

Through our Access Health 100 initiative, The Health Foundation of Greater Cincinnati is working to achieve 100% access to care for our region. Access to care includes two components: having a place to get healthcare and having a way to pay for that care. Physicians who provide uncompensated, or “charity,” care are an important resource for people with limited or no ability to pay for care. Communities across the country have set up programs that coordinate that free care. Would a similar program work in Greater Cincinnati? Before we can answer that, we first need to know how much charity care physicians currently provide, how much more they are willing to provide, and if they would participate in a community-wide, coordinated program.

We awarded a grant to the Academy of Medicine of Cincinnati to study the charity care provided by physicians in the area and physicians’ willingness to participate in and attitudes and concerns about community-wide models for coordinating charity care. In turn, the Academy of Medicine contracted with the Institute for the Study of Health at the University of Cincinnati to conduct the study.

This summary presents highlights of the study. For the complete study report—including survey results by type of physician practice, years practicing medicine, specialty, and size of practice and detailed results from the focus groups—please visit our web site at www.accesshealth100.org.

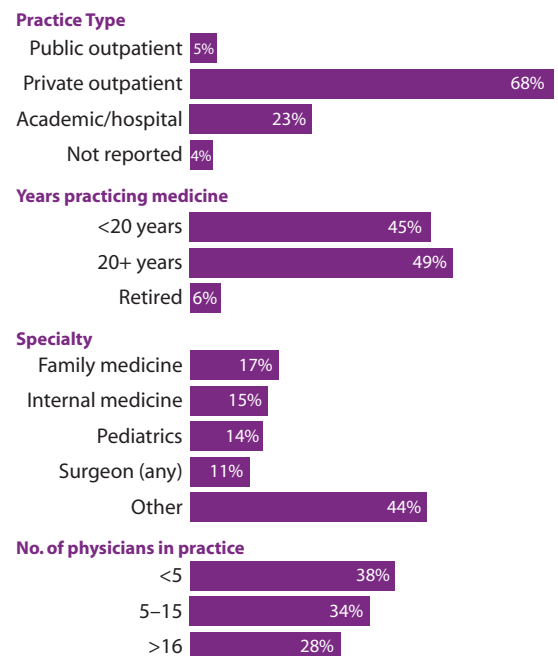
About the Study

The study used focus groups and a survey of physicians in our region. Sixteen physicians volunteered to participate in two focus groups. Eight of these physicians were primary care physicians (e.g., pediatric, internal medicine, or family practice) and eight were specialists.

Researchers sent the survey to about 4,500 providers; 364 (8%) responded. Characteristics of respondents are shown in Figure 1. Because physicians who did not report their type of practice also did not answer most of the other questions on the survey, this summary will not include data specific to these physicians. However, their responses are included in the regional totals reported.

We advise readers to use caution when interpreting the results of the survey and focus groups because physicians who are concerned about access to care for the uninsured may be more likely to participate. Readers should not assume that the results reflect the opinions of all or a majority of physicians in the region.

Figure 1. Characteristics of survey respondents



Study Highlights

Current Provision of Charity Care

- About three-quarters of physicians who responded to the survey (73%) provide some charity care to patients who are uninsured.
- Over 80% of physicians who responded to the survey (83%) reported that they provide some charity care to patients who are insured but can not afford copayments.
- In general, physicians in smaller practices and those who had been practicing for less than 20 years were less likely to report they provided charity care.
- Among specialists, 84% provide uncompensated diagnostic services and 94% provide uncompensated treatment services.
- About one-third of respondents to the survey (31%) currently participate in an organized program for charity care.

Willingness to Accept New Patients

- Physicians who responded to the survey are willing to accept new patients, but the type of insurance those patients have makes a difference.
- Almost all respondents were willing to accept new patients with private insurance.
- More physicians in private outpatient practices reported a willingness to accept self-pay, or uninsured, patients than patients with Medicaid.

Willingness to Provide Additional Care

- Just over half the physicians who responded to the survey (56%) indicated they were willing to provide charity care to additional patients.
- Three-quarters of responding physicians in public outpatient practices were willing to provide charity care to more than six additional patients, compared to 17% of physicians in private outpatient practices.
- Half of the respondents (51%) were willing to provide additional charity care in a hospital clinic, 48% in their office or practice, and 35% in a community clinic.

Interest in Learning about an Organized Charity Care Program for the Region

- One in five physicians who responded to the survey (20%) said they were interested in learning more

about an organized program for charity care for our region.

- Physicians from the focus groups felt there would be strong local support for a program like Project Access, used in Buncombe County, North Carolina, to address access to health care for the uninsured.
- Several physicians in the focus groups expressed concern that a centralized system could be unwieldy given the different needs across the region. These physicians suggested that each county get assistance in identifying their own needs, resources, and strategies.

Support Physicians Want When Providing Charity Care in Clinics

The survey asked physicians willing to volunteer in a clinic setting what features would be most supportive to their volunteer work in clinics. Physicians were asked to choose their top three features from a list of five choices. The choices, in order of which were chosen most often in the top three, were:

- The clinic would provide nursing and other support staff (chosen by 72% of respondents).
- I would be covered by the clinic's malpractice insurance as a volunteer under state law (63%).
- The clinic would take care of all paperwork (60%).
- The clinic would take care of scheduling and reminders to avoid no-shows (51%).
- The clinic would adjust hours to meet my schedule (28%).

During the focus groups, physicians also discussed what would be beneficial. Some issues they discussed include:

- Clinics would take care of coordination, screening, and referrals.
- Clinics would determine whether a patient needs care and financial assistance.
- Patients should receive and sign a form describing expectations, including the expectation that patients would pay for missed visits.
- Patients should be required to pay a \$10–20 copayment per visit.
- Clinics should give patients a fee schedule so patients understand the value of the care they are receiving at a reduced rate.
- Clinics should clearly state their expectations of volunteers, including how many hours per month or how many episodes of care they expect.

Patient Resources Physicians Want to Have Available When Providing Charity Care

The survey asked physicians to choose their top three patient resources that they most desired to have available to them when providing charity care. The choices, in order of which were chosen most often, were:

- Prescription drug benefit (chosen by 65% of respondents)
- Free or low-cost medical tests (62%)
- Case management services (38%)
- Low-cost hospital services (33%)
- Low-cost specialist services (28%)
- Standard sliding-fee scale (28%)
- Screening and eligibility verification (22%)
- Standard copayments (10%)

What Physicians Want in a Community-Wide Charity Care Program

In the focus groups, participants discussed community-wide programs that would organize charity care. Topics from this discussion included:

- Physicians want a system that leverages existing resources while improving efficiency to accommodate more uninsured patients.
- Physicians emphasized the need for flexibility to choose whether to see uninsured patients in their office or at a separate clinic setting.
- Some expressed concerns about continuity of care and record keeping across multiple locations.
- Physicians stated that hospitals and labs would need to be active participants in any community-wide program in order to reduce costs for patients.
- Physicians also said a variety of specialists would be needed for comprehensive care.
- Physicians need assistance understanding the legal implications of volunteer work. Focus groups raised concerns about malpractice insurance, Medicare regulations regarding sliding fee schedules, and other issues. Few focus group participants felt they fully understood the law, and most predicted that more physicians would volunteer if these concerns were fully addressed.

Focus group participants also reviewed the summary of a community-wide program for the uninsured that is being used in Buncombe County, North Carolina. Researchers asked physicians to comment on specific

design features they would like to see if a similar program were to be established in Greater Cincinnati. Highlights from the discussion were:

- Most physicians felt this program would work well with some modifications.
- Numerous provider groups and community organizations needed to be involved in planning a project of this size.
- Peer champions would be important for building interest in a community-wide program.
- Physicians cited the Mental Health Access Point (MHAP) as a potential model for coordinating access to care across the region.

Next Steps

Access Health 100 leadership will work with the Academy of Medicine and other interested parties over the next six months on a phased-in plan for engaging those physicians who expressed interest in serving the uninsured. Next steps include:

- Soliciting the endorsement of the Academy of Medicine for a charity care initiative.
- Reaching out to the 73 survey respondents who said they were interested in learning more about an organized charity care program for our region.
- Getting interested physicians involved, including Academy of Medicine members and other physicians affiliated with local or county medical associations, like the American Academy of Pediatrics, the American Academy of Family Physicians, or associations in Butler and Warren Counties, Ohio, and Northern Kentucky.
- Identifying solutions for medical malpractice and liability exposure.
- Finding financial support to develop a regional charity care program.
- Implementing a regional infrastructure that will support physicians who agree to participate in an Access Health 100 physician/community care partnership.
- Sharing study findings and proposed plans with the region's leaders.