



# AFFORDABLE CARE ACT'S IMPACT ON PUBLIC HEALTH SERVICES

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*California Conference of Local Health Officers Fall  
Semiannual Conference*

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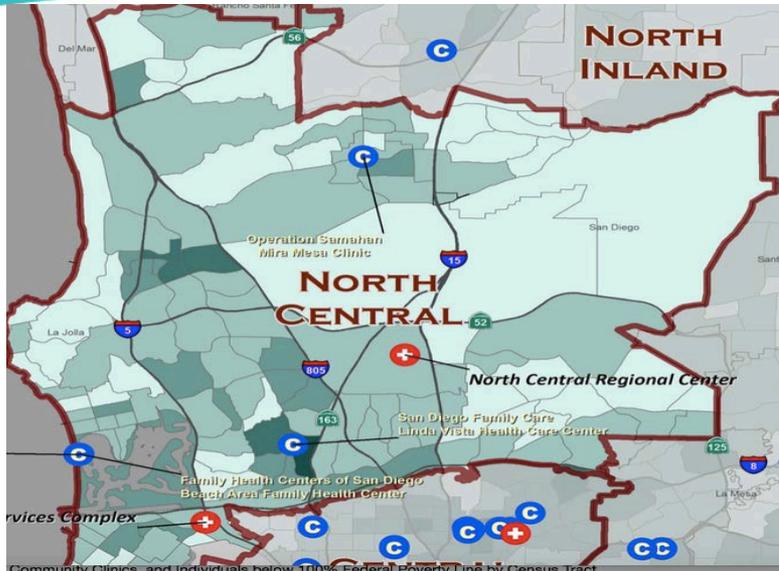


# SAN DIEGO OVERVIEW



- San Diego County is the second most populous county in California, and the fifth largest county in the United States
- San Diego is currently home to 3.2 million residents
- Roughly the size of the state of Connecticut, the county area is 65 miles from north to south and 86 miles from west to east
- Since January 1, 2014, Medi-Cal enrollment has increased by over 250K beneficiaries and Covered California has added almost 170K beneficiaries in San Diego County
- San Diego County has one of the most comprehensive Federally Qualified Health Center (FQHC) networks in the nation

# PHCS & FQHCS



**Public Health Center (PHC)**



**Federally Qualified Health Center (FQHC)**



**HSA Regions**

**Individuals Below Poverty Line**

**by 2010 Census Tract**

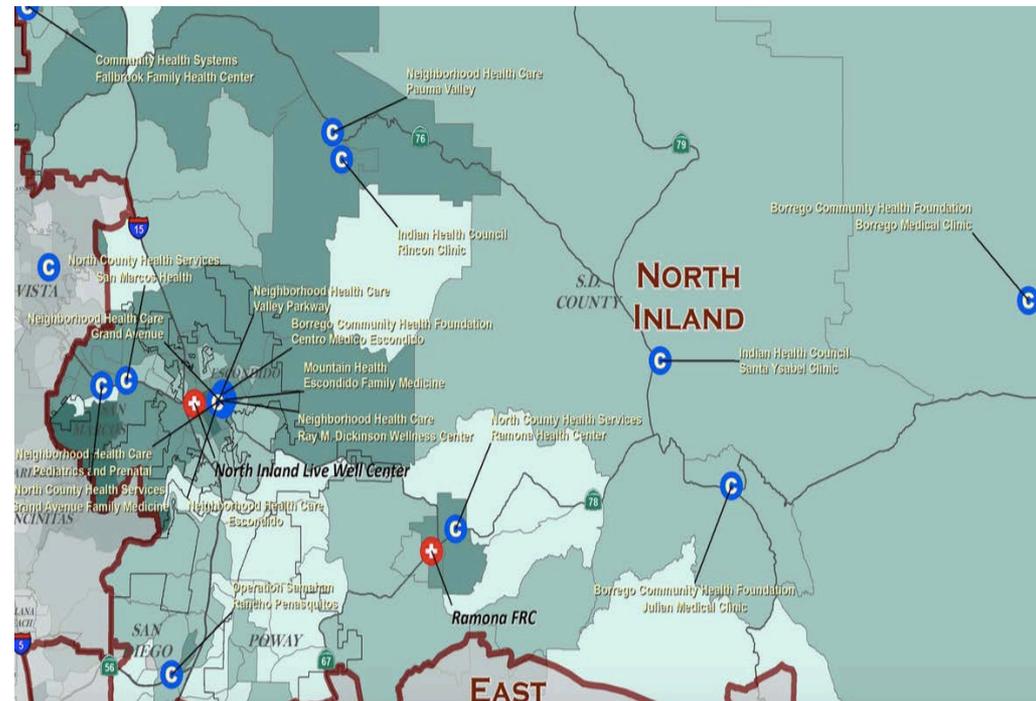
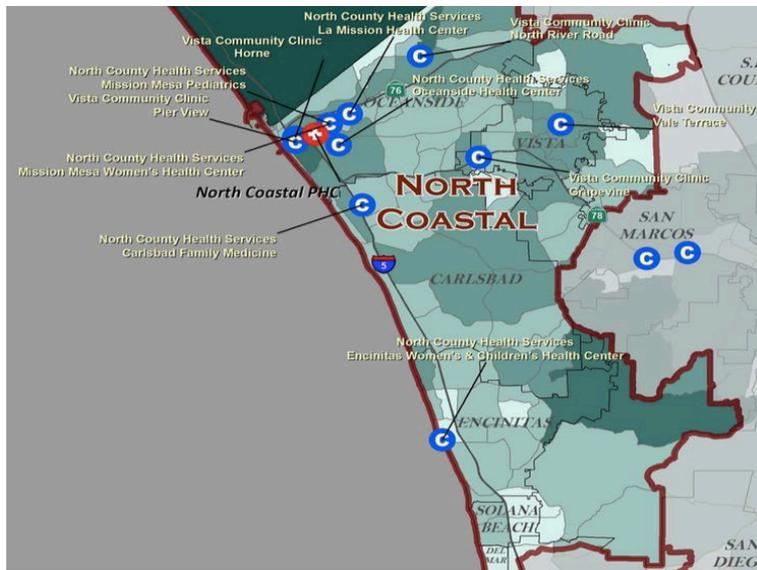
15 - 250

251 - 750

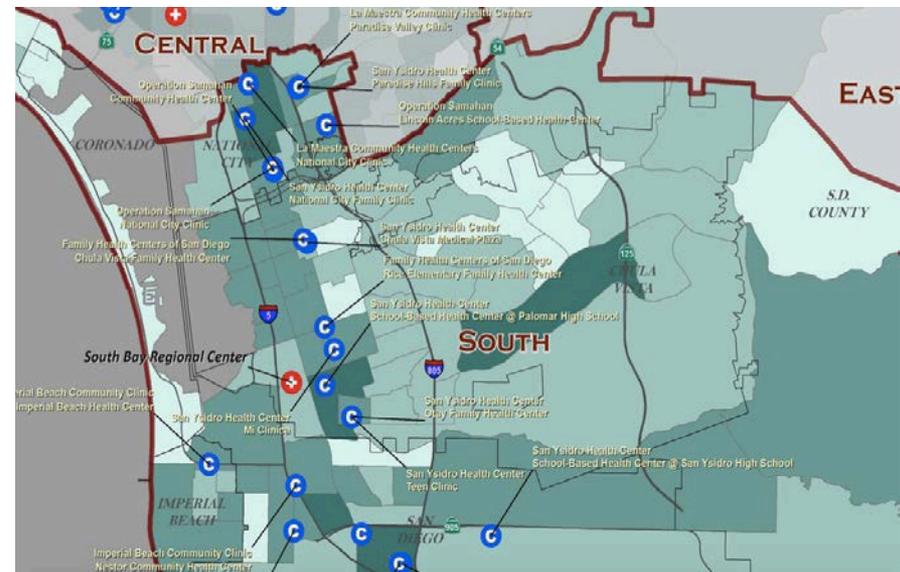
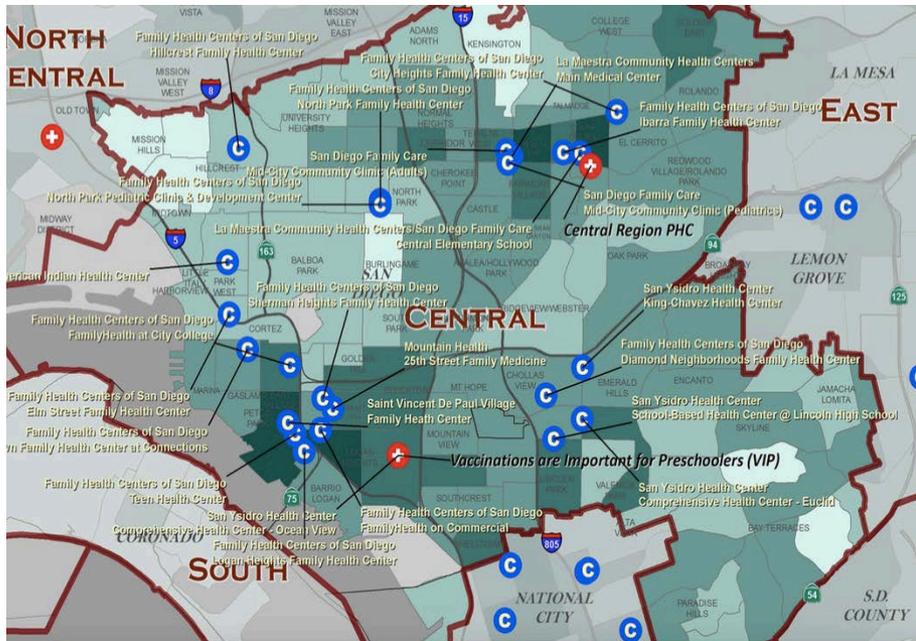
751 - 1,500

1,501 - 2,500

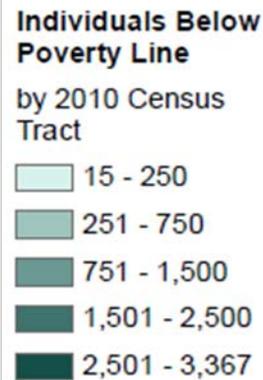
2,501 - 3,367



# PHCS & FQHCS



-  **Public Health Center (PHC)**
-  **Federally Qualified Health Center (FQHC)**
-  **HHS Regions**



# LEARNING OBJECTIVES



- Validate the total number of clients served and the total number of services as it relates to immunization, tuberculosis, and sexually transmitted disease programs across Public Health Centers (PHCs) as a result of the ACA
- Determine whether there is access in the community to FQHCs by clients that are coming to PHCs
- Determine whether we can establish medical homes in FQHCs to improve the coordination and continuum of care
- Engage County staff in discussions and collective recommendations on:
  - possible repurposing of resources based on shifts in funding
  - complement FQHC efforts to broaden base of outreach

# BACKGROUND



- Based on the enormity of available data and time constraints, the team decided to focus the initial assessment on immunization services
- San Diego County has seven regional Public Health Centers (PHCs) that provide immunization services: Central, East, North Central, North Coastal, North Inland, South, and VIP
- There are approximately 21 FTEs working in the PHCs focused on immunizations made up of employees with various classifications



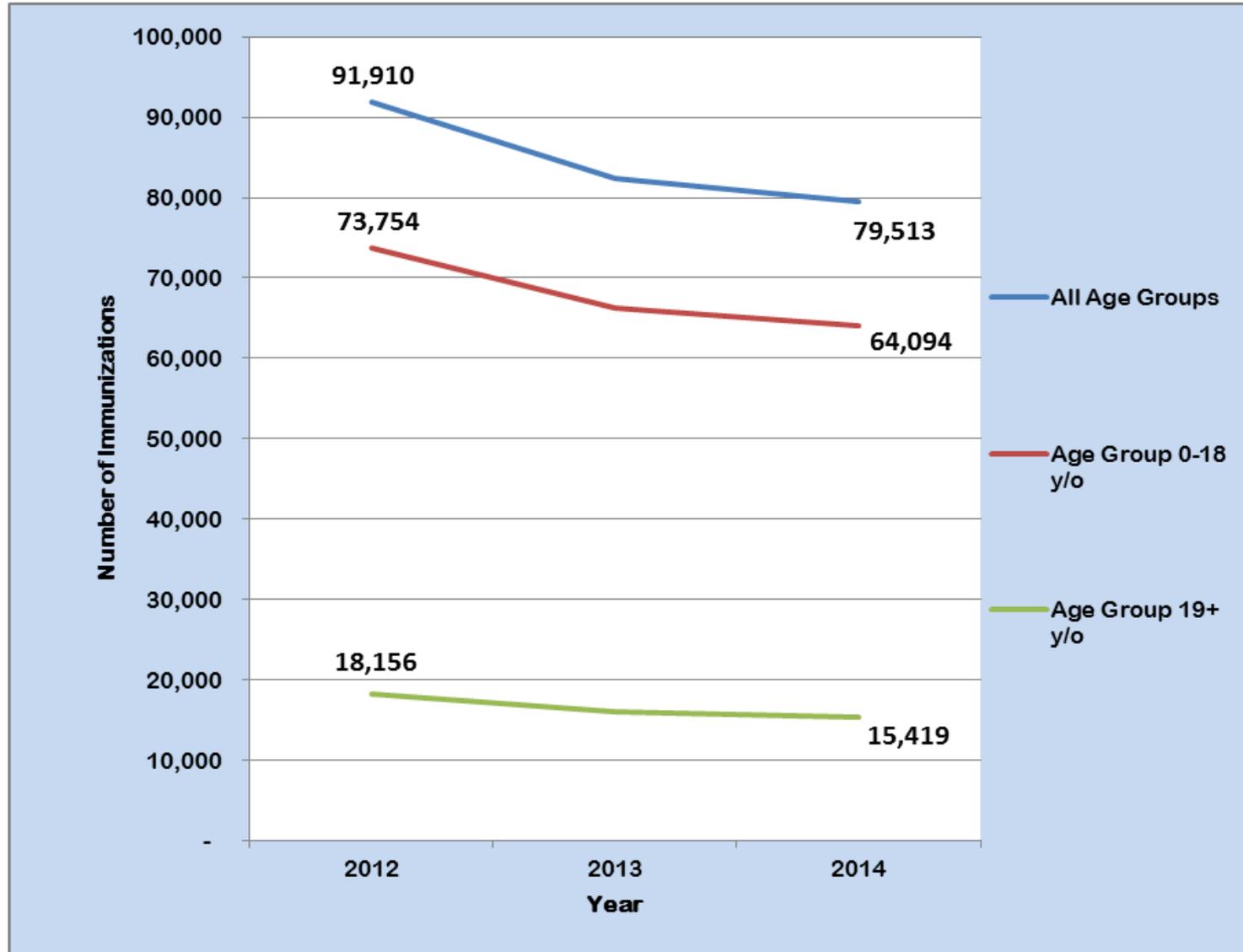
- Key informant interviews were conducted with seven FQHCs located near regional PHCs
- Patient encounter data from the County Public Health Information System were analyzed to determine the types of patient services and volume over time
- Approximately 2,000 patient questionnaires were administered at all PHCs over the course of five weeks to gain insight about preferences. The questionnaires had a 95% confidence level based on the total clients per site.

# FULL TIME EQUIVALENTS AND IMMUNIZATIONS BY REGION



SITES	FTEs	#IMZ (2014)	COSTS	# of PTS	Comments
<b>CENTRAL</b>	3.63	21,544	429,708	6,644	
<b>EAST</b>	3.30	10,310	329,506	3,072	
<b>N CENTRAL</b>	3.75	10,062	392,351	4,266	
<b>N COASTAL</b>	2.14	2,825	177,338	1,578	
<b>N INLAND</b>	3.13	5,054	253,633	1,959	
<b>SOUTH</b>	4.55	29,718	331,932	8,542	UCSD immunization contract (\$212,500) for 2.75 FTEs
<b>TOTAL</b>	<b>20.50</b>	<b>79,513</b>	<b>\$1,914,468</b>	<b>26,061</b>	

# NUMBER OF IMMUNIZATIONS ADMINISTERED PER YEAR AT PUBLIC HEALTH CENTERS



# 2015 QUESTIONNAIRE RESULTS BY REGION/FACILITY



	Central	East	North Central	North Coastal	North Inland	South	VIP Central	All Respondents
N	238	204	199	250	153	408	247	1,699
% of all Respondents	14.0%	12.0%	11.7%	14.7%	9.0%	24.0%	14.5%	100.0%

Why did you choose this clinic?*								
No insurance	29.4%	36.3%	46.2%	23.2%	23.5%	34.8%	21.9%	31.0%
Closer to home/work	33.2%	20.6%	21.6%	20.4%	25.5%	23.0%	26.3%	24.3%
Lower cost	33.6%	19.1%	19.6%	24.8%	14.4%	16.7%	13.8%	20.3%
Been to clinic before	8.8%	15.2%	15.6%	5.2%	8.5%	21.3%	42.9%	17.8%
No appt. needed	31.9%	11.8%	11.6%	24.8%	11.1%	9.6%	10.5%	15.9%
No regular doctor	4.2%	6.4%	15.6%	3.2%	4.6%	14.0%	10.5%	8.9%
Other	11.3%	3.4%	4.5%	8.8%	5.2%	3.2%	2.4%	8.0%
Sent by school	4.6%	8.3%	8.0%	1.6%	10.5%	5.1%	14.2%	7.1%
Sent by doctor	2.9%	3.9%	12.6%	2.4%	10.5%	11.0%	2.4%	6.6%
Confidentiality	16.4%	2.0%	0.5%	10.8%	3.9%	2.2%	0.0%	5.0%
Sent by rehab prg/court	0.0%	0.0%	0.0%	18.0%	13.7%	0.0%	0.0%	4.8%
No MD appt. available	6.7%	4.4%	1.5%	6.0%	4.6%	2.2%	6.1%	4.3%
Dr. did not have vax	1.7%	4.4%	5.0%	2.0%	3.9%	2.9%	2.8%	3.1%
Specialty care	3.4%	1.0%	0.5%	3.2%	1.3%	1.5%	0.0%	1.6%

# 2015 QUESTIONNAIRE RESULTS BY REGION/FACILITY



	Central	East	North Central	North Coastal	North Inland	South	VIP Central	All Respondents
N	238	204	199	250	153	408	247	1,699
% of all Respondents	14.0%	12.0%	11.7%	14.7%	9.0%	24.0%	14.5%	100.0%
<b>Where do you usually go when sick (choose one)*</b>								
Regular MD or clinic	48.3%	45.6%	41.2%	43.2%	37.9%	55.1%	60.7%	48.9%
Community Clinic	12.6%	10.3%	15.6%	20.0%	25.5%	12.5%	12.1%	14.7%
Emergency Dept.	11.3%	11.3%	12.6%	12.4%	7.8%	6.6%	7.3%	9.6%
Other	17.2%	16.2%	16.6%	5.6%	22.2%	6.6%	8.9%	8.9%
Urgent Care	10.9%	13.2%	9.0%	11.6%	4.6%	3.4%	3.6%	8.0%
Alternative Medicine	5.5%	3.9%	11.1%	4.4%	0.7%	5.4%	4.5%	5.2%
Free Clinic	4.6%	4.9%	4.0%	5.2%	5.9%	2.7%	4.0%	4.2%
Mexico	0.0%	0.0%	4.0%	0.4%	0.0%	7.4%	9.7%	3.8%
No Care	0.0%	0.0%	0.0%	2.4%	7.2%	2.9%	3.6%	3.3%
<b>Did you try to get an appointment with regular Dr. first?</b>								
Yes	16.0%	32.8%	9.5%	6.8%	10.5%	12.3%	12.6%	11.5%
No	84.0%	67.2%	90.5%	93.2%	89.5%	87.7%	87.4%	88.5%
<b>If No, why didn't you go to your regular Dr./clinic? (% of those who said "No")*</b>								
No regular doctor	43.8%	48.9%	51.1%	6.9%	31.4%	30.2%	31.0%	29.6%
Other	35.4%	0.0%	12.8%	30.5%	29.2%	21.5%	24.5%	21.9%
Cost	29.2%	21.2%	23.3%	28.8%	24.1%	29.3%	21.3%	21.4%
Didn't have services needed	25.7%	16.8%	10.0%	9.9%	14.6%	19.8%	13.0%	13.0%
No available appt.	22.2%	16.8%	6.7%	15.9%	7.3%	7.8%	18.5%	10.7%

## Immunizations

- Revise immunization clinic schedules to maximize efficiency and accessibility
  - pre-appointment screenings to target FQHC referrals
  - limit clinic hours
- Adjust under-utilized satellite clinics' deployment based on population's needs
- Increase number of flu vaccine Point of Dispensing (PODs) to reach underserved persons (community partner outreach)
- Continue to provide immunization services through:
  - extending the University of California San Diego (UCSD) contract to other sites
  - having each region work with local FQHCs to contract for immunization services
  - rotate clinic staff to different regions on different days



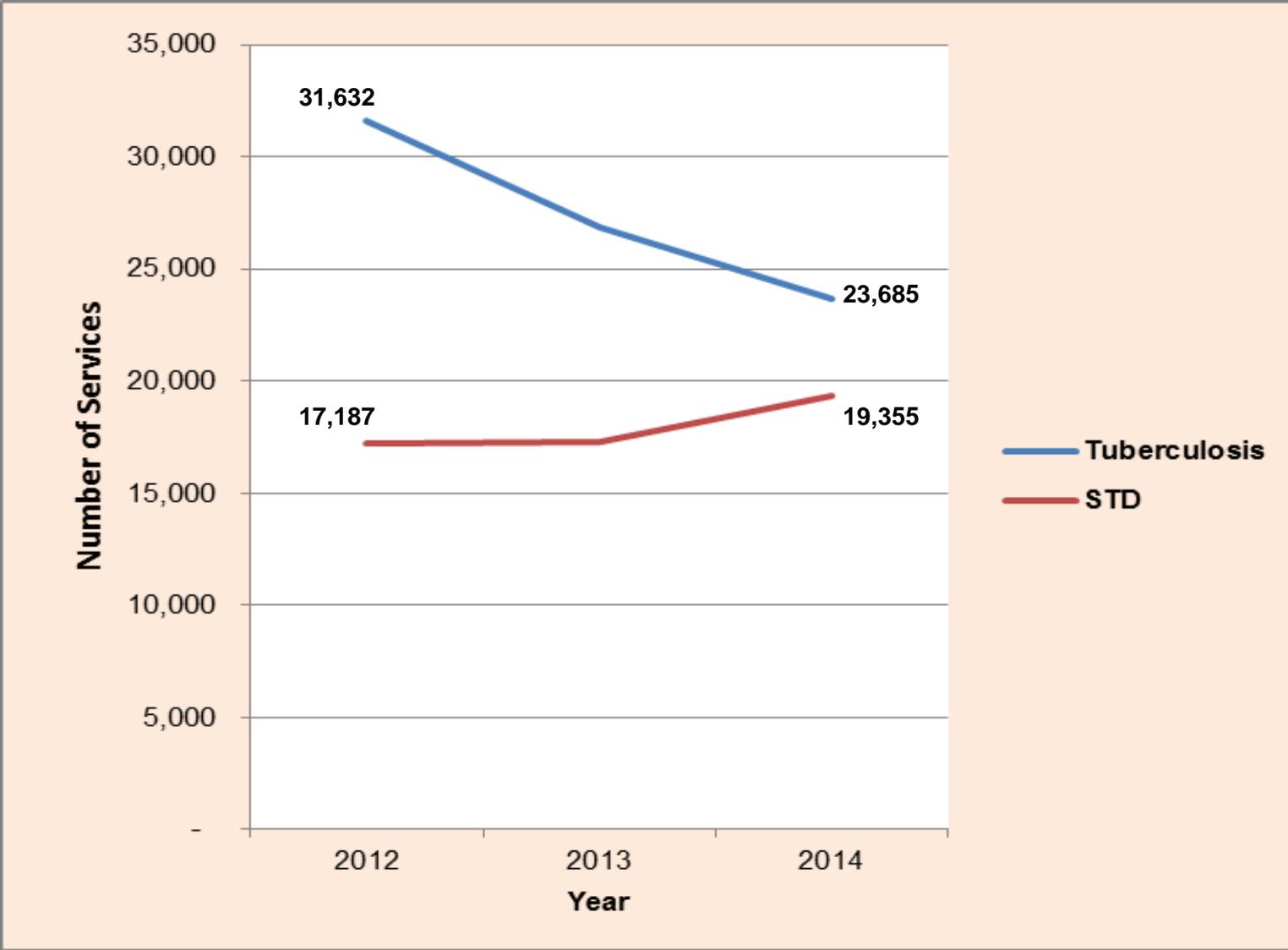
## Immunizations (Continued)

- Educate staff on case management opportunities to link immunization population to FQHCs
- Minimize shifting of Public Health Nursing (PHN) nurses who provide Nurse Family Partnership / Maternal Child Health (NFP / MCH) services to ensure program integrity
- Schedule quarterly meetings to review progress of these recommendations using Public Health Immunization Services (PHIS) dashboard
- Increase clinic staff nurse education and rotation in other high need areas (SURGE, Disaster Preparedness)

## TB and STD

- Further analysis needed to evaluate the continued scope of STD and TB services is required

# NUMBER OF TB AND STD SERVICES ADMINISTERED PER YEAR AT PUBLIC HEALTH CENTERS





# THANK YOU

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