

Contra Costa CARES

Preliminary Trends– April 2016

Overview

The Contra Costa CARES program provides access to a primary care medical home for low-income adult undocumented residents of Contra Costa County. Current data estimates that there are between 15,000 – 60,000 individuals currently residing in Contra Costa County who would qualify for this program. With a combined \$1M in funding provided by Contra Costa County, Kaiser Permanente, John Muir, and Sutter, the CARES program was successfully launched as a twelve-month pilot in November 2014, with the intention of serving approximately 2,954 eligible individuals. Three community health center organizations – LifeLong Medical Care, La Clinica, and Brighter Beginnings - provide primary care services and a variety of ancillary services, including laboratory, radiology, and reduced pharmacy, to CARES participants in this pilot.

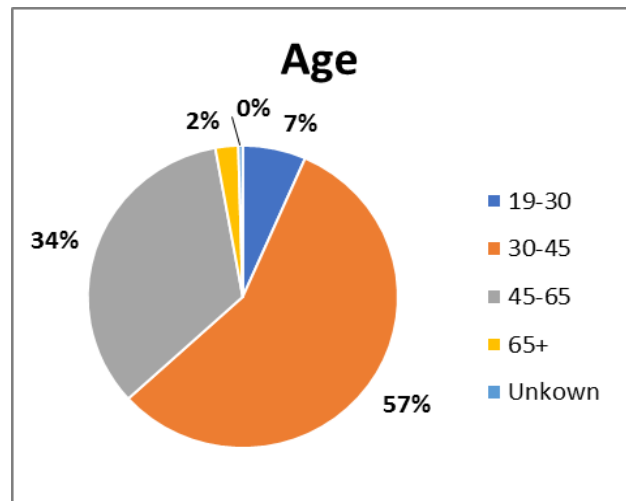
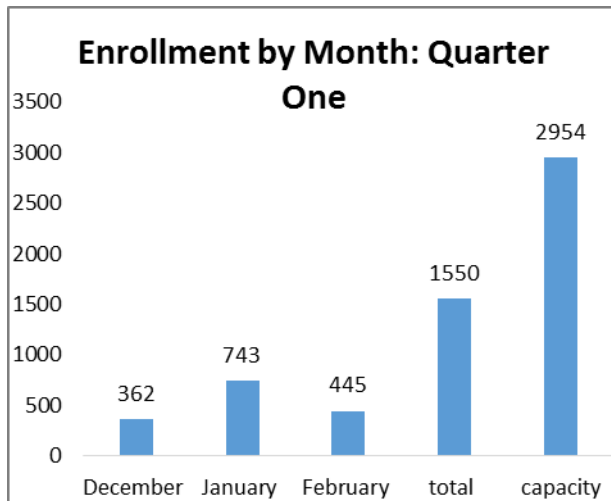
The CARES pilot program is intended to demonstrate the value of connecting uninsured patients to a primary care medical home. It also highlights the effectiveness of a coordinated system that enables community health centers to work with Contra Costa Health Plan (CCHP) to ensure that individuals who are eligible for the program are properly screened and assigned to a medical home. Staff at participating health centers complete applications for Contra Costa CARES and forward applications to CCHP for enrollment and assignment to a primary care medical home. Health centers are also responsible for tracking and reporting on utilization data, such as types of visits, lab tests, and diagnoses. CCHP provides enrollment tracking, monitors for other program coverage, and provides enrollment updates to clinics. *Participant enrollment data for December 2015 – February 2016 (Quarter One) is highlighted in the report below.*

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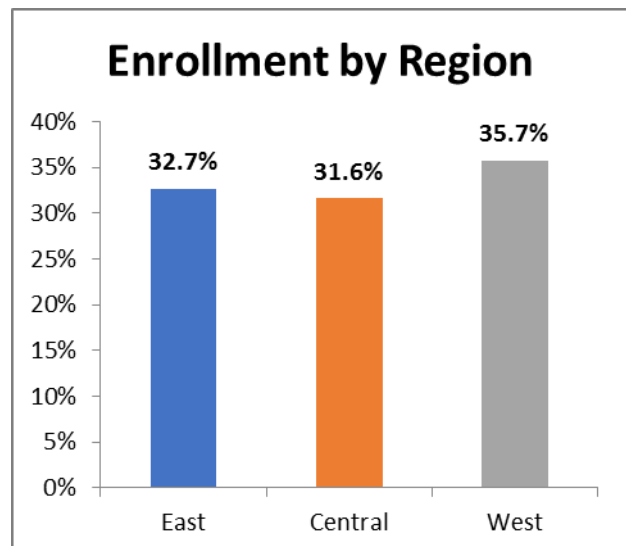
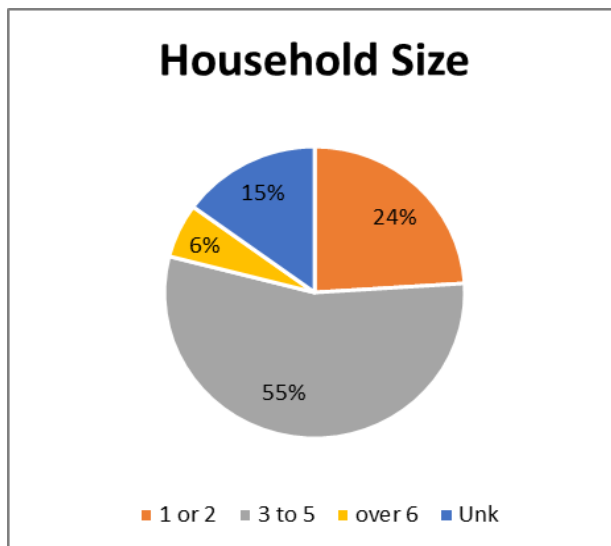
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Quarter One Enrollment

Three months into implementation, program enrollment was at 52% of total program capacity, with 1,550 residents now assigned to a primary care medical home. Almost all participants are working age adults, with 91% between age 30-65 and 98% between age 19-65.



Other demographic information demonstrates that ethnicity is 97% Latino and gender is 61% female, 39% male¹. Household size and zip code data (below) point to a profile of enrollees living in family-sized households (55% in households of 3-5) and evenly distributed in the Eastern, Central, and Western areas of the county.



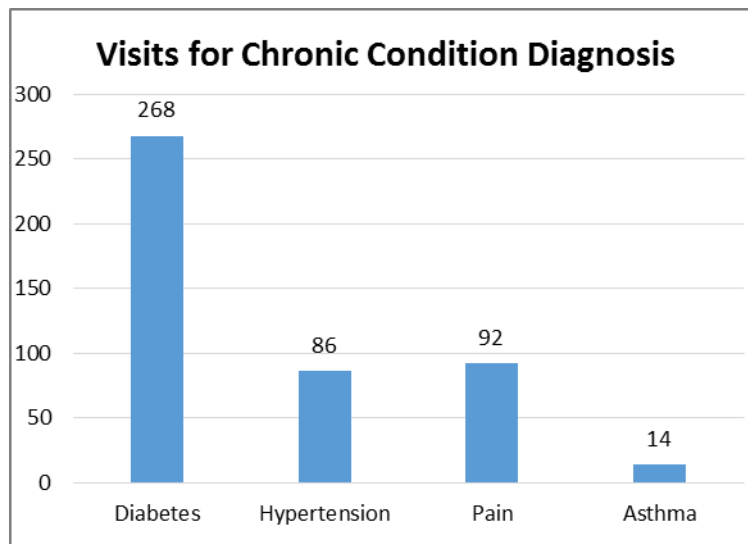
¹This data is similar to national trends. The rate of health care utilization in the general population is 58% women/42% men. http://www.cdc.gov/nchs/data/ahcd/namcs_summary/2012_namcs_web_tables.pdf

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Health Care Services

CARES enrollees are assigned a primary care medical home at one of the three participating clinics. A total of 892 clinic visits were provided in the first quarter of the program. More than 95% of visits were related to treating acute illness or diagnosing and managing chronic conditions. These conditions can worsen with delayed care and result in emergency department or inpatient visits. Studies report that patients with health coverage and an established source of care are more likely to have their chronic disease diagnosed and in control ². Moreover, a review of services rendered indicates that although patients may present for care because of an illness or chronic condition, many preventative services are also provided, such as flu shots and screening tests.



Key Take Aways

- Local coordination between hospitals, the health plan, and primary care clinics is evident in the rapid execution of application assistance, assignment to a primary care medical home, enrollment tracking, and utilization reporting for 1,550 individuals.
- More than half of program capacity was reached in quarter one, demonstrating the high demand for primary care among this population.

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Key Take Aways continued...

- The profile of enrolled residents shows that the majority of participants are working age adults in family-sized households distributed across the eastern, central, and western regions of the county.
- Primary care utilization reveals a population with a high need for a primary care medical home. Diabetes is the leading chronic disease among enrollees.
- High levels of preventive services, such as flu shots and screening tests, are provided as part of primary care visits.

Summary

The Contra Costa CARES program is operating successfully to enroll residents into the program and provide needed primary care services. Coordinated tracking systems across organizational entities are in place to monitor performance. Team members are exploring the feasibility of reporting on additional data elements for future reports.

Acknowledgement

This report was prepared by the Community Clinic Consortium and independent consultant Laura Hogan. Data was also provided by Contra Costa Health Plan, LifeLong Medical Care, La Clinica, and Brighter Beginnings.

This project was made possible thanks to the generous support of The Blue Shield Foundation, The California Endowment, Kaiser Permanente, John Muir Health, Sutter, John Muir Mt. Diablo Community Health, Contra Costa Health Plan, and Contra Costa Health Services.

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