Health Care Foundation
OF GREATER KANSAS CITY

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SAFETY NET HEALTH CARE

Delivering Care to Vulnerable Populations

At any point in time, more than 25 percent of the 1.8 million residents of the Kansas City metro area are either uninsured, underinsured or on Medicaid.[1] Individuals and families such as these have trouble accessing the health care system and are often those who are in the most need of health care. Providing health care to these populations is a tremendous challenge for our community, one that falls primarily upon the shoulders of safety net organizations.

[1] Regional Health Care Initiative, The Safety Net Story (MARC)

Safety net funding is one of HCF's priority funding areas. HCF's comprehensive funding focuses not just on direct treatment, but supportive and preventive services. These supportive services are many times provided by grassroots organizations that might not fall within the traditional safety net structure. They fill in the gaps by providing basic needs such as documentation assistance, prescription assistance, food and shelter, transportation, job-seeking assistance, etc. This comprehensive approach ensures that the entire spectrum of patient needs is addressed.

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The Safety Net System in Greater Kansas City

What is the Safety Net?
The Institute of Medicine (IOM) in its landmark report, "America's Health Care Safety Net: Intact but Endangered, (2000)" noted that in the absence of universal health insurance *the health care "safety net" is the default system of care for individuals who are poor, uninsured or underserved. Core safety net providers include organizations that (1) either by legal or explicitly adopted mission offer care to patients regardless of their ability to pay for those services; and (2) those in which a substantial share of their patient mix are uninsured, Medicaid, and other vulnerable patients (Lewin & Stuart, 2000).*

Safety net organizations play a vital role in supporting the health and basic medical needs of the underserved and uninsured populations. By providing primary care and preventive services to individuals regardless of their ability to pay, the providers, organizations and institutions that make up the safety net are instrumental in addressing basic health needs and reducing barriers to accessing care.

Who uses the Safety Net?
Safety Net patients include the most vulnerable people in our community. Safety net providers are constantly adapting to a unique mix of patients that include:

- **The uninsured** — those who have been denied insurance coverage; those whose employers do not offer insurance coverage; those who have lost their jobs and, concurrently, their health insurance benefits; those who do not qualify for public health insurance; and those who cannot afford or chose not to purchase coverage.
- **The underinsured** — those with health insurance that does not adequately cover health care costs or services.
- **Individuals with public health insurance** such as Medicare or Medicaid.
- **Those who have difficulty navigating the traditional health care delivery system** due to communication barriers, geographic or transportation limitations, cultural differences or budgetary constraints.

Private hospital emergency rooms are used as a last resort by patients without health insurance or the means to pay.

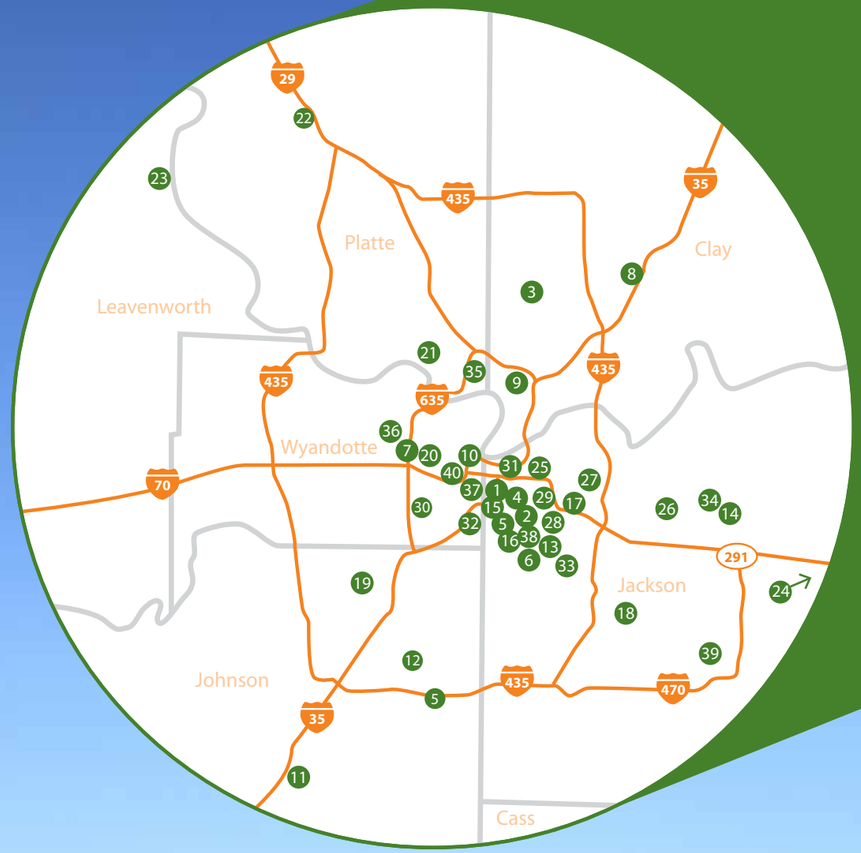
Who provides Safety Net care?
Metropolitan Kansas City has 17 safety net organizations running 33 clinics that provide primary care.[2] The metro-area safety net clinics serve more than 100,000 patients with over 250,000 visits each year.

Organizations that comprise the safety net

- **Community Health Centers (CHC)**: Community-based and patient-directed organizations that serve populations with limited access to health care.
- **Federally Qualified Health Centers (FQHC)**: Grant-supported public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs and receive funds under the federal Health Center Program (e.g. – Swope Health System or Samuel Rodgers).
- **Local health departments**: Oversee community public health and provide a number of medical services including immunizations, tobacco use prevention and control, and communicable disease prevention and treatment.
- **Public hospitals**: Government-owned hospitals that serve patients regardless of their ability to pay. They provide many essential community-wide services, such as primary care, trauma care, and neonatal intensive care, and train many of America's doctors, nurses, and other health care providers.
- **Hospital emergency rooms**: Private hospital emergency rooms are used as a last resort by patients without health insurance or the means to pay.
- **Community-based clinics**: Usually smaller than CHCs or FQHCs and include free clinics, faith-based clinics, rural health clinics, and volunteer-staffed clinics (e.g. – KC Free Health Clinic).
- **Nontraditional providers**: Nonprofits, social service and faith-based organizations that provide other medical services such as ancillary care, and social services such as food and shelter assistance.

[2] Regional Health Care Initiative Findings, Conclusions and Recommendations, February 2010 (MARC)

SAFETY NET CLINICS



1 Cabot Westside Clinic
2 Children's Mercy Main Hospital
3 Children's Mercy Northland
4 Children's Mercy Pediatric Care Center
5 Children's Mercy South
6 Children's Mercy Teen Clinic
7 Children's Mercy West
8 Clay County Health Department
9 Crestview Family Medical Clinic
10 Duchesne Clinic
11 Health Partnership Clinic of Johnson County – Olathe
12 Health Partnership Clinic of Johnson County – Overland Park
13 Hope Family Care Center
14 Jackson County Free Health Clinic
15 Jay Doc Free Health Clinic
16 Kansas Free Health Clinic
17 Kansas City Free Health Clinic – Eastside
18 Mercy & Truth Medical Mission – Raytown
19 Mercy & Truth Medical Mission – Shawnee
20 Mercy & Truth Medical Mission – Wellness Center
21 Platte County Health Department – Parkville
22 Platte County Health Department – Platte City
23 Saint Vincent Clinic
24 Samuel U. Rodgers Dental and Health Center – Lafayette
25 Samuel U. Rodgers Health Center – Main Site
26 Samuel U. Rodgers Independence Dental Clinic
27 Samuel U. Rodgers McCoy Elementary School Dental Clinic
28 Samuel U. Rodgers South Therapeutic Intervention Center
29 Seton Center
30 Silver City Health Center
31 Sojourner Clinic
32 Southwest Boulevard Family Health Care
33 Swope Health – Central
34 Swope Health – Independence
35 Swope Health – Northland
36 Swope Health – West
37 Swope Health – Wyandotte
38 Truman – Hospital Hill
39 Truman – Lakewood
40 Turner House Children's Clinic (THCC)

How are safety net organizations funded?
Organizations that make up the safety net system are funded from a variety of sources, including fees for service (including Medicaid), federal, state and local sources, foundation grants and other charitable sources. This funding distribution varies greatly depending on type of organization. Table 1 shows this variation for three selected organizations in our service area.

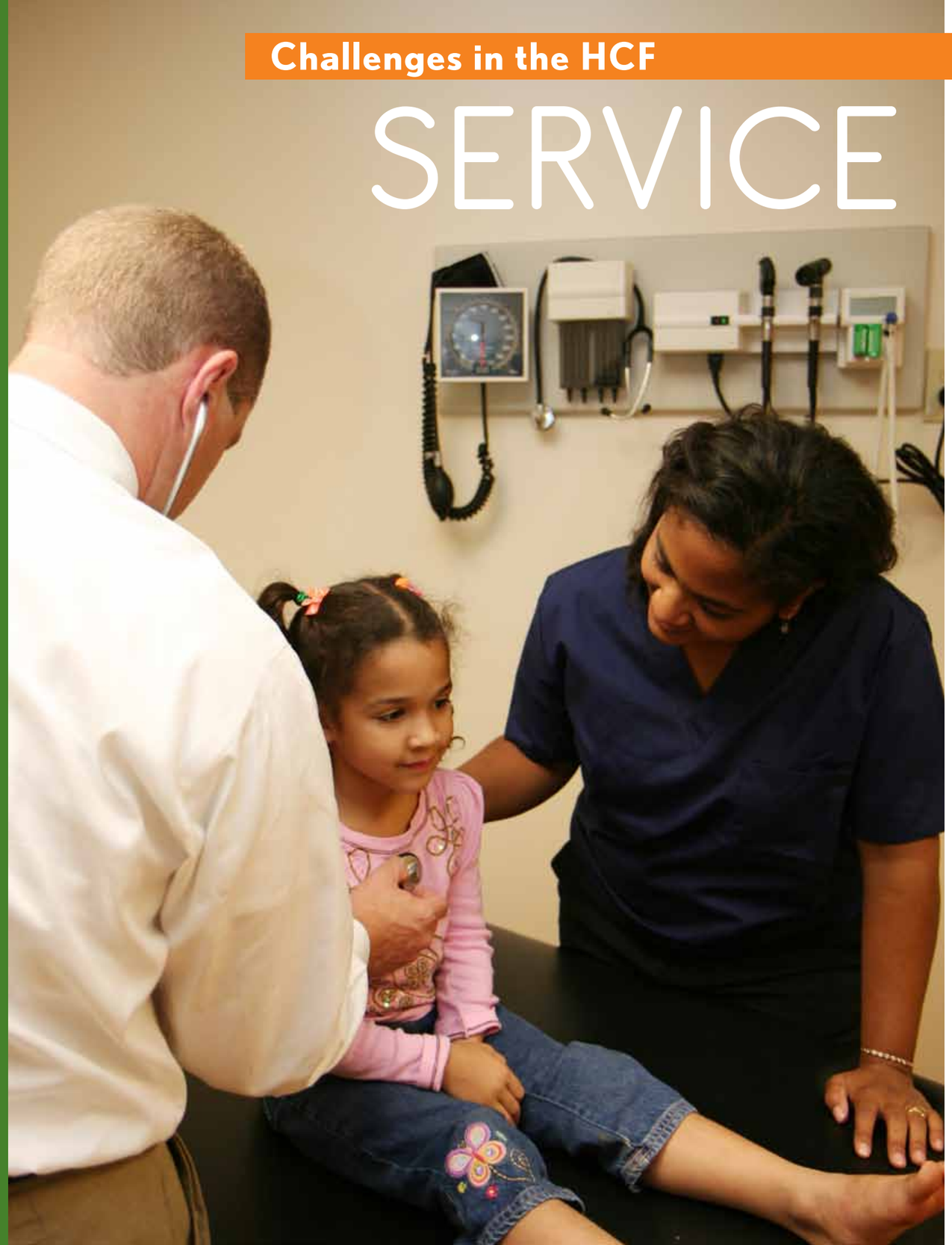
With the passage of the Affordable Care Act, Medicaid or fee for service is likely to become a more important component of funding for some safety net organizations that accept Medicaid and private insurance once health reform is implemented. These choices might affect their organizational culture.

Table 1 shows the funding distribution for three selected organizations in the HCF service area – an FQHC and two free clinics in both an urban and suburban setting.

Table 1: Funding Distribution for Selected Organizations in KC Safety Net

Organization	Fees for Service	Government	Grants	Private Contributions	Org Budget
Kansas City Free Health Clinic	0%	76%	21%	6%	$11,934,032
Samuel Rogers Health Center	48%	39%	4%	1%	$14,204,128
Health Partnership Clinic of Johnson County	5%	18%	53%	0%	$1,441,545

SERVICE AREA



Increase in Need for Service

Uninsurance, underinsurance, limited safety net provider site hours and locations, and language and cultural barriers are all factors that make accessing health care services challenging for the medically underserved. But the largest barrier is still the lack of insurance or ability to pay for care.

Lack of health insurance creates significant barriers to obtaining timely and appropriate health care. The uninsured are less likely to receive primary care, more likely to delay needed treatment and more likely to be hospitalized for a condition that could have been prevented.[3]

In 2008, the safety net population — individuals who were either uninsured or covered by Medicaid — totaled nearly 450,000 for the eight-county Kansas City metropolitan area, a quarter of the area's total population.[4] According to the Mid-American Regional Council's (MARC) 2008 estimate, 245,439 individuals in the eight-county Kansas City metropolitan area are uninsured.

Table 2: Kansas City Metropolitan Area Uninsured and Medicaid Population

		Uninsured		Total		
County	Population	Below 200% Poverty	Above 200% Poverty	Medicaid	Uninsured & Medicaid	Percent of Population
Cass	93,607	7,244	5,299	9,992	22,535	24.1
Jackson	653,556	73,337	32,023	108,295	213,656	32.7
Lafayette	31,585	3,791	5,189	4,669	13,649	43.2
Allen	13,403	11% of adults under age 65		N/A	N/A	N/A
Johnson	509,862	16,749	38,511	24,031	79,291	15.6
Wyandotte	151,524	14,885	7,597	28,034	50,516	33.3
*Metropolitan Total	1,792,769	138,765	106,674	203,989	449,428	25.1

Population and uninsured estimates from 2005-2008 American Community Survey, 2008 Current Population Survey, U.S. Census Bureau, and 2010 County Health Rankings from the Robert Woods Johnson Foundation. Metropolitan total includes counties not in HCF's service area.

**Total includes counties in the metropolitan area, but outside the HCF service area.*

[3] Regional Health Care Initiative: Findings, Conclusions and Recommendations. July 2009. Retrieved on March 01, 2011 from http://www.marc.org/healthinitiative/reports.htm (MARC)

[4] The Kaiser Commission on Medicaid and the Uninsured. The Uninsured: A Primer. December 2010. Retrieved March 01, 2011 from http://www.kff.org/uninsured/7451.cfm

The number of metropolitan area residents who are uninsured or enrolled in Medicaid has increased in the past few years given the economic downturn *(Table 3)*. Nationally, Medicaid enrollments have increased nearly 18% since the start of the recession in December 2007.[5]

Table 3:

Increase in Missouri Medicaid Enrollment

Area	% Increase Since Jan. 2008
Missouri	8.3%
Cass County[7]	18.2%
Lafayette County[8]	9.5%
Jackson County[9]	9.7%

Increase in Kansas Medicaid Enrollment

Area	% Increase Since Jan. 2008
Kansas	8%
Allen County	-0.6%
Johnson County[8]	15.4%
Wyandotte County[9]	6.7%

Even with a functioning safety net system in place, there are still individuals who go without medical care. In the Kansas City metropolitan area, it is estimated that safety net sites see only 30 percent of the expected visits from members of the safety net population.[10] Those who do not utilize the safety net may seek treatment elsewhere; however, it is clear that the safety net is not reaching a large part of its target population. While the uninsured made up 13.7 percent of the Kansas City metro population in 2006, they accounted for 22 percent of all emergency room visits, 26 percent of which could have been handled in a primary care setting such as a safety net provider site.[11] Additionally, over a quarter of these nonemergency visits were during evening or weekend hours, when many of the safety net providers are closed.

[5] The Henry J. Kaiser Family Foundation, Kaiser Commission on the Uninsured. Medicaid Enrollment: June 2010 Data Snapshot June 2010. Retrieved on March 22, 2011 from http://www.kff.org/medicaid/enrollmentreports.cfm

[6] Kansas Health Policy Authority. Medicaid Caseload Estimates, November 2010. Retrieved March 30, 2011 from http://www.khpa.ks.gov/medicaid_reports/; and the Henry J. Kaiser Family Foundation, statehealthfacts.org, Kansas: Medicaid Enrollment

[7] Missouri Department of Social Services, MO HealthNet Monthly Management Reports, Retrieved March 29, 2011 from http://www.dss.mo.gov/re/fsd_mhdmr.html

[8, 9] Ibid

[10] Regional Health Care Initiative: Findings, Conclusions and Recommendations. July 2009. 13 Retrieved on March 10, 2011 from http://www.marc.org/healthinitiative/reports.htm (MARC)

[11] Regional Health Care Initiative: Findings, Conclusions and Recommendations, July 2009. (MARC)

It is important to note that over half of the uninsured population lives above the 200% poverty level.

The 2005-2009 American Community Survey (ACS) results, recently released by the US Census Bureau, estimate the percent of persons living in poverty in the Kansas City region to range from 5.2% in Johnson County, Kansas to 20.2% in Wyandotte County, Kansas, with 28% of children in Wyandotte living in poverty. The percent of persons under age 65 that are uninsured ranges from 10% in Johnson County to 20% in Wyandotte (based on 2007 Small Area Health Insurance Estimates). It is important to note that over half of the uninsured population lives above the 200% poverty level (MARC, 2006).

More uninsured patients and increased Medicaid enrollments creates strain on a system that is already stretched for resources, especially in light of the fiscal crises at all levels of government that threaten to reduce vital public funding of the safety net.

Table 4: 2011 Health Measures in HCF Service Area

Health Measure		Clinical Care*	Uninsured Adults	Unmet Medical Need
Definition		County Ranking	Percent of adults under 65 years who are uninsured	Percent of adults who need medical services in past 12 months but could not get it
Missouri *(115 Counties Ranked in 2011)*	Jackson	11	17%	13.5
	Lafayette	47	16%	N/A
	Cass	32	16%	13.1
Kansas *(115 Counties Ranked in 2011)*	Johnson	1	10%	7.2
	Allen	73	14%	9.1
	Wyandotte	53	20%	21.8

** County rankings go from best to worst (lower number being best) and includes a combination of several measures under access to care and quality of care.*

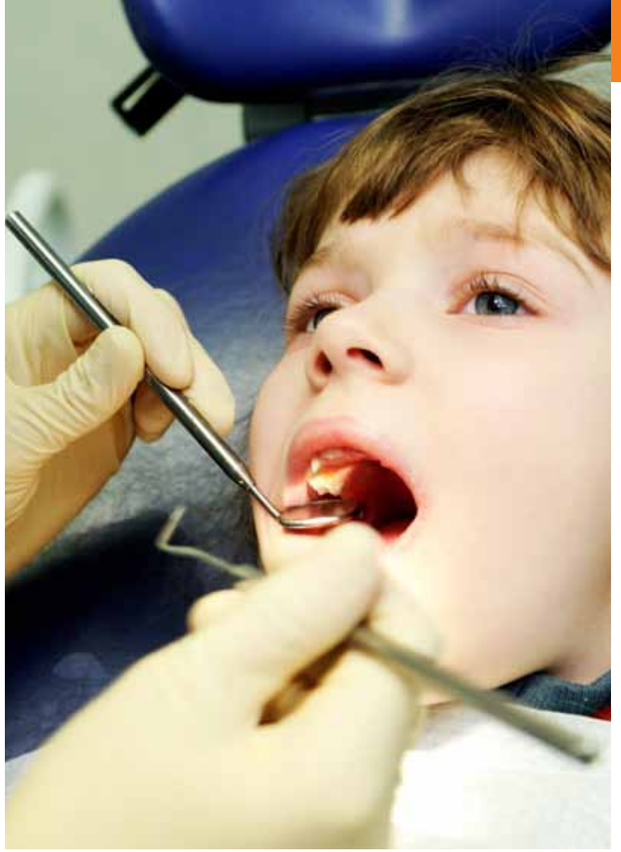
In Kansas City alone, over 90,000 low-income children are not receiving preventive dental care.

Lack of Access to Oral Health

Oral Health is one of the more neglected areas of the safety net, as many people are left behind when it comes to their dental care. There are few preventive dental options for the most vulnerable populations. Many employers do not offer dental insurance, and public programs generally offer patchwork solutions. One reason may relate to oral health being viewed as a separate component of our primary health care, yet it has become increasingly clear that the two are closely linked.

Dental caries (tooth decay and cavities) is the leading childhood illness. Nearly 59% of U.S. children experience dental caries, more than asthma or hay fever.[12] By the time Kansas children reach third grade, 58.6% of them have had dental caries. Among Missouri third graders, 55.3% of them have had dental caries. For nearly half of these children, the caries go untreated.[13] Access to regular, preventive care in childhood is the key to reducing dental caries and establishing solid dental hygiene practices that will preserve a healthy mouth into adulthood. Only 60.7% of children in Kansas aged one to five received preventive dental care in the past 12 months. This compares to 56.1% in Missouri and a national average of 58.8%.[14] In Kansas City alone, over 90,000 low-income children are not receiving preventive dental care.[15]

Adults have very limited access to publicly provided dental care. The majority of adults on Medicaid are only given access to dental care in emergency situations. The 2005 Medicaid cuts ended dental coverage for the vast majority of adults receiving Medicaid in Missouri. In Kansas, there are 75,000 adults who qualify for Medicaid without dental coverage.



Comprehensive dental care for children is covered in Kansas and Missouri through Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, yet many still do not receive the needed treatment. One of the most significant barriers to dental 20of dentists willing to accept Medicaid patients. Only 15% of practicing dentists in the Kansas City area accept MC+/Medicaid patients.

The Pew Center of the States gave both Kansas and Missouri a "C" grade on addressing children's dental health needs. Kansas was one of just two states in the Midwest who failed to meet the national goal of having 75 percent of the population on optimally fluoridated water systems.

[12] Newacheck, Paul, Dana C Hughes, Yun-Yi Hung, Sabrina Wong, and Jeffery J. Stoddard. "The Unmet Health Needs of America's Children." April 2000 Pediatrics 105: 4. Pgs. 989-997
[13] Health Care Foundation of Greater Kansas City. Breaking Barriers: Access to Oral Health in Kansas and Missouri, 2004
[14] Centers for Disease Control. The health and well-being of children: a portrait of the states and the nation. 2005
[15] Health Care Foundation of Greater Kansas City. Breaking Barriers: Access to Oral Health in Kansas and Missouri. 2004

ORAL HEALTH

How Well Is Kansas Responding?

Measured Against the National Benchmark for Eight Policy Approaches	State	National	Meets or Exceeds
Share of high-risk schools with sealant programs, 2009	<25%	25%	
Hygienists can place sealants without dentist's prior exam, 2009	Y	Y	✓
Share of residents on fluoridated community water supplies, 2006	65.1%	75%	
Share of Medicaid-enrolled children getting dental care, 2007	41.2%	38.1%	✓
Share of dentists' median retail fees reimbursed by Medicaid, 2008	53.3%	60.5%	
Pays medical providers for early preventive dental health care, 2009	Y	Y	✓
Authorizes new primary care dental providers, 2009	N	Y	
Tracks data on children's dental health, 2009	Y	Y	✓
Total score	**C**		**4 of 8**

Grading: A = 6-8 points; B = 5 points; C = 4 points; D = 3 points; F = 0-2 points

How Well Is Missouri Responding?

Measured Against the National Benchmark for Eight Policy Approaches	State	National	Meets or Exceeds
Share of high-risk schools with sealant programs, 2009	0%	25%	
Hygienists can place sealants without dentist's prior exam, 2009	Y	Y	✓
Share of residents on fluoridated community water supplies, 2006	79.7%	75%	✓
Share of Medicaid-enrolled children getting dental care, 2007	27.9%	38.1%	
Share of dentists' median retail fees reimbursed by Medicaid, 2008	46.8%	60.5%	
Pays medical providers for early preventive dental health care, 2009	Y	Y	✓
Authorizes new primary care dental providers, 2009	N	Y	
Tracks data on children's dental health, 2009	Y	Y	✓
Total score	**C**		**4 of 8**

Grading: A = 6-8 points; B = 5 points; C = 4 points; D = 3 points; F = 0-2 points

Download the full report and explanatory notes by visiting www.pewcenteronthestates.org/costofdelay

Lack of Access to Specialty Care

Safety net health care providers such as clinics and community health centers generally offer primary and preventive care services, and rarely have the resources available for patients with complex medical problems in need of specialty care. In general, specialist providers do not take uninsured or underinsured patients, making it very difficult for safety net providers to offer specialty care referrals.

Specialty care in Metropolitan Kansas City is provided in different ways. In Jackson County and Kansas City, Missouri the bulk of safety net specialty care is provided through Truman Medical Center.

The region's two medical societies have started programs for safety net patients such as WyJo Care in Wyandotte and Johnson County and Northland CARE and MetroCare in Kansas City, Missouri. These programs solicit providers to offer a certain amount of pro bono specialty care each year.

While these programs have been very successful, they have limited slots and are usually full. For instance, safety net clinics in Johnson and Wyandotte counties estimate that 300 patients per month may need specialty care.[16] In addition, the number of patients served by the three specialty care access programs in metropolitan Kansas City is increasing each year, reflecting increasing and unmet patient needs.

Since the programs began in 2007, more than 5,000 referrals have been received by the 999 participating providers. More than $30 million in specialty care services have been donated during this time, and the programs grew by 50 percent in 2010.[17] The specialty care programs report that more providers are needed. Wy/Jo Care in particular is experiencing a growing patient waiting list.

Safety net providers have indicated that cardiology is the specialization most in demand, which correlates with the high number hospitalizations for circulatory system disease among the uninsured in Metropolitan Kansas City.[18] Other high demand specialties include gastroenterology, general surgery, orthopedics, and gynecology.

[16, 17] NorthlandCARE/MetroCARE of Kansas City
[18] Ibid

Shortage of Safety Net Workforce

Both locally and nationally, we are in the midst of a shortage of healthcare professionals. Experts say that by 2020 there will be a shortage of up to 200,000 physicians and 1 million nurses. Rural Americans and those living in other underserved areas across the country are especially vulnerable to these current and growing health workforce shortages.

Many states are reporting vacancies in a number of health care positions including primary care practitioners, nurses, dentists, pharmacists, laboratory personnel, and physical/occupational therapists.

More than 80 percent of Missouri has been designated a health professional shortage area, leaving one in five Missourians currently without access to primary care services.

Safety net clinics are staffed, primarily, with paid or volunteer physicians, mid-level practitioners and nurses. In 2007, the Kansas City metro safety net system employed 44 physicians and 42 mid-level practitioners (such as nurse practitioners).

Based on industry standards, the current metropolitan area safety net staff is serving more patients than would be customary for this size. Although funding for staffing is at a premium, the issue of staffing is not just about having adequate financial resources. Safety net organizations have to find and recruit medical staff, often competing with private organizations who have higher pay, better hours and a smaller case load. They also are faced with additional issues such as finding bilingual and ethnically diverse staff.

The U.S. is heading toward a shortage of dentists. A rapidly aging generation of dentists is not being replaced quickly enough by new graduates to avoid sharp declines in the nation's oral health workforce over the next five years. Over the past 25 years, the number of dental health professional shortage areas has risen fivefold – from about 800 in 1993 to more than 4,000 in 2010.[19]

Table 5: Primary Care Provider Rate in HCF Service Area

Primary Care Provider Rate (providers per 100,000)	
Jackson	106
Lafayette	36
Cass	43
Johnson	164
Allen	15
Wyandotte	129

The problem is particularly severe for underserved people. Only about 20 percent of the nation's 179,000 practicing dentists accept Medicaid. And of those who do, fewer than 8,500 devote a substantial part of their practice to serving the poor, the chronically ill, and rural residents.[20]

[19, 20] US Department of Health and Human Services, Health Resources and Services Administration

Social and Racial Disparities Impact the Safety Net

In many national health indicators, such as life expectancy, the United States ranks lower than many less-developed countries – especially when looking at health measures across different racial/ethnic or socioeconomic groups. This is in part because our personal health and well-being is influenced by a complex web of factors that affect us before we even see a doctor.

The places where we live, work and play are important factors that affect our health – things such as clean air and water, good schools, safe neighborhoods, access to quality medical care, habitable homes, and access to nourishing food. Many times these are the factors that are also directly related to how much money we make. It's important to consider all of these seemingly divergent but related factors when thinking about our health, especially when comparing health outcomes and measures across different groups of people.

Table 6: 2011 Health Measures in HCF Service Area[21]

Health Measure	Definition	Missouri (115 Counties Ranked)			Kansas (99 Counties Ranked)		
		Jackson	Lafayette	Cass	Johnson	Allen	Wyandotte
Social & Economic Factors	County Ranking	97	26	10	1	88	98
High School Graduation	Percent of 9th grade cohort that graduates in 4 years	70%	90%	90%	90%	75%	60%
Some College	Percent of adults 25-44 years old with some post-secondary education	61%	52%	62%	82%	60%	42%
Unemployment	Percent 16+ years who are unemployed and seeking work	10.2%	9.5%	9.4%	6.3%	7.8%	10.5%
Children in Poverty	Percent of children under 18 years living in poverty	20%	15%	11%	5%	24%	26%
Single-parent households	Percent of all households that are single-parent	41%	24%	26%	19%	26%	43%

[21] Countyhealthrankings.org

Health Information Technology

Across the country health care providers are grappling with the challenge and opportunity surrounding health information technology. While the use of health information technology will result in a more efficient system and higher quality of care for patients, safety net organizations, particularly, are struggling with the complexities and cost of implementing a coordinated system.

Specific challenges for metropolitan area safety net providers include:

- Most safety net providers do not have sophisticated health information systems or staff capable of managing such systems.
- Considerable uncertainty within the safety net community about where exactly health information technology is headed and what the appropriate strategy is for their clinics and the safety net system.
- The ability to exchange information between clinics and other members of the safety net system is important; but the health information exchange landscape in the metro area is currently fragmented.

The Affordable Care Act (ACA) creates many changes in how consumers obtain health coverage, making the exchange of health information more complex, and increasing the need for technology that allows for collaboration among providers and for quality outcome measurement.

Moving Forward: Implications of ACA for the Kansas City Region

While the requirements of the ACA are intended to reduce the number of uninsured Americans by expanding Medicaid, an estimated 23 million people in the United States will still be without access to affordable coverage. Looking ahead for Metropolitan Kansas City, the safety net will continue to play a major role in ensuring that all individuals have access to health services.

In 2009, an estimated 18.8 million patients in the United States received care at health centers and the number is expected to more than double by 2015 (44.1 million patients) and reach 50.0 million in 2019. The ACA has allocated $11 billion to fund community health center expansion and an additional $1.5 billion for the National Health Service Corps which provides health center staffing. It is important to note that only Federally Qualified Health Centers, such as Swope and Samuel Rodgers, can receive these funds. The government's investment in the safety net infrastructure signifies the major contribution safety net providers make to America's health care delivery system.

> Most of the safety net providers do not have sophisticated health information systems or staff capable of managing such systems.

Not everyone will benefit from the enhanced safety net in the ACA. Undocumented immigrants are explicitly excluded from many provisions in the legislation. In addition, many states use disproportionate share hospital (DSH) payments to finance uncompensated care, some of which is provided to undocumented immigrants. Regionally, attention should be given to future demand to ensure that the local safety net can operate successfully and efficiently. In order to accommodate more patient visits, provider sites must increase both their medical and support staffs.