dental care to uninsured and underinsured men, women and children in Bucks, Chester, Delaware, Montgomery and Philadelphia counties. The Blue Safety Net initiative not only provides financial support to 34 clinics with two million dollars awarded annually, but it also strengthens the entire healthcare safety net for medically underserved individuals in Southeastern Pennsylvania by:

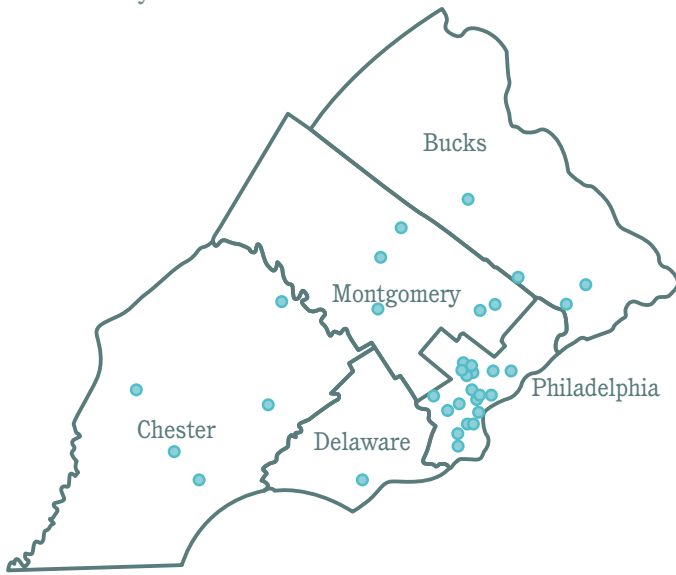
**FIGURE 3**

Adult women (18+) in SEPA with no breast exam in the past year by insurance status, 2004-2010



**FIGURE 4**

Location of IBC Foundation Supported Clinics in Southeastern Pennsylvania



- Increasing access to primary medical, vision and dental care.
- Integrating highly effective health promotion and wellness, chronic disease management, and self management programs into primary and preventive care settings.
- Fostering improved coordination and communication among community health clinics.
- Supporting progressive, innovative approaches to expand access to health care in underserved communities.
- Promoting projects that address specific health disparities and barriers to care.

Services provided at the IBC Foundation supported clinics are comprehensive (Figure 4) and include primary care, health promotion/disease prevention, chronic disease management, enabling services, behavioral health, and dental health. These clinics have strong referral relationships ensuring their patients have access to specialists and can be hospitalized when necessary. They encompass a variety of provider models, as well as varied funding models, as some are Federally Qualified Health Centers while others rely on private funders. Clinics are governed by boards that include patients who are representative of the communities served by the clinic, ensuring that services are culturally and linguistically appropriate and reflect the values and needs of the community. Despite their various

business models, they share a unified mission of promoting access to the right care in the right place at the right time for the region's most vulnerable communities.

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## INCREASED CAPACITY AMONG IBC FOUNDATION SUPPORTED CLINICS

IBC Foundation supported clinics have substantially increased capacity at the patient level and at the infrastructure or service delivery level since the program began. The IBC Foundation supported clinics are caring for more patients, these patients are receiving additional primary care, including the preventive health and wellness screenings missed by so many uninsured adults in Southeastern Pennsylvania. Since 2004, the overall budgets for the 34 IBC Foundation supported clinics have increased by at least 59% and patient care has grown considerably.

### SPECIFICALLY:

- The number of patients served annually across the clinics has increased more than 40% from 63,300 to 93,500.
- The number of primary care visits provided across the clinics has increased approximately 80% from 122,800 to 220,700.

The growth in capacity reflects the clinics' ability to leverage investment from IBC Foundation to access other opportunities, including major funding programs authorized by the Patient Protection and Affordable Care Act. Seven organizations with clinics supported by the IBC Foundation have used that support to secure other funding streams through the new healthcare laws. Public Health Management Corporation, Resources for Human Development, Delaware Valley Community Health, Esperanza Health Center, La Comunidad Hispana, Project H.O.M.E. and the Mazzoni Center have secured a combined \$5,580,212 in funding authorized by the Patient Protection and Affordable Care Act.

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## INCREASED COORDINATION OF CARE AND BUILDING / PROMOTING BEST PRACTICES

In addition to improving access through delivery of core services, many clinics are applying support from the Independence Blue Cross Foundation to transition their practices to employ best practice techniques to improve care quality and efficiency, as well as to control cost.

- More than 21 of the IBC Foundation supported clinics have implemented electronic health records and many are employing practice management systems. Many of the clinics are leveraging IBC Foundation support to make necessary adjustments to practice work flows, to ensure that their clinicians qualify for federal incentive payments by using their Health Information Technology systems in a manner consistent with the national reporting standard for meaningful use.
- Seven out of the 11 clinics (64%) have received recognition as Patient-Centered Medical Homes from the National Committee for Quality Assurance, or a similar recognition body, have already received that recognition.
- Seven of the 11 clinics (64%) said they are planning to apply for similar recognition in the next two years and are transitioning their practices to the Patient-Centered Medical Home model of care, which supports team-based care that is reflective of patient values and highly coordinated, plan to do so.

## FILLING THE HEALTH GAP: RISING SUN HEALTH CENTER

Three years ago, when Kathleen Jones first came to PHMC's Rising Sun Health Center, the 58-year old Northeast Philadelphia resident was uninsured and struggling to control a chronic disease. "I was diagnosed with Type 2 diabetes," recalls the mother and grandmother. "I was having trouble managing it." At Rising Sun Health Center, a non-profit provider of public health resources supported by grants from the Independence Blue Cross Foundation, Jones received the consistent care she needed. Through collaboration with Hill Creek housing project, Rising Sun Health Center provides 40% of the residents with primary care. "My nurse talked with me about changing my eating habits to help me with my diabetes," recalls Jones. "It's a real struggle, bad habits are hard to change, but with the help of the staff at Rising Sun Health Center, I'm trying."

Since 2004, the IBC Foundation has helped patients like Kathleen by contributing nearly \$2 million to 34 private, nonprofit health clinics in the region, including three managed by PHMC. IBC Foundation's funding allows the clinics to serve 145,000 mostly uninsured or underinsured patients who rely on them for everything from flu shots to managing chronic diseases such as diabetes and heart disease. At Rising Sun Health Center, clinicians continue to make care available to patients who are in the same position Kathleen once faced. In 2011, the center served almost 2000 patients, 35% of whom were uninsured.

## REFERENCES AND RESOURCES

**1** MEPS Statistical Brief #318 Expenses and Characteristics of Physician Visits in Different Ambulatory Care Settings, 2008.

**2** Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2009. Table 6.

**3** Agency for Health Care Research and Quality, Medical Expenditure Panel Survey, 2009.

## USING DATA AND PERSONAL EXPERIENCE TO MAKE CARE ACCESSIBLE

Years ago, when Diane Gass had her hands full with three young children, the Norris Homes resident often found herself unable to access primary health care for herself and her family. "Some days we couldn't get to doctor's appointments because I simply didn't have bus fare for all three children and it was too far to walk," recalls Gass, now 68.

A visit to a nurse-managed health center located within a city housing development spurred Gass, who heads the tenant council at Norris Homes, to advocate for a health care center in her own neighborhood. Gass and the tenant council collaborated with city council and nursing faculty at nearby Temple University to bring PHMC Health Connection, a nurse-managed primary health care center, to the area's children, teens and adults. Now PHMC Health Connection, it provides services to hundreds of area residents, including Gass's children and grandchildren. "They've kept my family in good health," says Gass. Data show that PHMC Health Connection saw a 31% increase in patient visits from 2007 to 2011, suggesting that it has helped to fill a very real gap but that the need for quality primary health care continues to grow. . To meet the expanding demand among area residents, the center plans to more than double its capacity in the coming year with the construction of nine additional exam rooms, allowing clinicians to reach an estimated 8,000 patients each year.



## SUMMARY

As shown in this brief, individuals without health coverage often face additional health risks and are less likely to be receiving timely care than are individuals covered by health insurance. Across Southeastern Pennsylvania, 276,400 adults are uninsured, and more than one third (36.9%) of uninsured adults has no regular source of health care.

The case study presented shows that the IBC Foundation supported clinics have had an increasingly positive impact on healthcare access for the uninsured and underinsured in our region. More uninsured individuals are being served, more primary care services are being delivered, and more clinics are increasing their capacity to enhance healthcare delivery to the population. Health centers repeatedly have been recognized for their capacity to serve as medical homes to diverse populations, particularly patients with serious and long term chronic conditions that can be effectively managed in community settings.

Potential savings from IBC Foundation's investment in these health centers could be significant based on the high-quality,

Community Health Data Base is pleased to offer this as the first in a series of briefs in partnership with the IBC Foundation, a CHDB member organization, to highlighting our work with CHDB members. If you would like to include your organization's work with CHDB in a future brief, please contact us at [Francine@phmc.org](mailto:Francine@phmc.org).

## ABOUT THE HOUSEHOLD HEALTH SURVEY AND THE COMMUNITY HEALTH DATA BASE



**PUBLIC  
HEALTH**  
management  
corporation



**Independence Blue Cross**  
**FOUNDATION**

The Southeastern Pennsylvania Household Health Survey, the largest local health survey in the country, is the centerpiece of PHMC's Community Health Data Base (CHDB). The survey collects data from 10,000 households in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties. For more information on CHDB, please visit [www.CHDBdata.org](http://www.CHDBdata.org) or call 215.985.2548.

PHMC is a nonprofit public health institute that builds healthier communities through partnerships with government, foundations, businesses, and other community-based organizations. For more information on PHMC, please visit [PHMC.org](http://PHMC.org).

Independence Blue Cross and the Independence Blue Cross Foundation are independent licensees of the Blue Cross and Blue Shield Association, serving the needs of Philadelphia and southeastern Pennsylvania.

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