



University of California  
San Francisco

# 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



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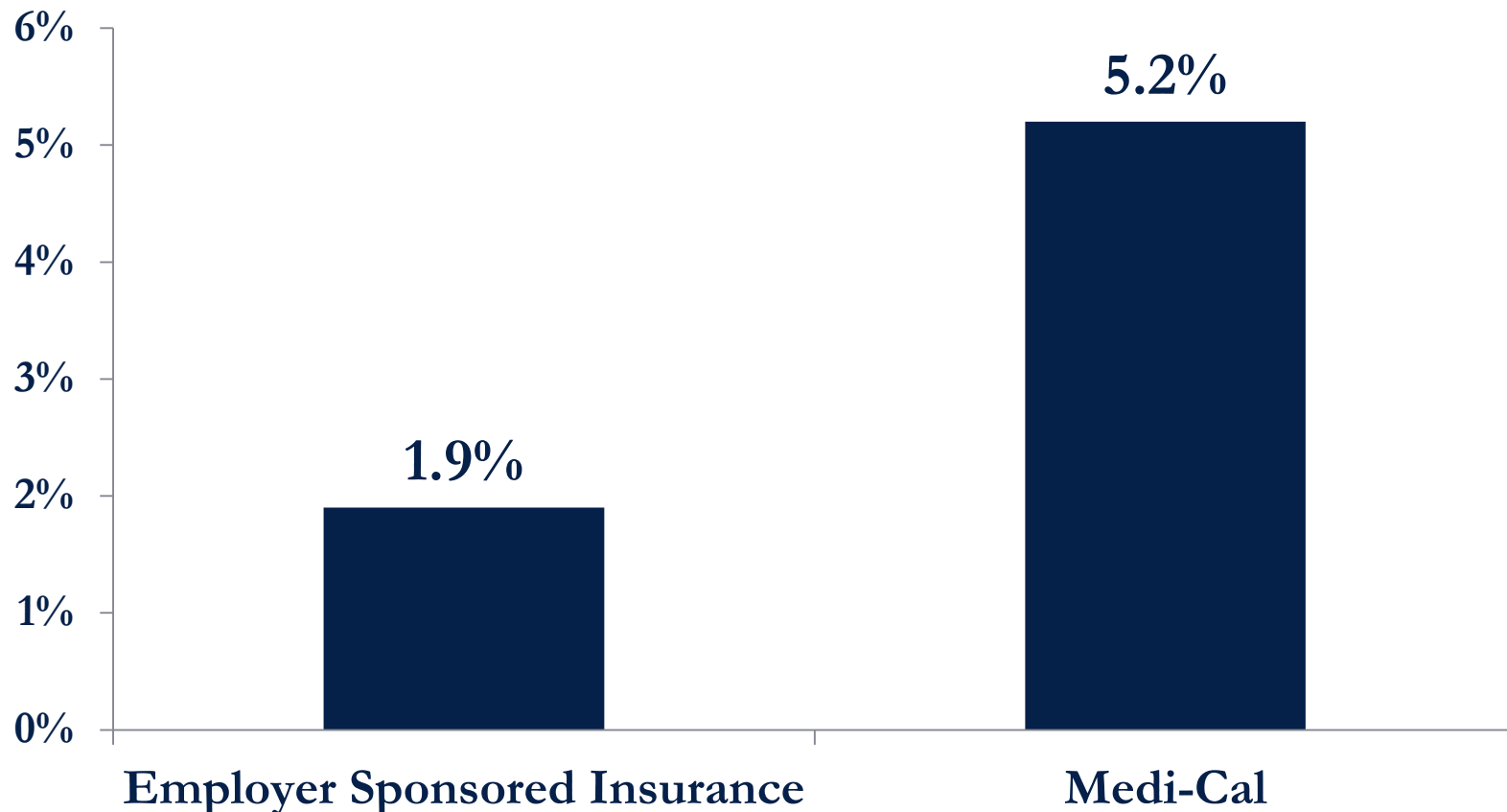
# The State of Access to Specialty Care



# Sources of Information on Access

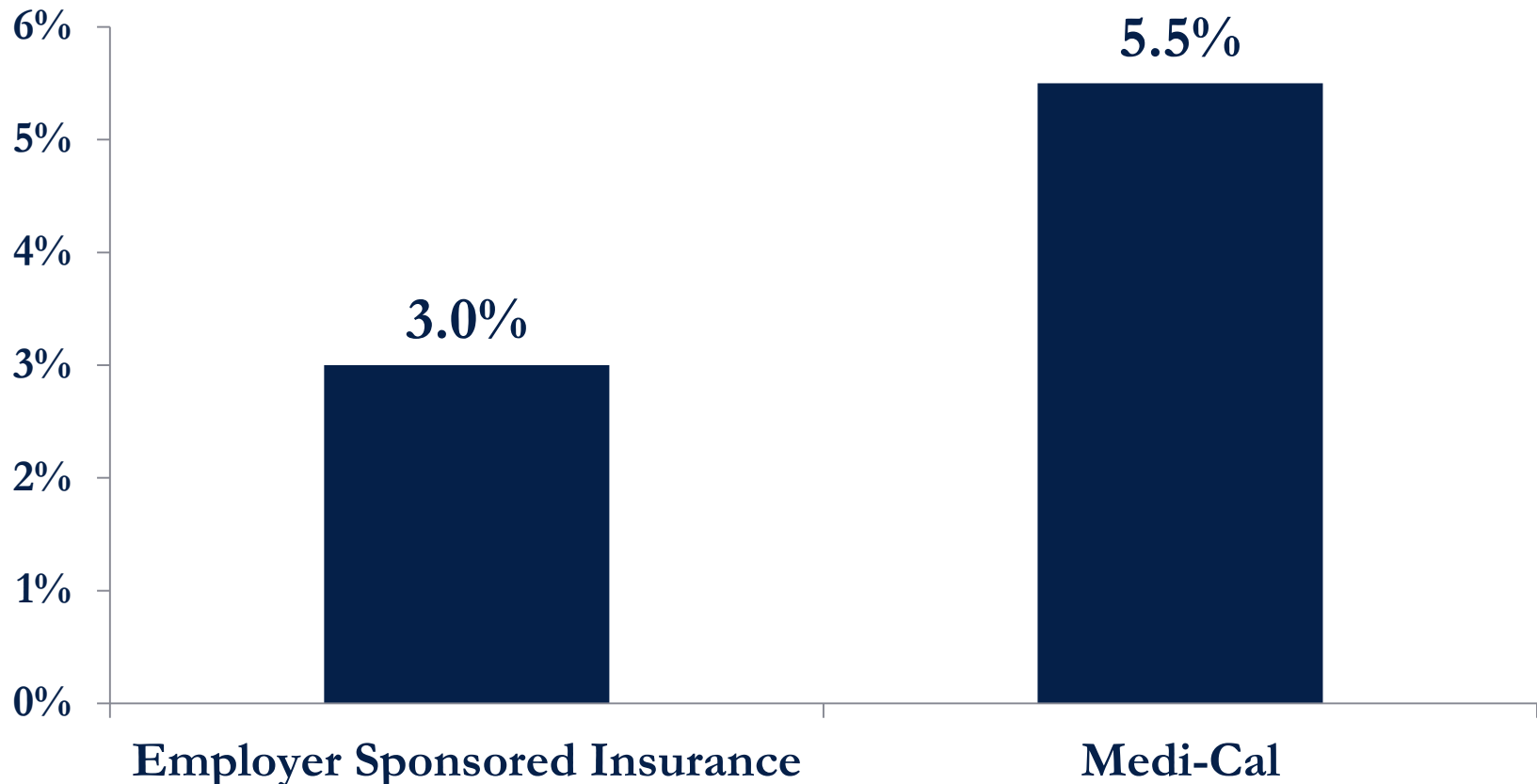
- Beneficiaries
- Providers
- Health Plans
- Advocates
- Public Officials

# Percent of California Adults Who Had Trouble Finding a Specialist, 2013



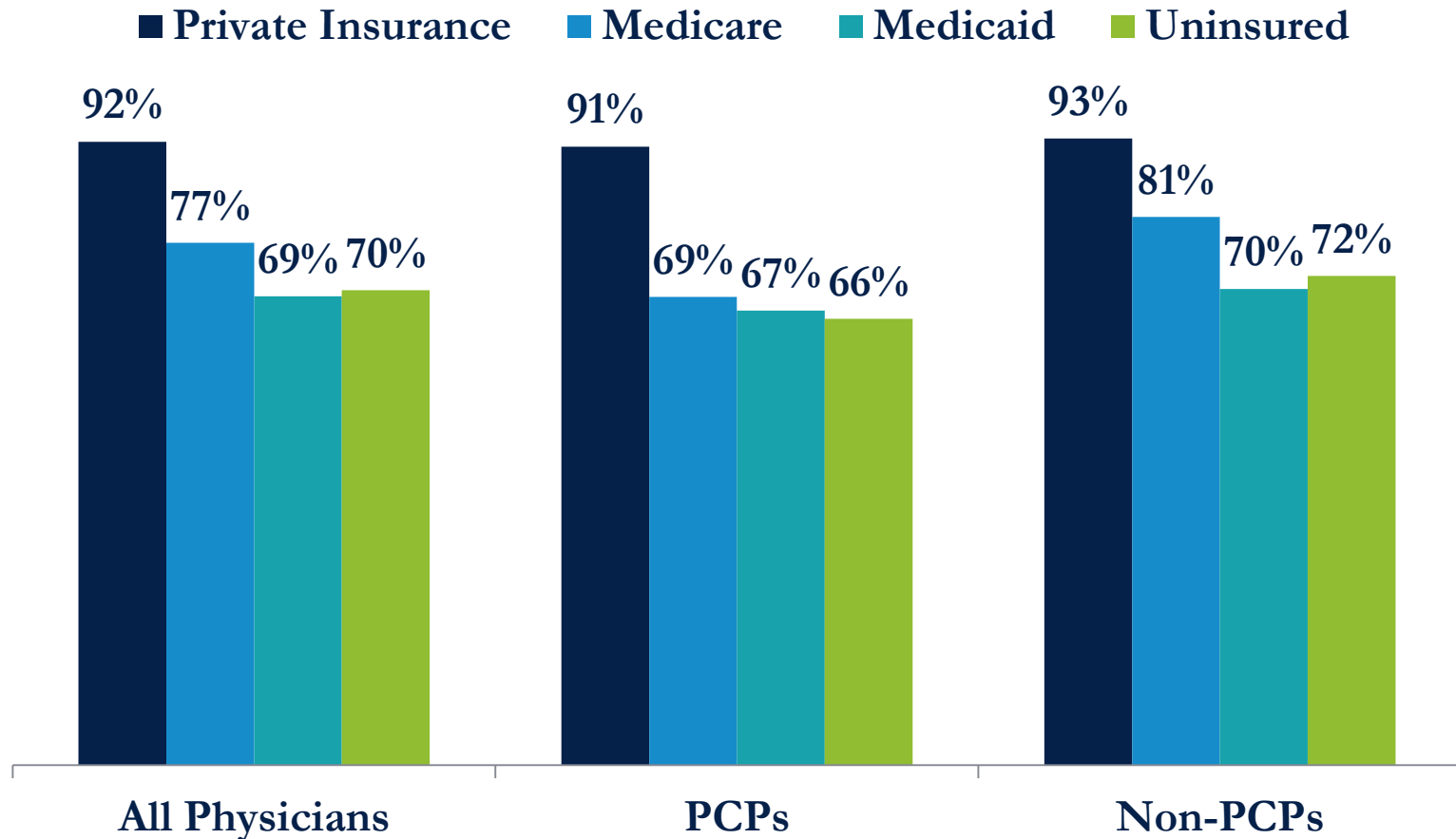
Source: Becket et al, *Medi-Cal vs. Employer Based Coverage*, 2015

# Percent of California Adults Told Specialist Did Not Accept Their Insurance, 2013



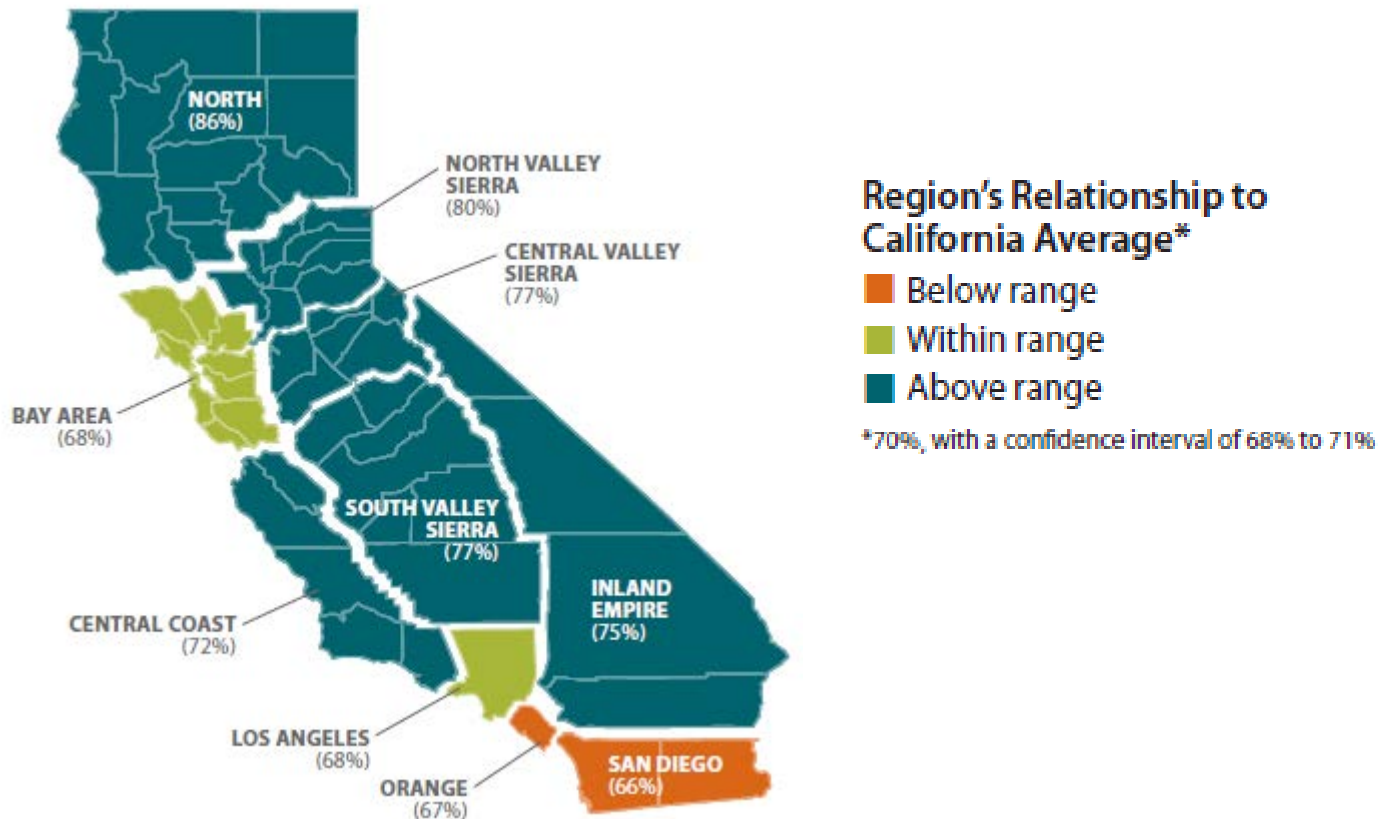
Source: Becket et al, *Medi-Cal vs. Employer Based Coverage*, 2015

# CA Physicians Accepting Patients by Payer, 2013



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

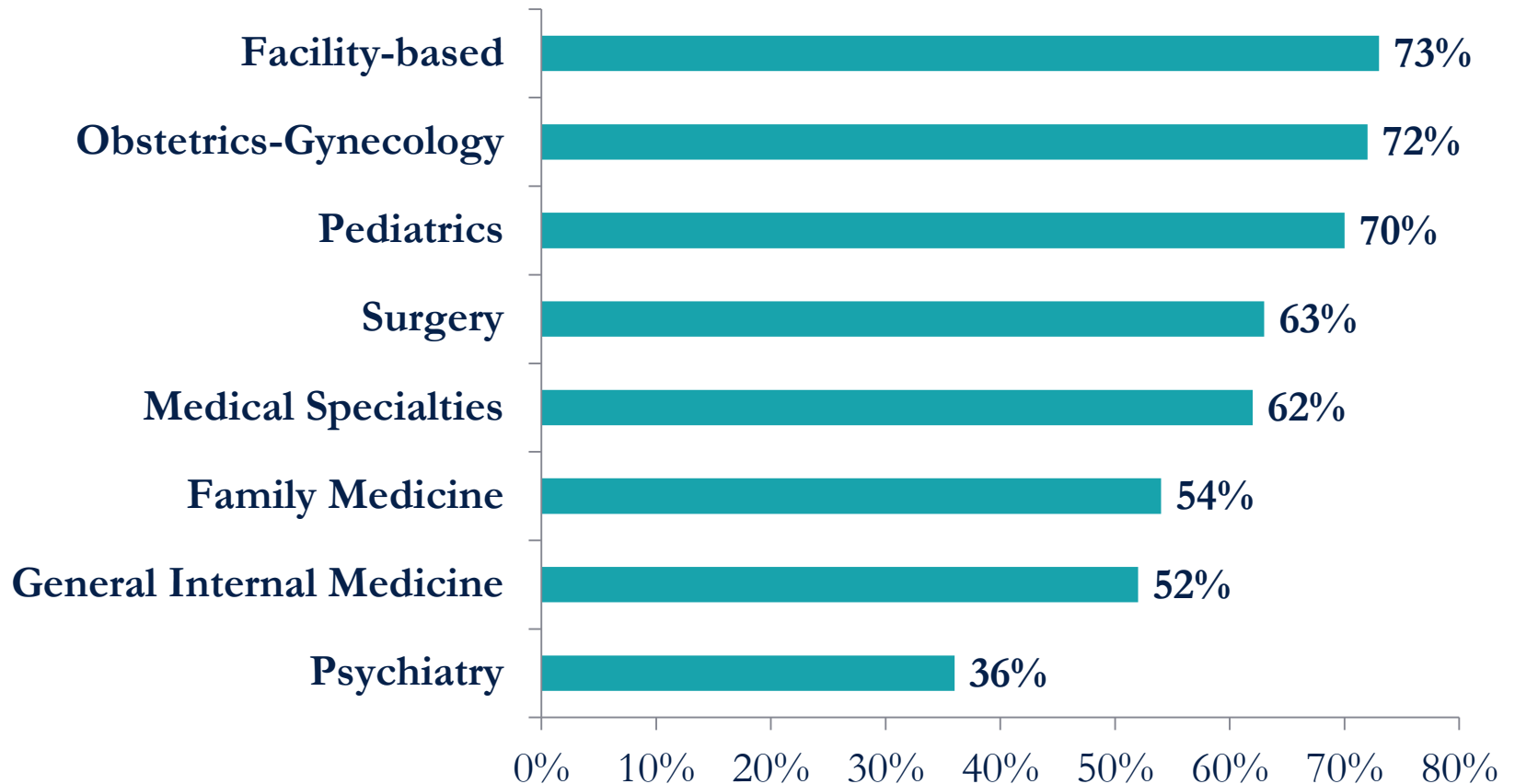
# California Non-Primary Care Physicians Participating in Medi-Cal by Region, 2013



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

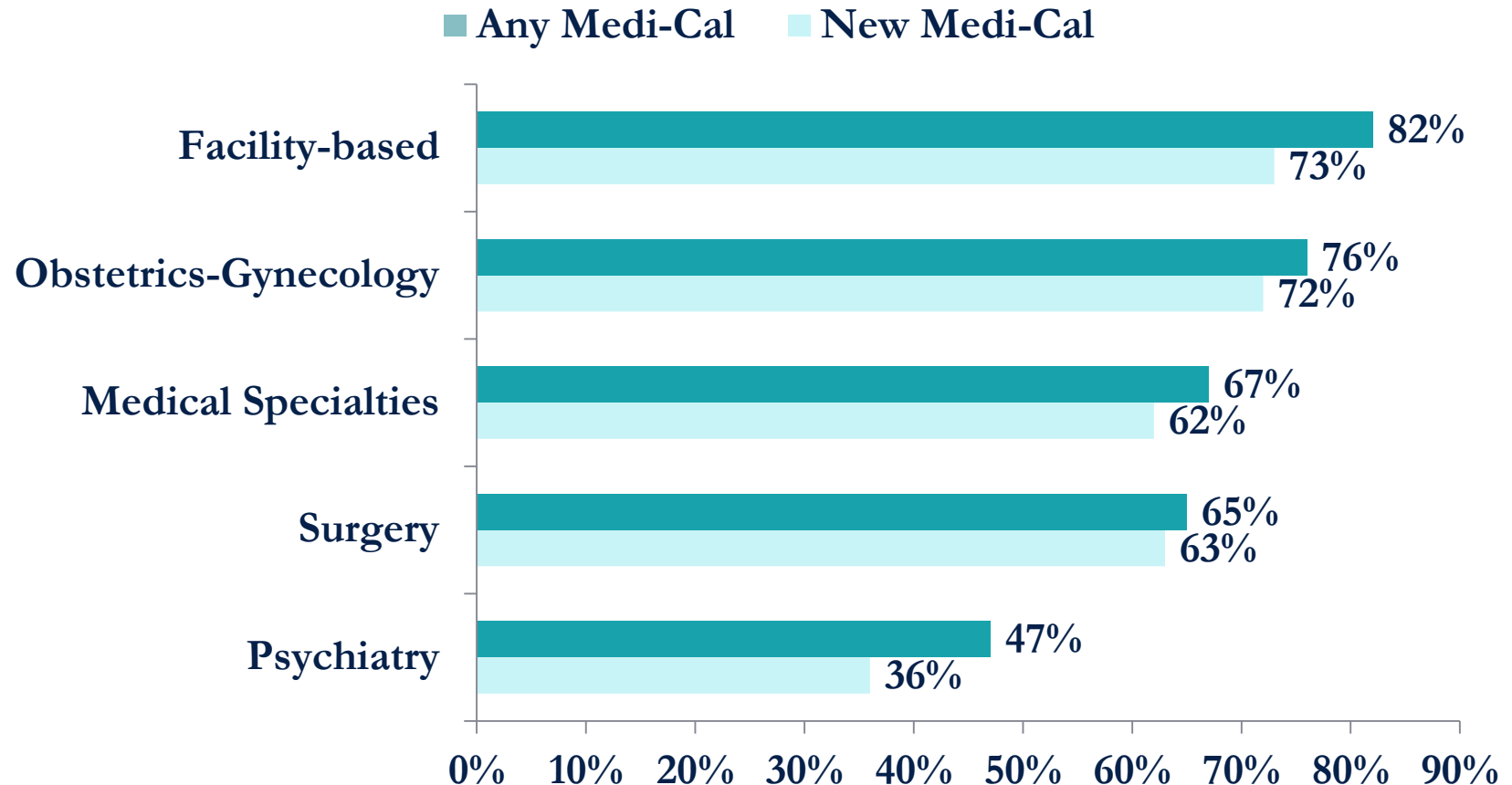


# California Physicians Accepting Medi-Cal Patients by Specialty, 2013



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



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# Strategies for Improving Access to Non-Urgent Specialty Care for Medi-Cal Beneficiaries and Uninsured Persons

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# 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

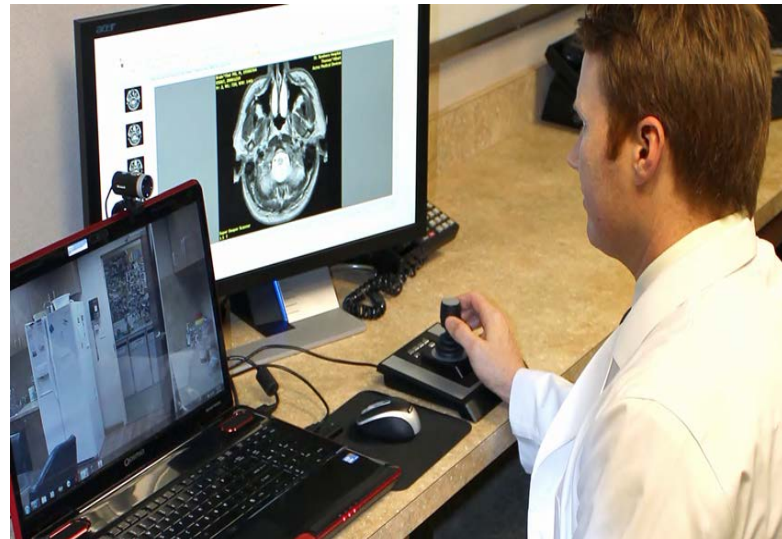
# Provider to Patient Telemedicine

- Live videoconferencing
- Store-and-forward
- Remote monitoring



# Provider to Provider Telemedicine

- Electronic consultation and referral
- Project ECHO



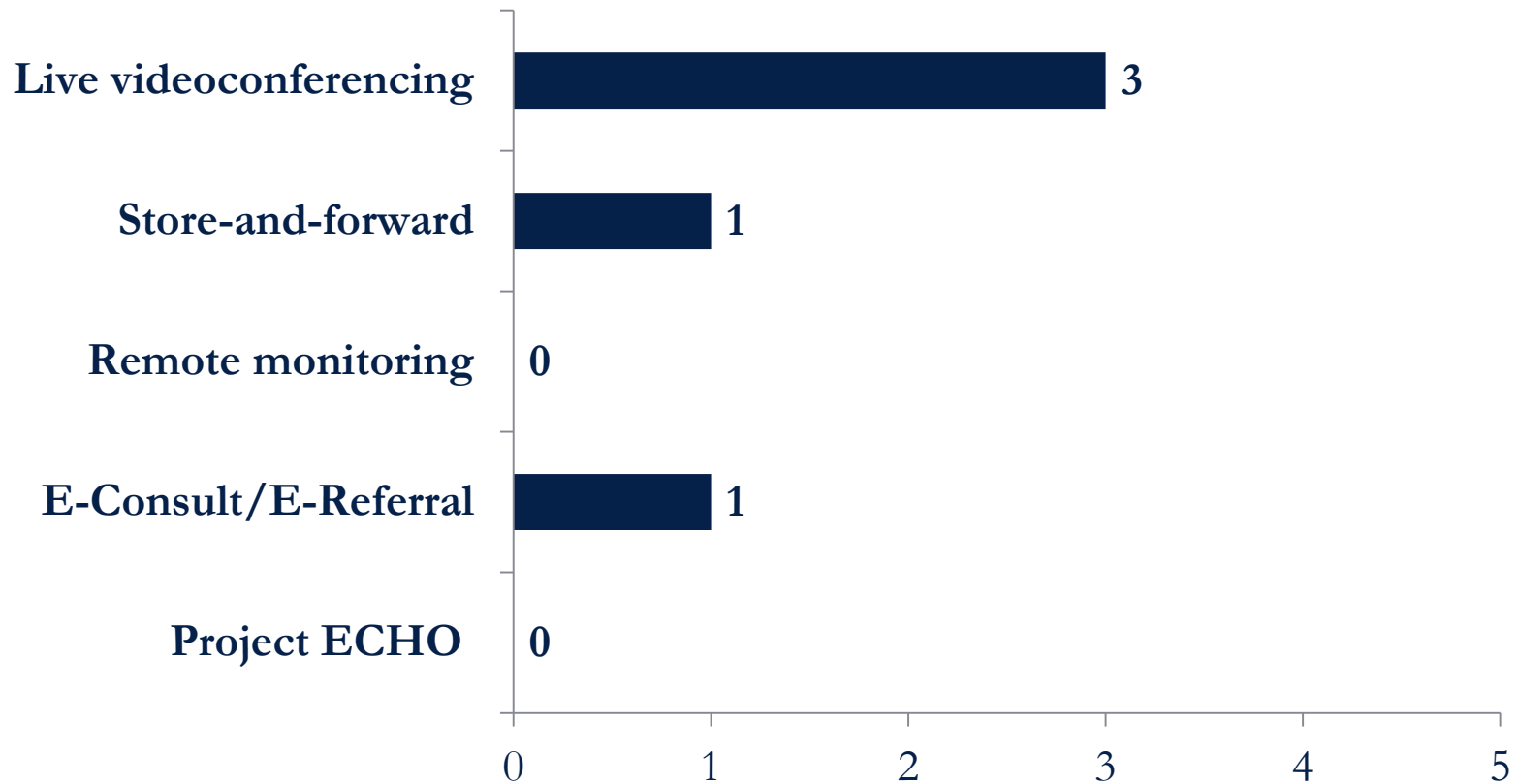


# Learning Institute Participant Survey

- 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



# Acknowledgements

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## Research Team

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