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Health Care for the Uninsured in Metropolitan Atlanta

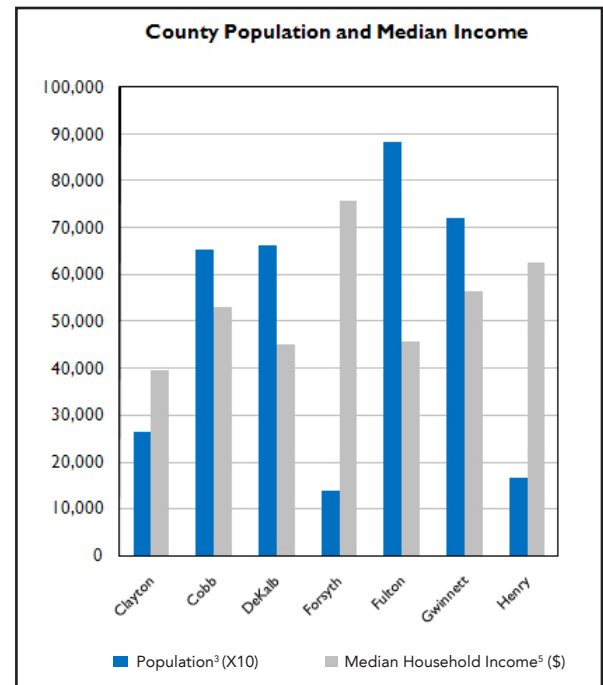
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What is the state of metro Atlanta's health care safety net? Where are the most vulnerable populations and how are their health care needs being addressed? The Georgia Health Policy Center (GHPC) assessed need, availability and utilization of primary care safety net services in seven metro Atlanta counties: Clayton, Cobb, DeKalb, Forsyth, Fulton, Gwinnett and Henry.

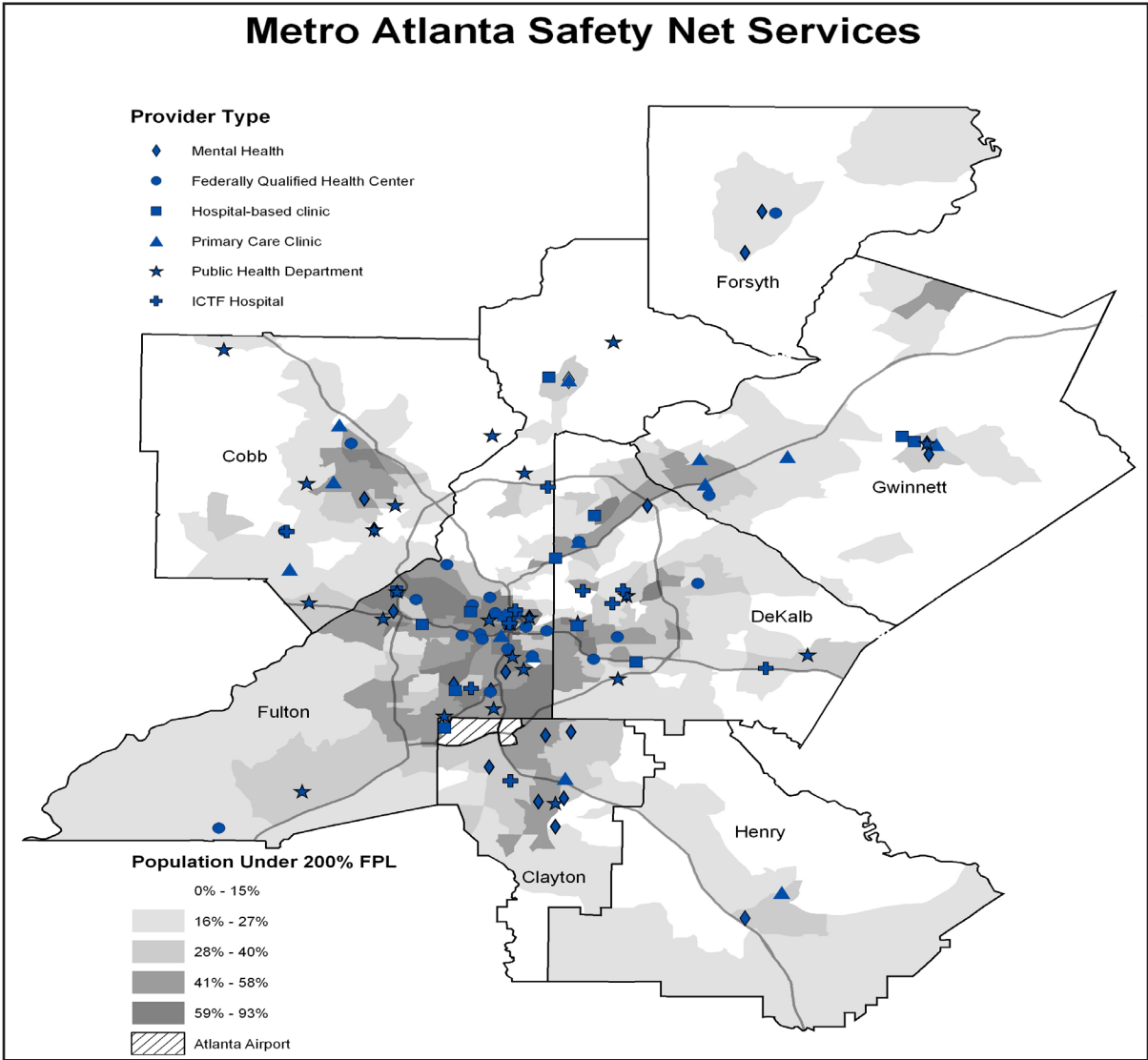
Atlanta's Health Care Landscape

Metropolitan Atlanta is home to nearly 40 percent of all Georgians and more than 30 percent of the state's uninsured. Although geographically small, the seven metro counties have distinct differences: their racial and ethnic minority population rates range from 10 percent to 73 percent; poverty rates (below the federal poverty level) range from 6 percent to 16 percent; and uninsured rates range from 11 percent to 21 percent. The Assessment Data table on page 4 of this report shows individual characteristics, community-level variables and health care access and outcomes data used to assess the seven counties.

Grady Memorial Hospital's neighborhood clinics handled 55 percent of all primary care safety net visits in Fulton and DeKalb Counties in 2005.



Mounting challenges confront Atlanta's health care safety net: the non-elderly uninsured population continues to grow; Medicaid managed care is fully phased in; and recent changes to the Indigent Care Trust Fund (ICTF) have left many providers with a significant loss of operating funds. In addition, Grady Memorial Hospital's neighborhood clinics handled 55 percent of all primary care safety net visits in Fulton and DeKalb Counties in 2005, but this key provider continues to face financial challenges.



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Provider Profiles

This study surveyed organizations of various types that provide primary care to the uninsured in the seven-county area:

- Public hospitals that participate in Georgia’s ICTF
- Hospital-based clinics (HBC)
- Federally Qualified Health Centers (FQHC)
- Primary care clinics (PC), including faith-based clinics
- County health departments (PH)

- Community Service Boards and affiliated mental health providers (MH)
- Obstetric/gynecologic services (OB)

Thirty-five of these organizations operate 101 delivery sites, as indicated in the map above. Although the sites are generally found in areas with the highest poverty rates (in the map above, the darker the shading, the higher percentage of population living below 200 percent of poverty), access is quite uneven across the counties.

For example, Fulton and DeKalb Counties have five FQHCs between them, while Clayton and Henry have none.

Forsyth County has two OB/GYNs per 100,000 women; Fulton has 34.

Public health clinics tend to offer categorical services – primarily basic service for women and infants – rather than primary care. Most counties rely on two or three main providers for safety net services.

Safety net providers offer varying combinations of primary and specialty services – some a full range and others only one, such as mental health or pediatric care. Regardless of their scope, most try to offer to patients prescription drug assistance.

The majority of metro safety net providers require proof of income. These providers typically offer sliding scale fees yet state that they will not turn anyone away. Only faith-based clinics expect no payment, but they do accept donations.

About half of the providers require proof of residency. Public transportation, another key access factor, is generally adequate in Fulton and DeKalb Counties but limited in other counties, particularly Henry County.

Findings

While most of the providers studied are extremely efficient, even exceeding productivity norms, almost all are at, near or beyond their stated capacity. Tenuous resources keep them operationally and financially on the edge. The study estimates that the primary care safety net meets about 35 percent of the projected need in metro Atlanta.¹

Health care outcomes generally follow resident income and access to primary care services. Clayton,

DeKalb and Fulton Counties have the highest rates of low birth weight babies, and Clayton and Fulton Counties have the highest rates of births with inadequate prenatal care (fewer than five visits).

Fulton, Henry and Clayton Counties have the highest rates of hospital admissions for ambulatory care sensitive conditions (ACSC) – conditions that can typically be cared for in a primary care setting.

Fulton and Clayton Counties also have the highest rates of emergency department (ED) visits by uninsured residents, while Forsyth and Cobb Counties have the highest rates of hospital admissions by the uninsured.

Needs

Providers consistently reported the top needs of their operations to be financial support for current programs, better facilities and more staffing. They also noted a lack of coordination across safety net providers.

Some said they would like a more integrated network to facilitate referrals among providers according to types of service needs, while others feared this might swell their rosters and strain their resources even further. They reported that collaboration among providers is further challenged by divergent missions, lack of information technology and inadequate funding.

When asked what one thing would do the most to improve care for their patients, they mentioned information technology, including electronic medical records or patient management software, greater capacity within each clinic and patient transportation.

Fulton, Henry and Clayton have the highest rates of hospital admissions for ambulatory care sensitive conditions – conditions that can typically be cared for in a primary care setting.

They emphasized a pressing need for relationships with physicians, specialists and other care givers to whom patients can be referred. Each provider interviewed had been able to establish partnerships in order to expand or coordinate services, but most would like to create more.

They also noted that prescription drugs and the resources to manage prescription assistance programs are crucial.

Providers named other client needs as well, among them:

- Employment, housing, health education
- Culture/language appropriate services
- Dental services, including restorative care
- Access to mainstream health care system

Conclusion

The existing health care safety net in metro Atlanta is stretched, fragile and insufficient to meet the needs of the large and growing uninsured population. There is a clear need for additional funding and greater service capacity, particularly for transportation, referral sources and prescription drugs.

Clayton and Henry Counties appear least able to meet the estimated primary care needs of their uninsured residents and, along with Forsyth County, they are the counties where physician and mid-level provider capacity already exceeds estimated productivity norms.

Despite its need, Clayton County is the sole county in the metro area that is not federally designated as a medically underserved area, medically underserved population or health professional shortage area.

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		ASSESSMENT DATA						
		Clayton	Cobb	DeKalb	Forsyth	Fulton	Gwinnett	Henry
Individual Characteristics³	Total population (thousands)	264	654	663	140	884	719	167
	Age 0 - 17 (%)	30	26	25	27	26	28	28
	Age 65+ (%)	6	8	8	7	7	6	6
	African-American (%)	62	22	55	2	42	19	27
	Hispanic (%)	11	11	9	8	8	16	4
	Foreign born (%)	14	16	16	10	12	24	5
	English not spoken at home (%)	17	18	17	12	15	29	n/a
	Disabled (%)	13	9	11	8	10	7	12
	High school or higher (%)	16	10	12	10	12	13	10
	Bachelor's degree or higher	18	45	38	44	47	34	23
Community-level Variables	Uninsured ⁴ (%)	21	19	21	12	18	17	11
	Median income ⁵ (thousands)	40	53	45	76	46	56	62
	Below 100% FPL ³ (%)	14	8	16	6	15	7	6
	Below 200% FPL ³ (%)	38	21	33	13	30	23	21
	Cash public assistance ³ (%)	2	<1	1	<1	2	<1	1
	Food stamps ³ (%)	9	3	6	4	9	3	5
	Medicaid claims ⁶ (%)	21	10	16	5	17	11	11
	Pediatricians/100,000 ⁷	13	18	33	13	40	18	14
	Family practitioners/100,000 ⁷	14	17	23	21	27	19	22
	OB/GYNs/100,000 women ⁷	8	12	13	2	34	9	9
FQHCs	0	2	3	1	4	1	0	
Access/Outcomes	Low birth weight births ⁸ (%)	11	8	11	7	11	8	9
	<5 Prenatal care visits ⁸ (%)	9	3	6	2	7	5	6
	Pre-term births ⁸ (%)	13	12	14	11	15	11	14
	Hospital admissions for ACSC ⁹ (%)	17	15	18	15	19	14	17
	ED visits by uninsured ⁹ (%)	27	19	10	23	27	23	0
	Uninsured discharges ⁹ (%)	6	7	2	9	6	4	0

¹ Supply and demand estimates modeled after Rust, G. Georgia's Health Safety Net: Access to Primary Care for Georgia's Uninsured and Underserved. Atlanta, GA: National Center for Primary Care; 2003

² Evaluation framework adapted from Davidson, P. et al. A Framework for Evaluating Safety-Net and Other Community-Level Factors on Access for Low-Income Populations. Rochester, NY: Inquiry; Spring, 2004

³ Source: U.S. Census – 2005 American Community Survey

⁴ Source: 2006 U.S. Census Current Population Survey (CPS) apportioned according to the Georgia Healthcare Coverage Project 2002 Household Survey

⁵ Source: U.S. Census Bureau, Small Area Estimates Branch, 12/2006

⁶ Extrapolated from 2005 American Community Survey and Medicaid patient claim data from the 2005 Georgia Department of Community Health Annual Report

⁷ Source: All physician supply data are from 2004 Georgia Board for Physician Workforce

⁸ Source: All prenatal care statistics are from 2006 Georgia Division of Public Health, Office of Health Information and Policy

⁹ Source: 2003 Georgia Hospital Association discharge data