Direct Primary Care:

A Model for Providing Health Care to the Uninsured

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Job and Health Insurance Losses: 2008-2010
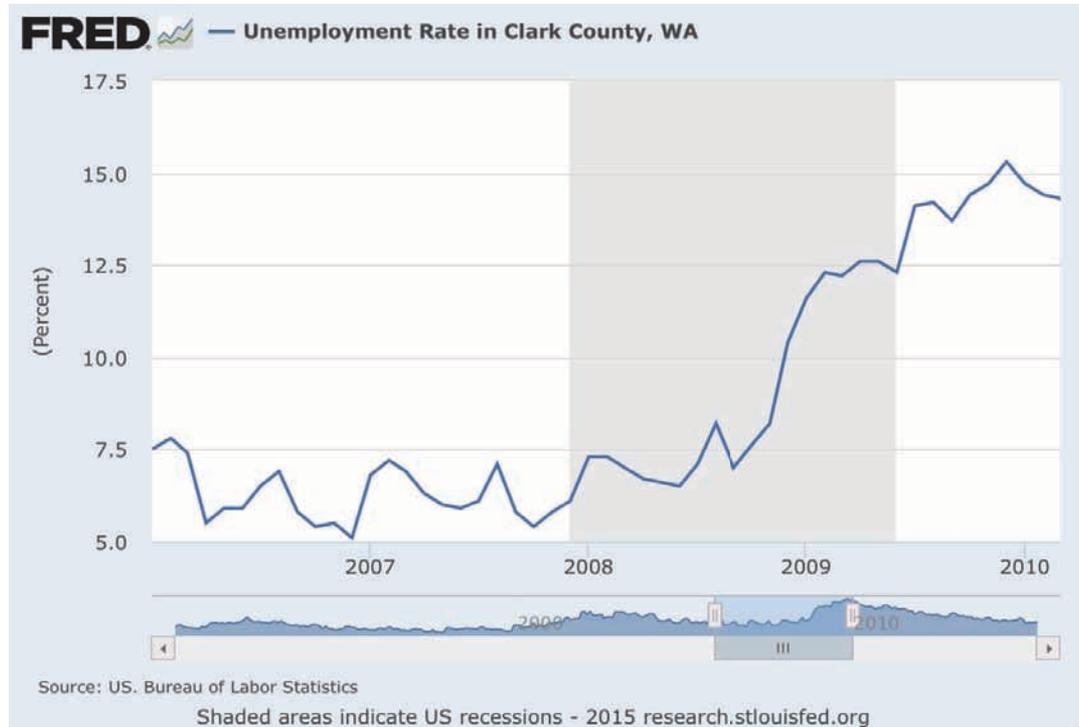
Federal Reserve Bank of St. Louis, Economic Research
http://research.stlouisfed.org/fred2/series/WACLAR1URN

# Between 2009-2011 13.4 ± 0.8% of Clark County Residents were Uninsured

By Income: (Times Federal Poverty Level)
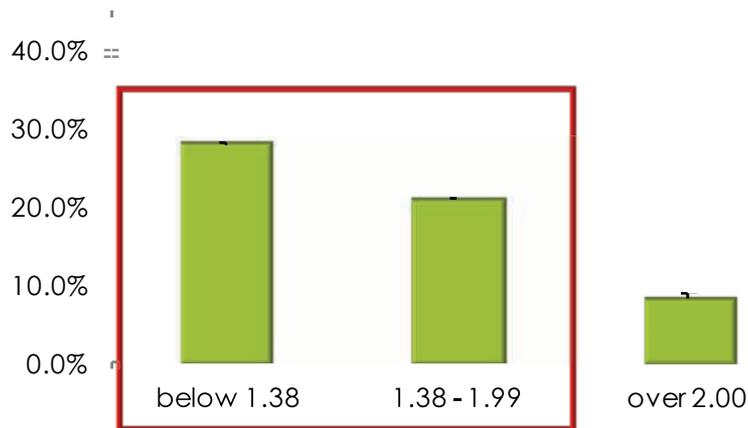
By Citizenship:
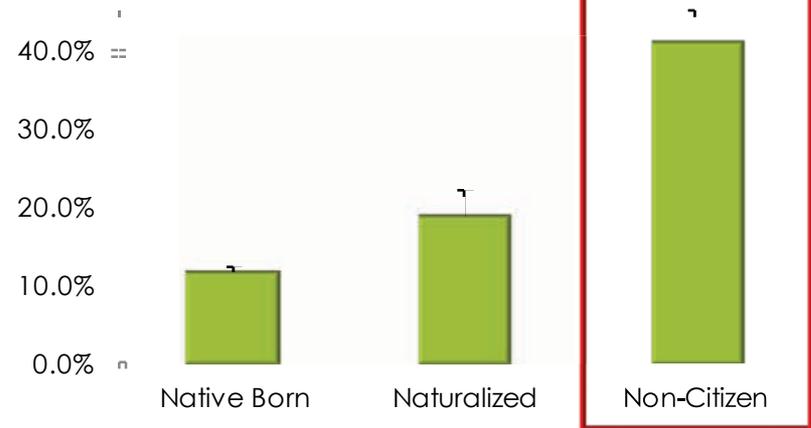
Medicaid Eligibility:

i ede
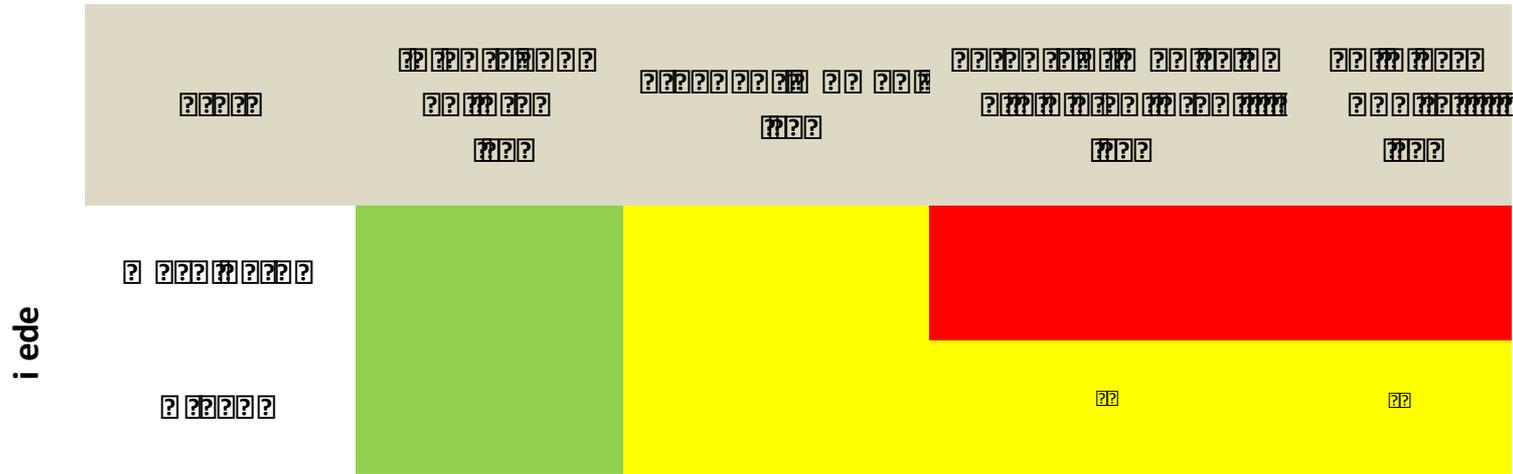
* *Waiver program, limited coverage and/or premium assistance program

Strategy to address health

Direct Primary Care (DPC) Model

Included services:
- Unlimited primary care visits
- Basic lab tests
- Basic x-rays
- Childhood immunizations

Services NOT included:
- Prescription medicines
- Specialty care
- Hospitalizations
- Advanced imaging (CT, MRI, etc).
- Physical Therapy, Rehab
- OB services

Cost: Adults $75/month

              Children $40/month first child

                             $20/month each additional child

# Two Patient Populations:

Standard Members: Self-elect for the DPC Program and pay monthly fee.

Scholarship Members: Those who are recruited following an ED or Inpatient encounter; fee is waived for 4 months. Scholarships may be renewed depending on medical need. RN Care Managers assigned to patients.

Common chronic conditions[8]

Depression

Asthma

Heart disease

COPD

Arthritis
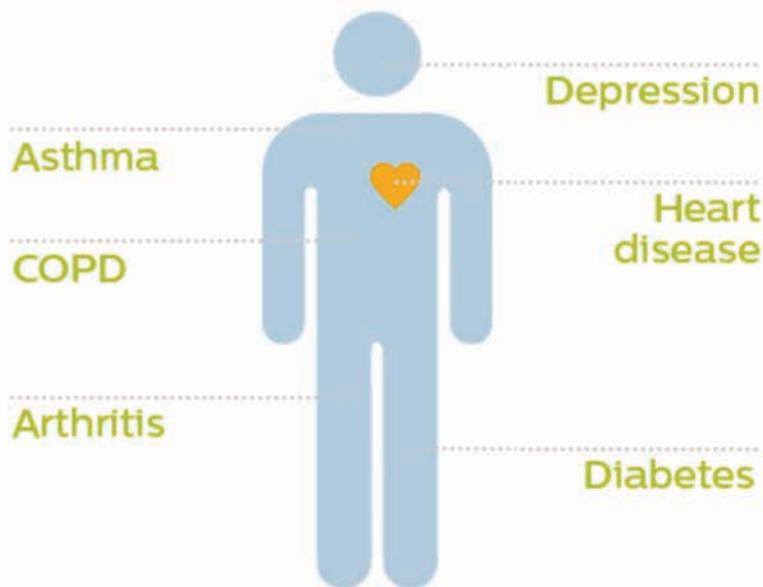
Diabetes

The Study:

Controlled Diabetes
Uncontrolled Diabetes
Mental Health Disorders
Substance Abuse
Neurologic Disorders
Stroke
Cardiovascular Disease
Controlled Hypertension
COPD/Asthma
Genitourinary/Gynecologic Disorders
Chronic Pain

Peak Enrollment:
June, 2013
467 members

Dec 31, 2013,
Study End

Chronic Disease Frequency

Chronic Disease Frequency* for DPC Member Populations
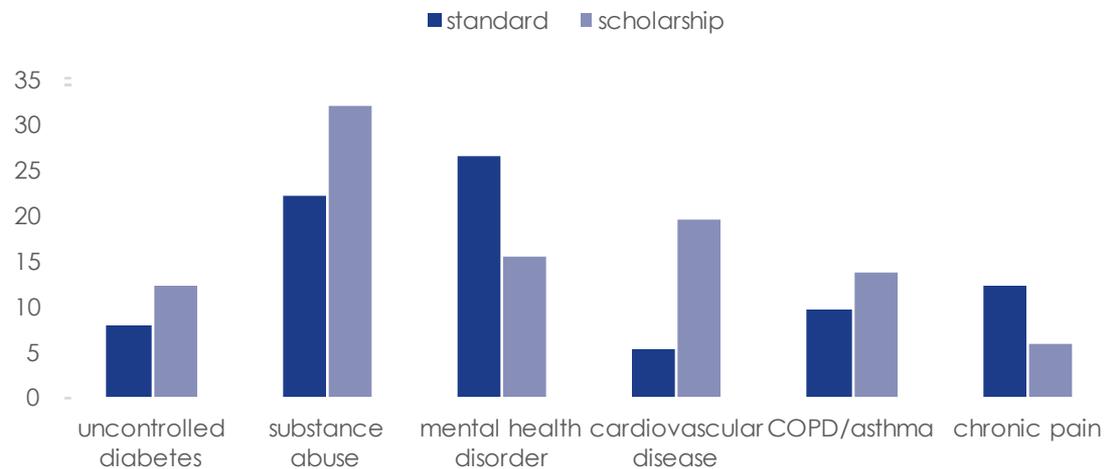
*Significantly different frequencies shown; similar frequencies noted for controlled diabetes, controlled hypertension, stroke, neurologic disorders and genitourinary disorders

Length DPC Membership:
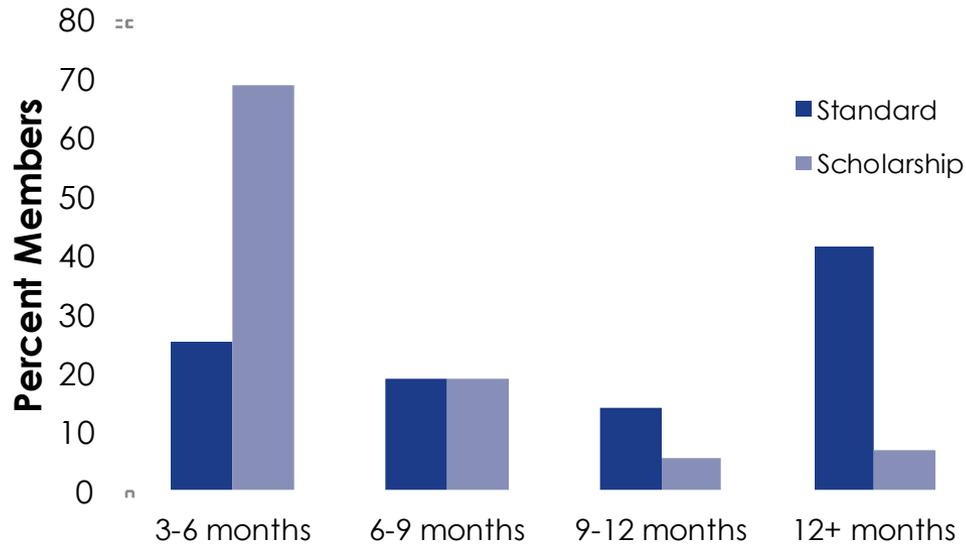
*Scholarship members are granted a 4-month free membership period, which is extended for certain members to stabilize their medical conditions

Adjusted Rates Hospital Encounters, per 10 pt yrs
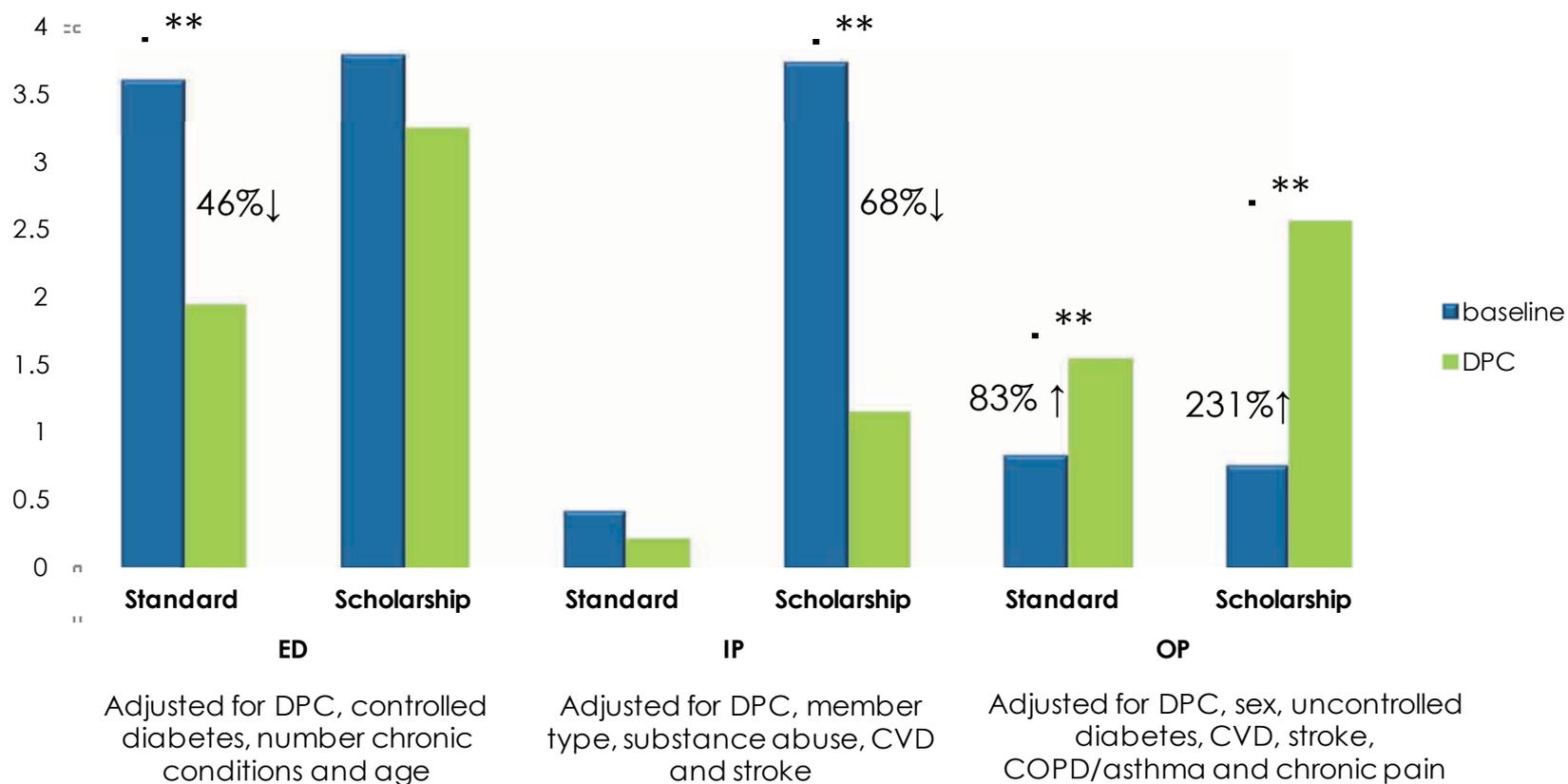
Adjusted rates of hospital encounters

for pre and post DPC enrollment

Variables Influencing the Association between Primary Care and ED / IP Encounter Rates

# Variables associated with DPC and the rate of ED encounters*

Relative Rate of ED Encounters, per 10 pt years

Legend: baseline (blue), DPC (green)

category	**	% change
standard	**	↓ 46%
scholar		
ctl'd hyper	**	↓ 60%
6-9 month		
12-15 month	**	↓ 62%
mental health		
sub abuse		
COPD/asthma		↓ 36%
stroke		↓ 26%
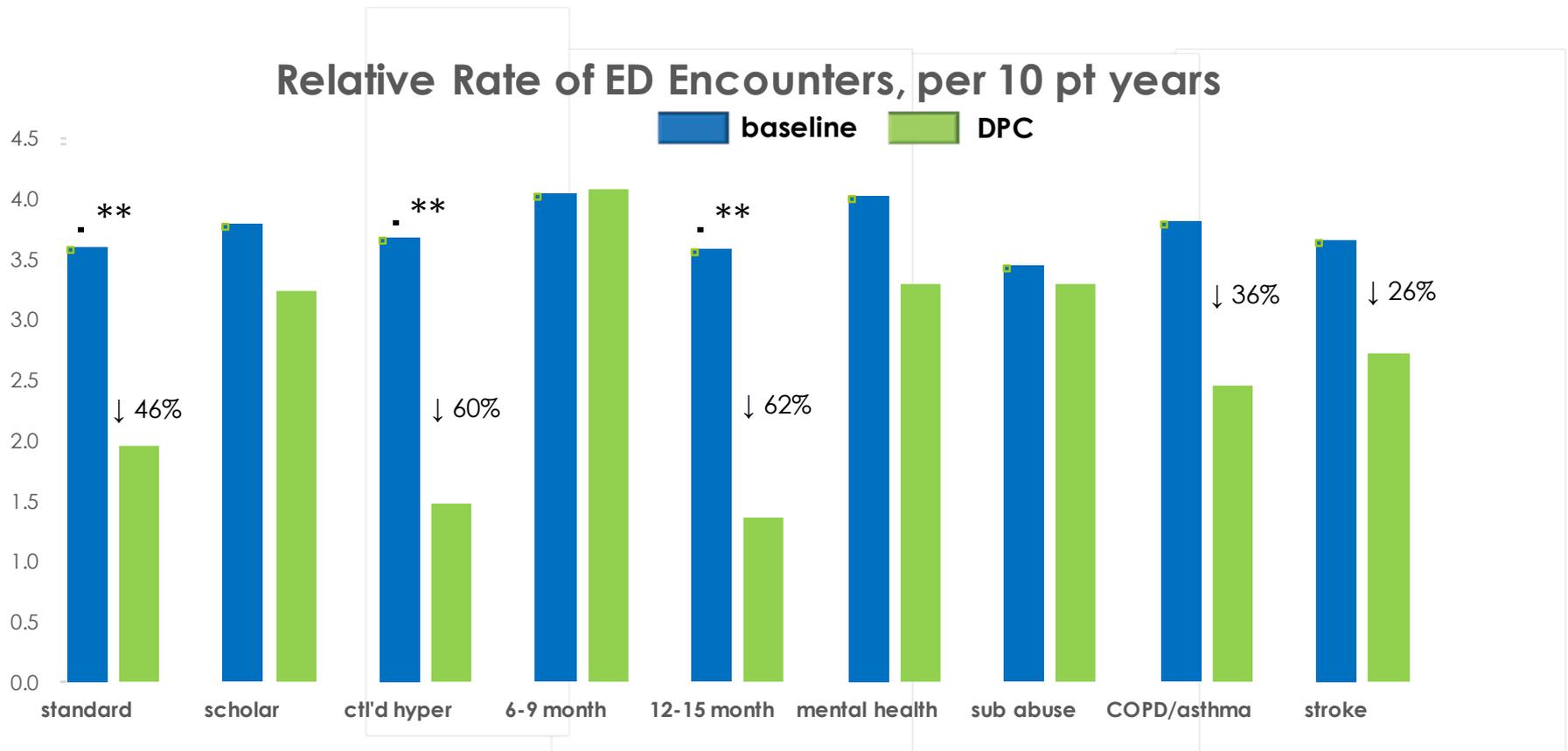
** statistically significant difference

* After controlling for the effects of DPC, controlled diabetes, number of chronic conditions and age

Variables Influencing the Association between Primary Care and IP Encounter Rates*

Adjusted Relative Rate of IP Encounters, per 10 patient yrs
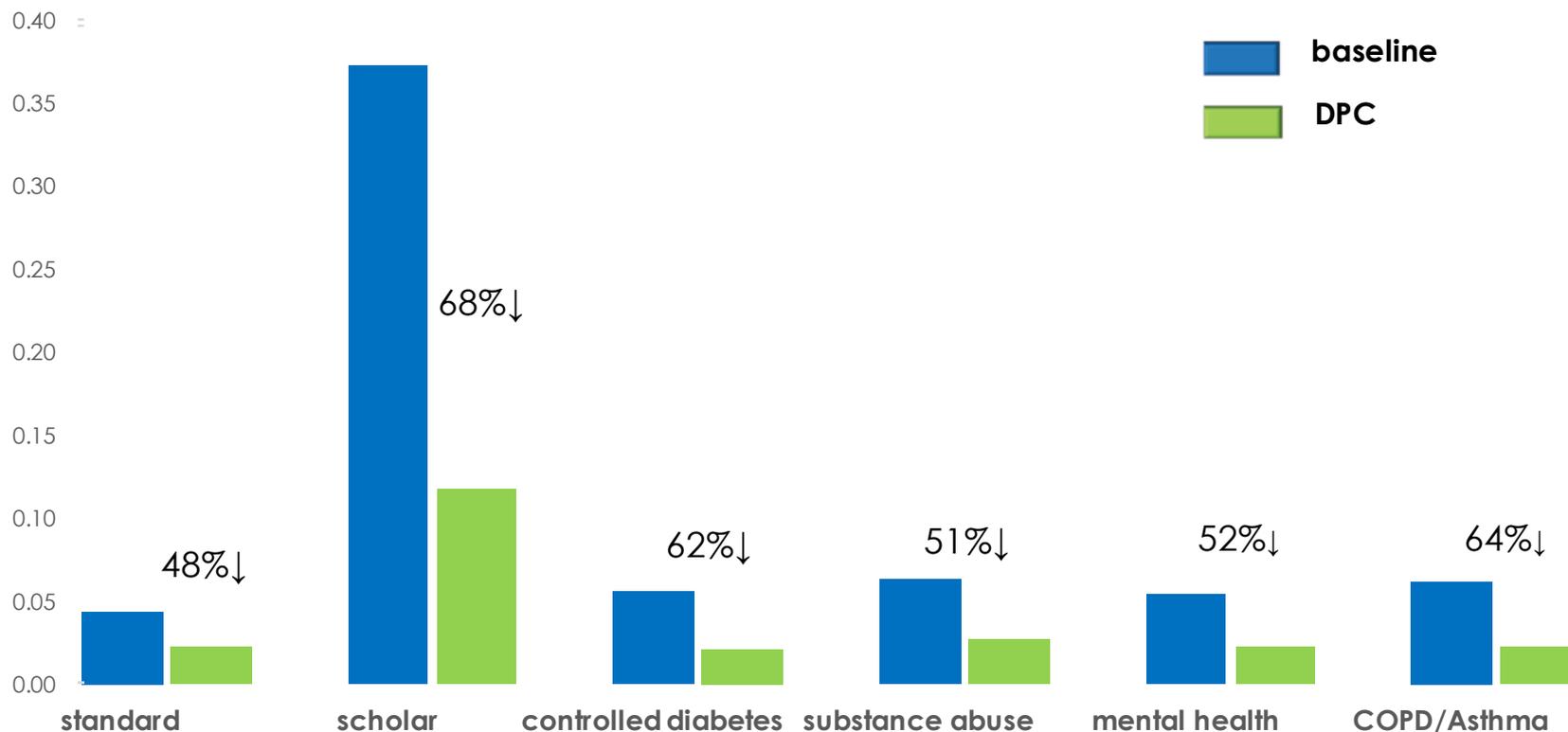
*After controlling for the effects of DPC, member type, substance abuse, cardiovascular disease and stroke

Adjusted Relative Rate IP Encounter, per 10 patient yrs
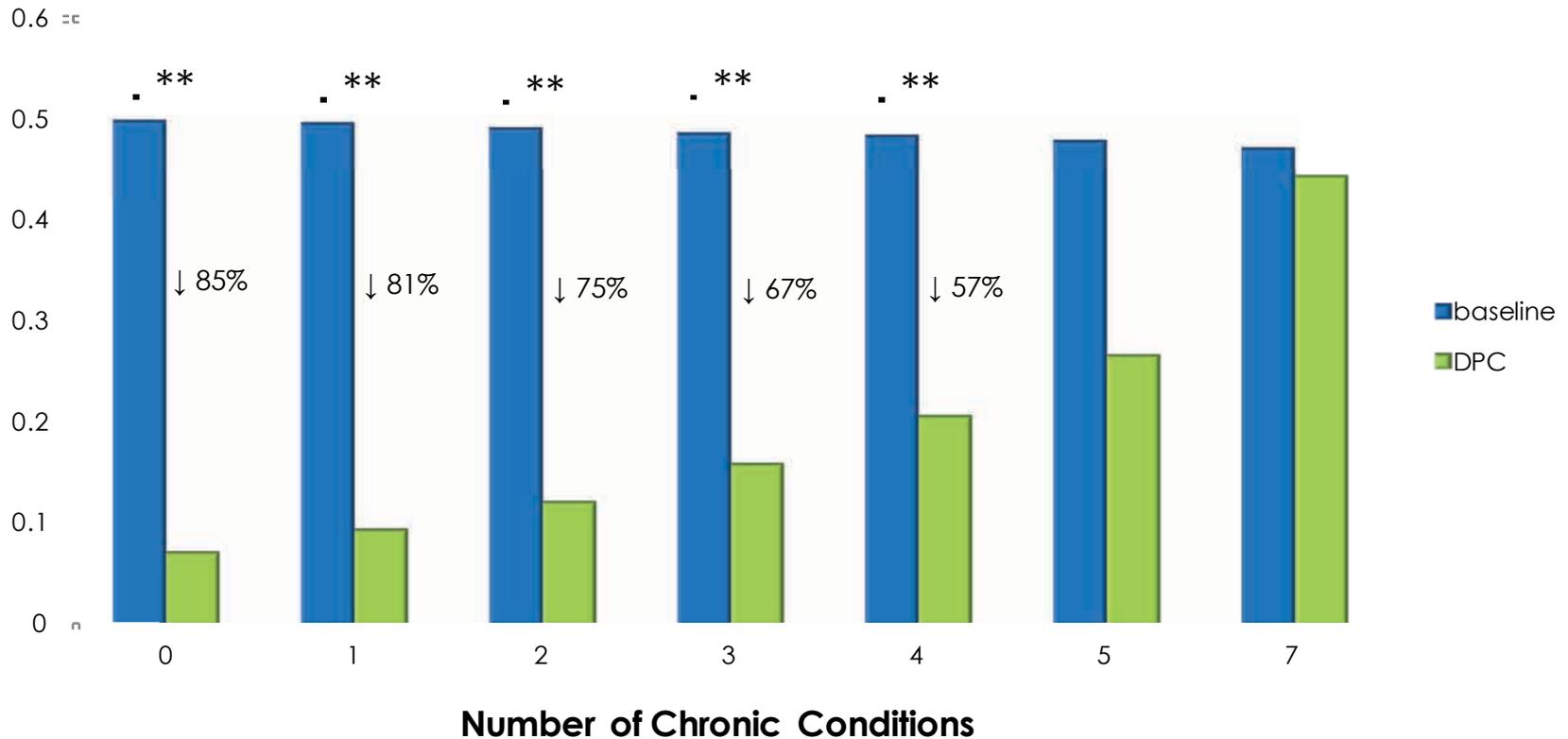
What does this all mean – given the ACA?

Access to primary care is associated with a decreased rate of ED and IP encounters among some populations

# Certain populations remains 'at risk' - or uninsured – under the ACA

-Citizen

% Uninsured by Citizenship (2010)

40.0%	
30.0%	
20.0%	
10.0%	
0.0%	

Native Born   Naturalized   Non-Citizen
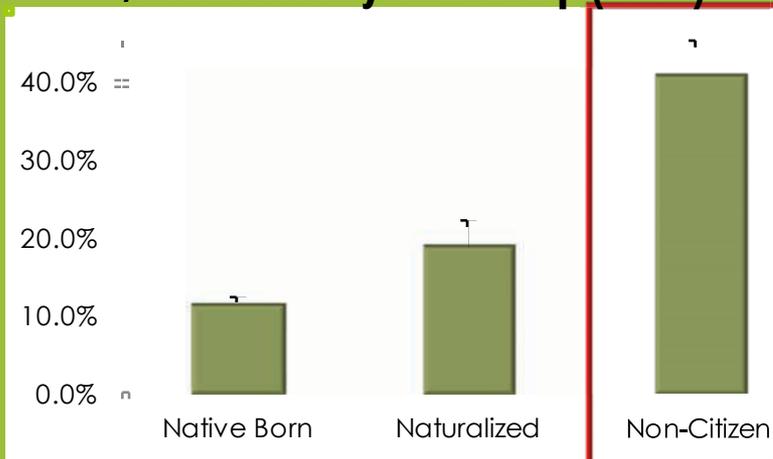
Coverage Gap

In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.

MEDICAID   NO COVERAGE   MARKETPLACE SUBSIDIES

Limited to Specific Low Income Groups

0% FPL Childless adults	44% FPL $8,840 for parents in a family of three	100% FPL $11,770 for an individual	400% FPL $47,080 for an individual

Median Medicaid Eligibility Limits as of April 2015
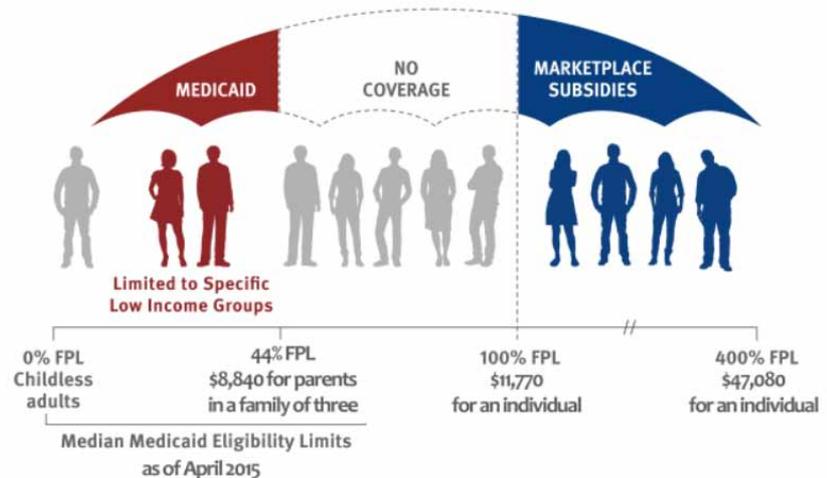
Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels , updated to reflect state Medicaid expansion decisions as of March 2015, and 2014 Current Population Survey data.

THE HENRY J KAISER FAMILY FOUNDATION

Figure 1: In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults

Thank you to:

William Lambert, PhD – OHSU
Rochelle Fu, PhD – OHSU
Hyunjee Kim, PhD – OHSU

"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."

Nearly Half of the Nonelderly Uninsured in 2015 Are Eligible for Assistance

Ineligible due to Income 12%

Medicaid–Eligible Adult 17%

Ineligible due to Job-based Coverage 15%

Medicaid/CHIP–Eligible Child 10%

Ineligible due to Immigration Status 15%

Eligible for Subsidized Marketplace Coverage 22%

In the Coverage Gap 10%

Eligible for Financial Assistance 49%
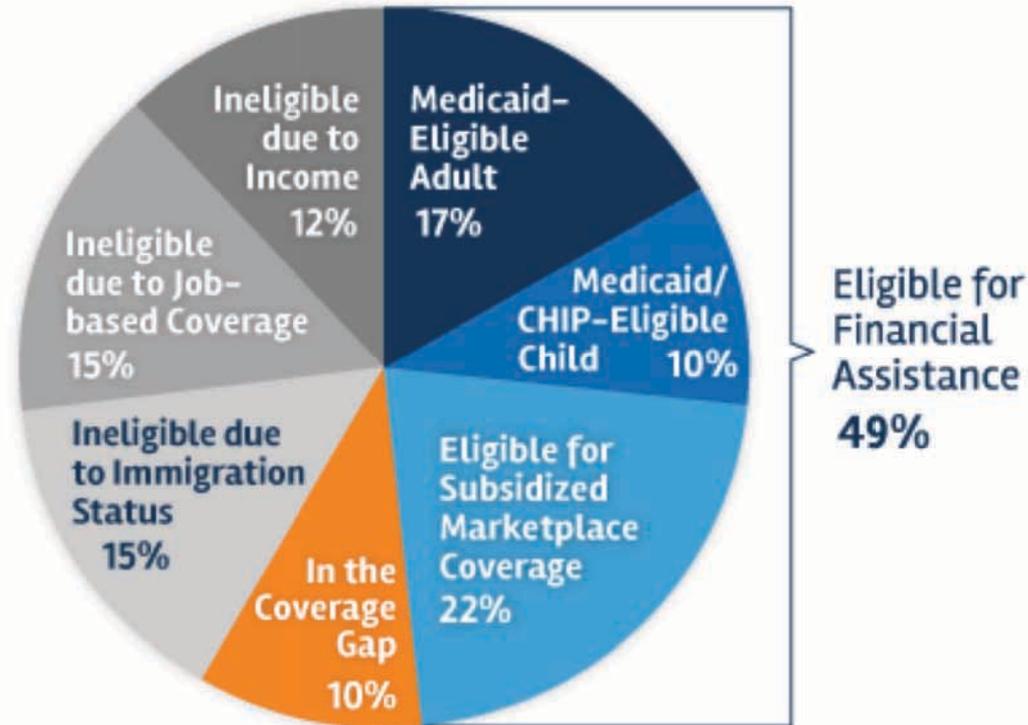
TOTAL = 32.3 Million Nonelderly Uninsured

NOTE: Numbers do not sum to 100% due to rounding

DPC Relevance post Medicaid Expansion:

- Market to Vulnerable Populations:
  - those who cannot afford health insurance
  - those who are not eligible to purchase health insurance

- Expand into Health Insurance Market Place with a Catastrophic Wrap-Around Plan

- Explore expansion into Medicare Market

- Market to employers with fewer than 50 FT employs, who are not required to provide insurance to their employees