

Report to the Community

Fiscal Year 2012

Covering the Period from July 1, FY2012 to June 30, 2012

What is Access DuPage?

Access DuPage is a collaborative effort by hundreds of individuals and organizations in DuPage County to provide access to medical services to the county's low-income, medically uninsured residents.

Access DuPage represents a unique partnership of hospitals, physicians, local government, human services agencies, and community groups working together to address this formidable issue.

Access DuPage was organized in 2001, and began enrolling persons into the Access DuPage program in February, 2002.

Since Access DuPage in a very real sense was founded by and is sustained by the entire DuPage County community, it is only fitting that we give an accounting to the community of how the program is working. In this report we will focus specifically on Fiscal Year 2012, covering the period from July 1, FY2012 to June 30, 2012.

Who is the Access DuPage Program For?

A person is eligible for Access DuPage if he/she:

1. has resided in DuPage County for at least 30 days;
2. is under age 65;
3. has a household income below 200% of the Federal Poverty Level;
4. has no medical insurance; and
5. is not eligible for public health insurance programs (e.g., Medicaid, Medicare).

Qualified applicants are enrolled in the Access DuPage program for a period of one year, after which they must re-apply for membership in the program and their eligibility criteria must be re-verified.

How Does the Access DuPage Program Work?

The Access DuPage program is based on three inter-locking strategies:

1. The *Medical Home Strategy* – Our first priority is to link every enrolled member with a primary care “medical home” – a clinic or a physician that provides ongoing routine medical care and coordinates more specialized care. This strategy recognizes (a) that having access to ongoing primary care is a pre-requisite for having access to other types of medical services; (b) that programs addressing broader health goals (e.g. prevention, education, disease management) will be more effective if they are built on a solid primary care foundation; and (c) that managing access to more specialized services at the primary care level is the best way to ensure the most efficient utilization of scarce resources.
2. The *Continuum of Care Strategy* – Access DuPage next maintains a coordinated network of medical care services beyond what is provided by each member’s primary care medical home to which members can be referred when appropriate. Access DuPage strives to manage the patient’s navigation of these resources, creating processes that provide convenience to the patient and to the provider, and ensuring that resources are used efficiently.
3. The *Mosaic Strategy* – In pursuing its mission Access DuPage incorporates multiple programs, models and organizations. The structure of the program allows each of these components to do what it does best, while emphasizing coordination, integration, non-duplication, and synergy in the design of how the various components interact with each other. A byproduct of this strategy is a higher level of inter-agency and inter-sector communication and cooperation in DuPage County.

In accordance with these strategies, each person enrolled in Access DuPage is first assigned to a participating primary care physician or clinic as his/her ongoing source of primary care. This primary care provider may be:

- The DuPage Community Clinic, a “free clinic” which has served the poor since 1989 using a core of employed health providers supplemented by volunteer physicians and other health professionals;
- One of three federally-qualified community health centers (FQHCs) in DuPage County, which are managed by Access Community Health Network, the largest network of community health centers in the nation; or
- One of several hundred primary care physicians who graciously accept Access DuPage members into their private practices.

Other medical services are obtained in the following ways:

- Members receive laboratory or radiology services, when ordered by a participating physician, free of charge at a participating hospital.
- When specialty physician care is required, Access DuPage locates a specialist who agrees to see the patient without charge.

- DuPage County hospitals provide inpatient care and other intensive services to Access DuPage patients without charge, and all hospital-based physician groups in DuPage County waive professional fees for Access DuPage patients.
- Most prescription drugs ordered by a participating physician are available to members in one of three ways:
 - Medications may be available without charge on site at the DuPage Community Clinic or at a physician's office;
 - Medications may be obtained without charge through one of the Drug Assistance Programs sponsored by many pharmaceutical companies; or
 - If neither of the first two situations applies, most drugs may be purchased by Access DuPage members at dozens of pharmacies in DuPage County with a modest co-payment (\$10 for a generic drug, or \$20 for a brand name drug on the Access DuPage formulary).

Access DuPage does not provide non-medical services, but works closely with community agencies to coordinate referrals when they are required.

Over 40 community organizations throughout DuPage County assist Access DuPage in verifying eligibility and assisting eligible persons through the enrollment process.

As you can see, Access DuPage engages virtually the entire medical community of DuPage County in providing care to the neediest members of the community. It engages virtually the entire human services network to identify potential members and enroll them. In this way the Access DuPage program helps provide coordination and integration among many of the wonderful programs and services that exist in DuPage County.

FY2012 Outcomes at a Glance

Listed below are the seven major goals of the Access DuPage program, and the outcomes related to each of these goals that were achieved in FY2012.

Goal One: Maintain the capacity of the Access DuPage program to serve all eligible applicants to the program.
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9,916	Persons enrolled in the program on June 30, 2011
9,191	Persons enrolled in the program on June 30, 2012
9,696	Average weekly enrollment in FY2012 (4.6% decrease from FY2011)
14,402	Total number of persons enrolled at some point during FY2012
63.8%	Re-enrollment rate in FY2012
0	Number of applicants on a waiting list at the end of FY2012

Goal Two: Serve vulnerable persons regardless of race, ethnicity, gender, language, religion, education, sexual orientation, or ability to pay.
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Persons enrolled in program as of June 30, 2012:

Gender:	Female	58.1%
	Male	41.9%
Age:	18-19	1.0%
	20-29	16.4%
	30-39	22.9%
	40-49	21.1%
	50-59	25.3%
	60+	13.2%
Ethnicity	Hispanic	52.1%
	White	25.9%
	Middle Eastern	9.1%
	Asian	6.1%
	African American	4.5%
	Multicultural/Other	2.4%
Primary Language	Spanish	47.9%
	English	37.4%
	Other	14.7%
Community of Residence:	West Chicago	14.9%
	Addison	11.0%
	Glendale Heights	9.8%
	Carol Stream	6.6%
	Wheaton (incl. homeless)	6.5%
	Naperville	5.0%
	Lombard	4.9%
	Bensenville	4.6%
	Villa Park	4.5%
	Woodridge	3.7%
	Glen Ellyn	3.3%
	Hanover Park	3.1%
	Westmont	2.6%
	Aurora	2.2%
	Lisle	2.2%
	Warrenville	2.2%
	Downers Grove	2.1%
All Others	10.8%	

Goal Three: Ensure that Access DuPage Members receive the medical services they need.

Goal Four: Ensure that Access DuPage members use the health system efficiently.

Numbers and Utilization Rates of Major Types of Medical Services Received by Access DuPage Members During FY2012			
Type of Services	Total Received	Actual Rate/1,000¹	Typical Rate/1,000
Office-based Primary Care Visits	23,566	2,684	1,946 ²
Convenient Care Visits	2,460		
Total Primary Care Visits	26,026		
Off-site Physician Specialist Referrals ³	2,585	266.6	NA
Specialist Visits at DuPage Community Clinic	2,174	224.2	NA
Inpatient hospitalizations	677	69.8	89.3 ⁴
Day Surgeries	368	38.0	NA
Hospital Outpatient Visits	10,715	1,105.1	NA
Hospital Series Visits	1,283	132.3	NA
ER visits	3,381	348.7	374.5 ⁵
One-Month Prescriptions Filled	98,119	10,119	14,767 ⁶

These statistics illustrate that the Access DuPage program was successful in FY2012 in achieving these two goals.

The use rates per 1,000 are high where we'd like them to be high – particularly in primary care visits – and low where we'd like them to be low – particularly in the use of intensive hospital services such as Emergency Room visits and inpatient hospitalizations. Age-adjusted hospitalization rates for Access DuPage members are 22% lower than rates for the general population, and age-adjusted ER visit rates are 7% lower than rates for the general population. High use rates of primary care and diagnostic services support the inference that members are getting the medical services they need; low use rates of hospitals and emergency departments support the inference that members are using the health system efficiently.

Regarding the Access DuPage Prescription Medication Program, each Access DuPage member on average received about 10.1 one-month prescription medications directly through the Access DuPage program in FY2012. Some obviously received much more; some required fewer medications or none at all. Not counted are any medications received from other sources (e.g. DuPage County Health Department Mental Health Services) or samples obtained from physician offices. The number of prescription medications received by Access DuPage members is somewhat lower than the number received by persons in employer-based programs which use CVS Caremark as their Pharmacy Benefit Manager. From the perspective of Access DuPage, however, this fact reflects the overuse of prescription medications within the general population rather than an inference that Access DuPage members are not getting the medications they need.

Goal Five: Improve the health status of the population served by Access DuPage.
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Note: To measure the longitudinal self-assessed health status of the population enrolled in Access DuPage, the program employs a widely-used and extremely well-validated instrument called the SF-12 Health Survey. This 12-question survey is a short-form of the SF-36 Health Survey, the most widely-used health survey in the world, and has proven itself to be a versatile and practical alternative that captures at least 90% of the accuracy of the longer form.⁷

Access DuPage is currently in the process of updating and re-validating the 20,000+ SF-12 surveys currently in its database in partnership with local research experts. A much report on this topic will be issued in the near future.

Goal Six: Expand the “Safety Net” in DuPage County that serves the health needs of low-income residents.

8,000 Baseline Safety Net Capacity (2001)

23,100 Safety Net Capacity (June 30, 2012)⁸

Goal Seven: Operate the Access DuPage program in a fiscally effective manner.

\$4,380,966 FY2012 direct cost of the Access DuPage program

\$451.83 Average direct cost of the Access DuPage program per member per year in FY2012.

\$93,435,054 Estimated retail value of total donated services to Access DuPage patients in FY2012 (see chart below).

Estimated retail value of uncompensated services donated to Access DuPage patients, and other patient costs in FY2012	
Service	Estimated Value
Uncompensated Hospital Services	\$70,629,465
Specialist physicians	\$9,516,318
Hospital-based physicians	\$5,943,469
Primary care physicians	\$3,454,407
Rx drugs obtained by through DAP	\$3,196,197
DuPage Community Clinic operations	\$288,101
Donated prescription drugs distributed on-site at DCC	\$189,413
DuPage Community Clinic other health professional care	\$102,059
Donated enrollment services through community intake sites	\$115,625
TOTAL	\$93,435,054

\$5,039 Estimated total cost per member per year at typical provider reimbursement rates.⁹

\$5,615 Average premium cost of employer-sponsored individual health insurance in FY2012.¹⁰

We consider these final two statistics highly significant. Access DuPage has a very accurate accounting of well over 90% of the total charges for all services received by Access DuPage members – from primary care to intensive hospital services. If we extrapolate from these numbers, apply typical managed care reimbursement rates to all

services donated by hospitals and physicians, and then divide by the average monthly enrollment in the Access DuPage program, we arrive at an estimated cost per member per year that is about **10% less than the average cost of individual employer-sponsored health care premiums**. There may be a few medical expenses incurred by Access DuPage members that are not included in our cost accounting – services rendered by the DuPage County Health Department Mental Health Division, for example – but, on the other hand, there are a number of services provided to Access DuPage members that are not typically covered under many health insurance plans. So, overall, there can be little doubt that the general pattern of comprehensive medical care provided at a less-than-typical cost is an accurate inference. When one considers the generally-poor state of self-assessed health and the high incidence of chronic disease among the population enrolled in Access DuPage, this pattern of cost-effective care must rank as a major achievement.

However, it is worth noting that the difference between Access DuPage costs and typical employer costs is narrowing. In the prior five fiscal years, that difference fluctuated between 17% and 25%. In this fiscal year the estimated cost of providing medical care to a typical Access DuPage member rose substantially, by about 17.7% over FY2011. A major factor in this increase was the utilization and cost of hospital services. Despite the fact that the average weekly enrollment in Access DuPage decreased by about 4.6% from FY2011 to FY2012, inpatient hospitalizations increased by 10.4%; day surgeries by 18.3%; ER visits by 5.6%; outpatient visits by 15.6%; and series visits by 35.5%. As a result the cost of providing hospital services to Access DuPage members, calculated at typical managed care rates, increased by 21.8%. An even greater increase was noted in the cost of physician specialty care, calculated at typical managed care rates – about 38.9% between FY2011 and FY2012.

So what's going on? Our best guess is that, due to changing immigration patterns associated with the stagnation of the local economy, a substantial number of healthier and more mobile members of Access DuPage left the program in FY2012. Meanwhile, the members who stayed in the program tended to be those with more complicated and chronic health needs, and many of the new applicants to the program have intensive health needs that often require immediate attention. In summary, the intensity of need of the typical Access DuPage member is clearly increasing. We will follow these trends closely to see if they continue or even intensify.

FOOTNOTES:

1 In calculating utilization rates per 1,000 or rates per member per year, the denominator used was 9,696, the average weekly enrollment in Access DuPage in FY2012.

2 Chun-Ju Hsiao, Donald Cherry, Paul Beatty, & Elizabeth Rechtsteiner, National Ambulatory Medical Care Survey: 2007 Summary, No. 27, Table 1, Hyattsville, MD: National Center for Health Statistics, November 3, 2011.

3 This number includes only those referrals to specialists arranged by Access DuPage personnel. It does not include visits to FQHC specialists, visits on-site at the DuPage Community Clinic specialty clinics, or specialists seen via internal referral within groups or referred through hospital emergency departments.

4 Derived by taking the most-recent-available national hospital discharge rates by age and sex (minus all discharges for “females with deliveries”) and blending these rates in proportion to the age and sex mix of the Access DuPage population as of 6/30/12. See M.J. Hall, C. DeFrances, S. Williams, A. Golosinskiy, and A. Schwartzman, 2007 National Hospital Discharge Survey, Tables 3 and 6. Hyattsville, MD: National Center for Health Statistics, No. 29, October 26, 2011.

5 Derived by taking the most-recent-available national emergency department visit rates by age and sex and blending these rates in proportion to the age and sex mix of the Access DuPage population as of 6/30/12. See Richard Niska, Farida Bhuiya, and Jianmin Xi, National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary, no. 26, Table 2, National Center for Health Statistics, Hyattsville, MD, August 6, 2011.

6 Average utilization among the clients in CVS Caremark’s “Employer Book of Business” for the period from May 2009 through April 2010; “RxInsights: Access DuPage Prescription Benefit Review.” The actual reported data for the Employer Book of Business was 443 days supply per member per year, which we have assumed is equivalent to 14.766 30-day prescriptions per member per year.

7 John E. Ware, Jr., Mark Kosinski, Diane M. Turner-Bowker, and Barbara Gandek, How to Score Version 2 of the Sf-12 Health Survey (Quality Metric Inc., Lincoln, RI, and Health Assessment Lab, Boston, Ma, 2002).

8 The Federally-qualified health centers in DuPage County currently have a capacity of about 43,200 encounters/year based on average encounters/room throughout the Access Community Health Network sites. At 2.6 encounters/patient/year (the approximate Access DuPage average in FY2012), that equals a capacity to handle about 16,600 patients/year. The DuPage Community Clinic has a maximum capacity of about 5,000 patients/year, and another 1,500 Access DuPage patients/year can be accommodated in office-based physician practices. Many office-based physicians, of course, also see Medicaid patients in their practices, and those numbers are not counted in the Safety Net capacity estimates.

9 In arriving at this estimate the following assumptions were employed: (1) all direct Access DuPage costs were included as is; (2) the ratio of payment to charges for hospital and hospital-based physician services was calculated at typical managed care ratios provided by several DuPage County hospitals; (3) the ratios of payments to charges for physician services were calculated at the median revenue/charge ratio by specialty for all specialties listed in Medical Group Management Association’s Cost Survey for Single-Specialty Practices: 2005 Report Based on 2004 Data (MGMA, Englewood, CO, 2005); for specialties not listed in the MGMA report revenue/charge ratios were assumed to be 72% for primary care specialties, 65% for non-surgical, non-primary care specialties, and 50% for surgical specialties; and (4) the cost of all non-purchased prescription drugs were calculated at what the cost to Access DuPage would have been had such drugs been purchased from the Pharmacy Benefit Manager. All other costs were included at their estimated retail values.

10 Average annual premium for covered workers for all plans and all firm sizes, Exhibit 1.1, Employer Health Benefits: 2012 Annual Survey (The Kaiser Family Foundation and Health Research and Educational Trust, 2012).