Improving Access to Specialty Care

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Outline

- State of access to specialty care for low-income persons
  - Statewide
  - Local

- Strategies primary care providers are using to improve access to specialty care
The State of Access to Specialty Care
Sources of Information on Access

- Beneficiaries
- Providers
- Health Plans
- Advocates
- Public Officials
Percent of California Adults Who Had Trouble Finding a Specialist, 2013

Source: Becket et al, *Medi-Cal vs. Employer Based Coverage, 2015*
Percent of California Adults Told Specialist Did Not Accept Their Insurance, 2013

Source: Becket et al, *Medi-Cal vs. Employer Based Coverage, 2015*
CA Physicians Accepting Patients by Payer, 2013

Source: Coffman, et al., *Physician Participation in Medi-Cal*, 2015
California Non-Primary Care Physicians Participating in Medi-Cal by Region, 2013

Source: Coffman, et al., *Physician Participation in Medi-Cal*, 2015
California Physicians Accepting Medi-Cal Patients by Specialty, 2013

- Facility-based: 73%
- Obstetrics-Gynecology: 72%
- Pediatrics: 70%
- Surgery: 63%
- Medical Specialties: 62%
- Family Medicine: 54%
- General Internal Medicine: 52%
- Psychiatry: 36%

Source: Coffman, et al., *Physician Participation in Medi-Cal*, 2015
California Specialists: Any Medi-Cal Patients vs. New Medi-Cal Patients, 2013

Source: Coffman, et al., *Physician Participation in Medi-Cal*, 2015
Key Informant Interviews

- Interviewed 18 representatives of key stakeholders concerned about access to specialty care for Medi-Cal beneficiaries

- Types of stakeholders included
  - Government agencies (DHCS & DMHC)
  - Medi-Cal managed care plans
  - Medi-Cal providers
  - Consumer advocates
Key Informant Interviews

- Most interviewees believe Medi-Cal has difficulty providing beneficiaries adequate access to specialty care.

- Believe this is a bigger challenge for fee-for-service Medi-Cal than for Medi-Cal managed care.
Key Informant Interviews

- Beneficiaries facing the greatest challenges obtaining specialty care
  - Rural beneficiaries
  - Beneficiaries with disabilities
  - Beneficiaries who are homeless or marginally housed
  - Beneficiaries who do not speak English well
Key Informant Interviews

- Specialties for which beneficiaries and primary care providers face the greatest access challenges
  - Endocrinology
  - Transplant surgery
  - Other surgical specialties
Key Informant Interviews

- Reasons for difficulty providing access to specialty care for Medi-Cal beneficiaries
  - Insufficient numbers within close proximity of Medi-Cal beneficiaries
  - Insufficient numbers willing to care for Medi-Cal beneficiaries
  - Low reimbursement rates relative to other insurers
Survey of Learning Institute Participants

- 9 of 10 respondents reported that it was either somewhat difficult or very difficult to obtain non-urgent specialty care for patients
  - Within 15 business days
  - Within 20 miles or a 30 minute drive from your locations
Survey of Learning Institute Participants

- Specialties in which respondents had the most difficulty obtaining non-urgent appointments for Medi-Cal patients
  - Orthopedic surgery
  - Endocrinology
  - Neurology
  - Rheumatology
  - Dermatology
  - Gastroenterology
  - Psychiatry
Strategies for Improving Access to Non-Urgent Specialty Care for Medi-Cal Beneficiaries and Uninsured Persons
Networks of Specialists

- Create positions for referral coordinators

- Develop networks of specialists who are willing to treat Medi-Cal or uninsured patients

- At least one clinic consortium has created an independent practice association
Provide Specialty Care On Site

Community health center provides office-based specialty care at one or more of its locations

Specialists may be

• Employees
• Contractors
• Volunteers

Reduces transportation barriers
Enhance Primary Care Provider Capacity

- Identify primary care providers (PCPs) interested in enhancing their ability to manage common specialty care needs

- Provide opportunities for these PCPs to receive additional training

- Identify specialists willing to provide electronic consultation
Telemedicine

- Two major types of interactions
  - Provider to patient
  - Provider to provider
Provider to Patient Telemedicine

- Live videoconferencing
- Store-and-forward
- Remote monitoring
Provider to Provider Telemedicine

- Electronic consultation and referral
- Project ECHO
Learning Institute Participant Survey

- 6 of 10 respondents have established a network of specialists

- No respondents provide specialty care onsite at their clinics
Learning Institute Participant Survey

- 5 of 10 respondents use telemedicine

- Live videoconferencing: 3 respondents
- Store-and-forward: 1 respondent
- Remote monitoring: 0 respondents
- E-Consult/E-Referral: 1 respondent
- Project ECHO: 0 respondents
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