

### General findings from **A Snapshot of Ohio's Health Safety Net**

#### **Impact of the economic downturn**

Research from the Safety Net Snapshot Project (SNSP) has found that the economic downturn over the past 18 months has resulted in an increased demand for Ohio's health safety net programs across the state. According to a statewide survey of safety net providers (medical, dental, and mental health), 56% reported an increase in demand for services between 2008 and 2009.

Loss of insurance due to loss of employment was a prominent driver. For mental health providers, large increases in service demand were driven by a rise in the number of patients treated for anxiety, substance use, depression and suicide. At the same time, United Way 211 reported that requests for medical/health assistance had risen to a top 4 request category, along with food, shelter, and employment assistance.

#### **Evidence of increased demand**

- In 2008, 1.5% of Ohio children and 14.3% of adults did not have a usual source of health care. This is an estimated increase of 720,000 more adults compared to 2004 data. This increase was experienced throughout Ohio's regions (Appalachia, metropolitan, suburban and rural).
- In 2008, 4.5% of children and 14.6% of adults reported that they were unable to obtain needed dental care – this is an estimated increase of 260,000 more adults compared to 2004 data.
- In 2008, 12.9% of children and 40.7% of adults reported that they had not had a dental examination in the past 12 months.
- Since 2002, the number of Federally Qualified Health Center facilities increased by 50%, and the overall FQHC patient visit load increased by 56% to approximately 1.5 million visits in 2008. The number of FQHCs in Ohio is expected to grow due to incentives contained within the federal health care reform law.
- In 2006, 90% of Free Clinic patients were uninsured, with most patients being white — yet a disproportionate amount of patients were

either African-American or Hispanic. Fifty-six percent of free clinic patients considered their free clinic to be their medical home (Darnell, 2006).

- In 2009, 18% of hospital patients had no insurance; this percentage has remained constant since 2007.
- The percent of patients with insurance other than Medicaid or Medicare has decreased 4 percentage points since 2007, to 37% in 2009. The counter point is that the amount of Medicaid patients in hospitals has increased to 30% of total hospital visits since 2007.
- Medical and dental service providers reported both budget cuts and increases in service capacities. This variation is related to available resources to meet need.

#### **Physicians and the safety net**

Among physicians surveyed:

- 92% reported seeing an increase in the number of patients who have lost insurance.
- 87% reported an increase in the number of patients who had difficulty paying their health care bill.
- 70% reported a decrease in business and/or an increase in cancellations by patients.
- 76% offered payment plans, 58% offered discounts to self-paying patients, and 55% offered charity care to assist their patient's having difficulties paying their bills.

#### **Hospital care and the safety net**

Hospital representatives reported a rise in hospital charity care of approximately 5.8 percentage points since 2005. Excluding Medicaid and Medicare losses, in 2007, \$893,469,000 of hospital billings were classified as charity care. Bad debt accounted for an additional \$665,700,000. Both charity care and bad debt is expected to increase.

## Medical and dental safety net providers

- When surveyed, 56% of medical and dental safety net providers reported that their patient loads increased from 2008 to 2009. Most of these safety net organizations estimated their patient load increase to be between 10-20%.
- Asked about the future, 78% predicted that their patient loads would increase in 2010.
- When asked about safety net organization staffing, 62% of medical and dental providers reported changes in staffing capacity, with 31% reporting less clinical staff from 2008 to 2009, and 31% reporting more clinical staff within the same time period.
- Predicting 2010 staffing levels, 39% expected increases in clinical staff for 2010, and 9% expected decreases in staff for 2010, partially because recruiting new clinical staff is perceived to be more difficult.

## ADAMHS boards and the safety net

- Most county Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) boards reported increases in services from 2008 to 2009, and most expect additional increases in patient loads for 2010.
- 92% of responding ADAMHS directors expected cuts in clinical staff this year – accordingly, over 80% reported curtailed programs and over 90% expected additional cuts in programs for 2010.

## Opportunities, challenges of federal reform for Ohio's health safety net

When asked about the opportunities and/or difficulties presented by federal health care reform to Ohio's health care safety net, the following responses were prominent:

- Incentives will help foster new Federally Qualified Health Centers throughout Ohio's rural areas
- Medicaid expansion may buffer resource losses to the mental health safety net
- Preventive services to the uninsured and underinsured could be increased through local public health departments
- Health care reform may not increase access to care in rural or poor urban areas
- Health care reform may not stem the inappropriate use of emergency departments for non-emergency care
- Federal reform might threaten local sponsorship to communities' health care safety net

## About the Safety Net Snapshot Project

The Health Policy Institute of Ohio, with support from the HealthPath Foundation of Ohio, collaborated with researchers at Wright State University to undertake the SNSP, which consisted of four distinct investigative efforts.

### 1. Ascertain available safety net provider and patient related estimates

While generally these sources are not as timely since they present data prior to 2009, they do contribute to a more comprehensive understanding of the needs of Ohioans and the experiences of some safety net providers.

### 2. Survey Ohio-based safety net providers

The research team designed and distributed short, web-based surveys to gather current data on changes experienced (and anticipated) in the demand for safety net services, organizational funding, operations, and services offered. The researchers targeted free clinics; FQHCs and look-alike clinics; city and county health departments; dental safety net providers; alcohol, drug abuse, and mental health services boards; and hospital emergency departments and clinics.

### 3. Conduct community-level interviews

To solicit detailed information and to hear about issues they may not have anticipated in survey development, the research team conducted telephone interviews in 8 targeted communities. These interviews were with a variety of local representatives who either were knowledgeable about or worked at organizations providing safety net services.

### 4. Investigate other states' monitoring efforts

The research team contacted representatives from other states and used the Internet to learn more about how these systems operate, how much they cost, what data they rely on, and how well they meet their objectives.

