

Health system and community needs context for Malta House of Care strategic planning

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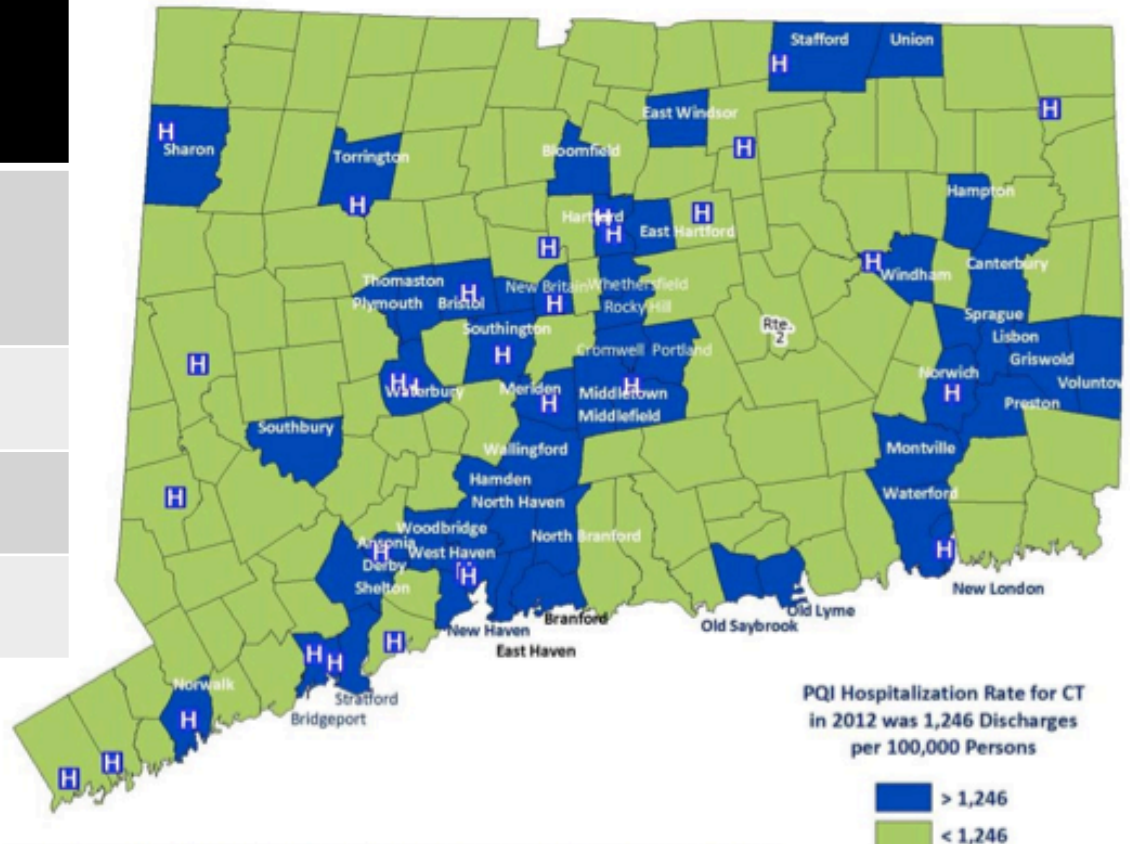
Avoidable hospitalizations

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Map 1: PQI hospitalization rates by town of residence, 2012

Avoidable hospitalizations as % of hospital volume

Hartford Hospital	9%
St. Francis	10%
CCMC	13%
CT average	11%

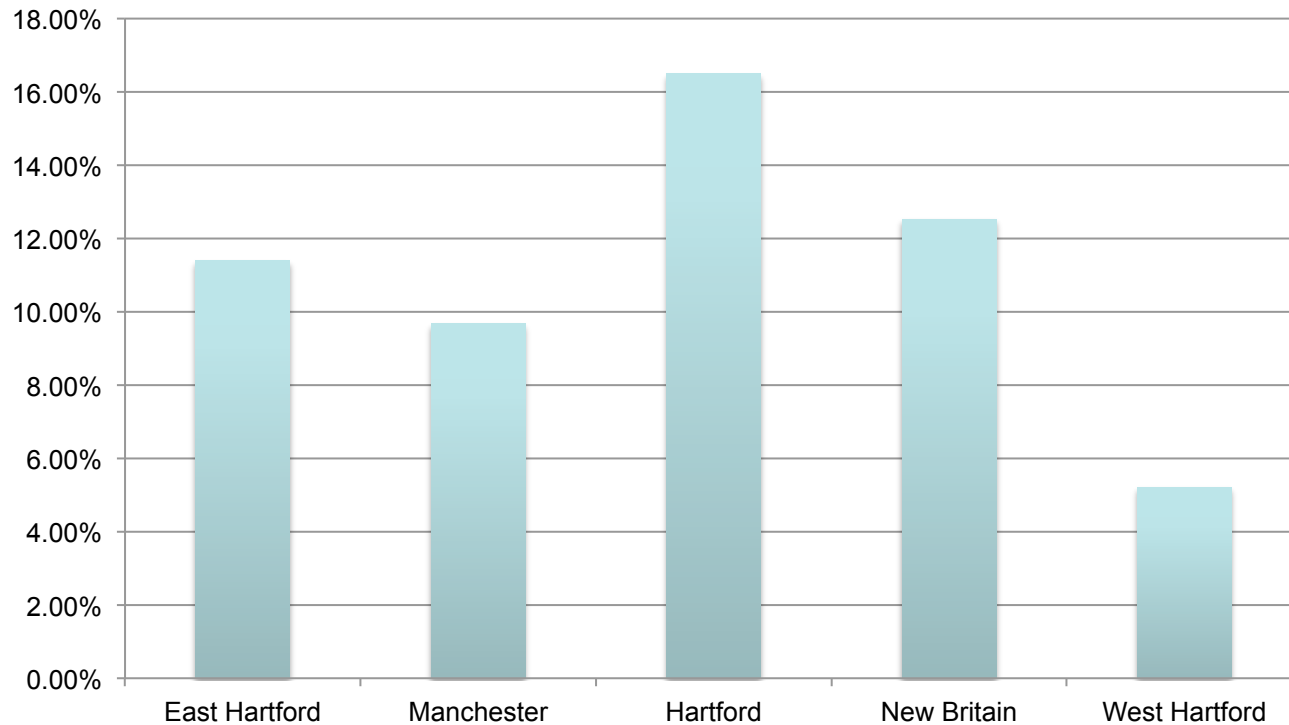


Sources for PQI Hospitalization Rates: CT DPH OHCA Acute Care Hospital Inpatient Discharge Database and HCQSAR Town-level Population Estimates for Connecticut.
 Source for Hospital Information: DPH Licensure Division
 Prepared May 2014, DPH OHCA

Uninsured

HUGE caveat on data

% uninsured
2009-2013, ACS, very large margins of error

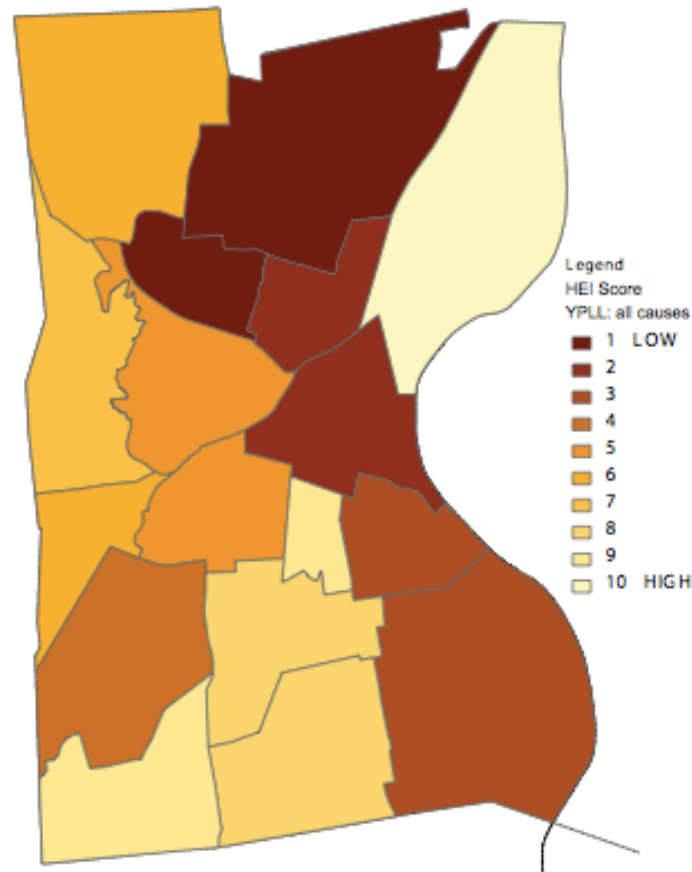


Area hospital CHNAs

- ACA requirement for non-profit hospitals
- Collaboration of City of Hartford Health & Human Services Dept., UConn Health Center, CCMC, St. Francis and Hartford hospitals
 - January 2012, March 2012, May 2013
- Holleran consultants hired
- Data dive, key informant interviews, community survey
- Quality of life impacting health
- Health priorities identified
 - Obesity
 - Diabetes
 - Mental illness
 - Heart disease
 - Asthma

Hartford CHNA

Map 3. HEI Years of Potential Life Loss (YPLL) Score: All Causes by Neighborhood



Hartford CHNA

- Relatively young, healthy population
- But mortality for older Hartford residents is much higher than the rest of the state
- Infant/neonatal mortality high
- Infectious disease rates high
 - STIs, TB, Hep C, HIV/AIDS
- Asthma ER, admission rates 4X higher than CT average
 - Incidence rising, 15% to 20% of residents between 2000 and 2006
- Diabetes rising
 - 7.0 to 7.4% of adult residents from 2004 to 2007

Hartford CHNA

Key Informant Perceptions of Health Care

Access/Barriers To Care	“Disagree” or “Strongly Disagree”
The majorities of Hartford residents are able to access and afford a dentist when needed.	88%
The majority of Hartford residents are able to access needed medical specialists	83%
The majorities of Hartford residents are able to access and afford a primary care provider.	76%
Transportation to medical appointments is available to residents when needed.	73%
The healthcare delivery system in Hartford has a comprehensive approach to patient care.	71%
There are a sufficient number of providers accepting Medicaid or other forms of medical assistance.	70%
There are a sufficient number of bilingual healthcare providers in Hartford.	63%

Hartford CHNA

Top 5 Needs for Hartford

Actual Needs	Perceived Needs
Basic needs/ food assistance services	Homelessness/housing
Financial support services	Education
Job Training/ employment assistance	Job training/employment assistance
Health and wellness	Basic needs/food assistance
Education	Youth development

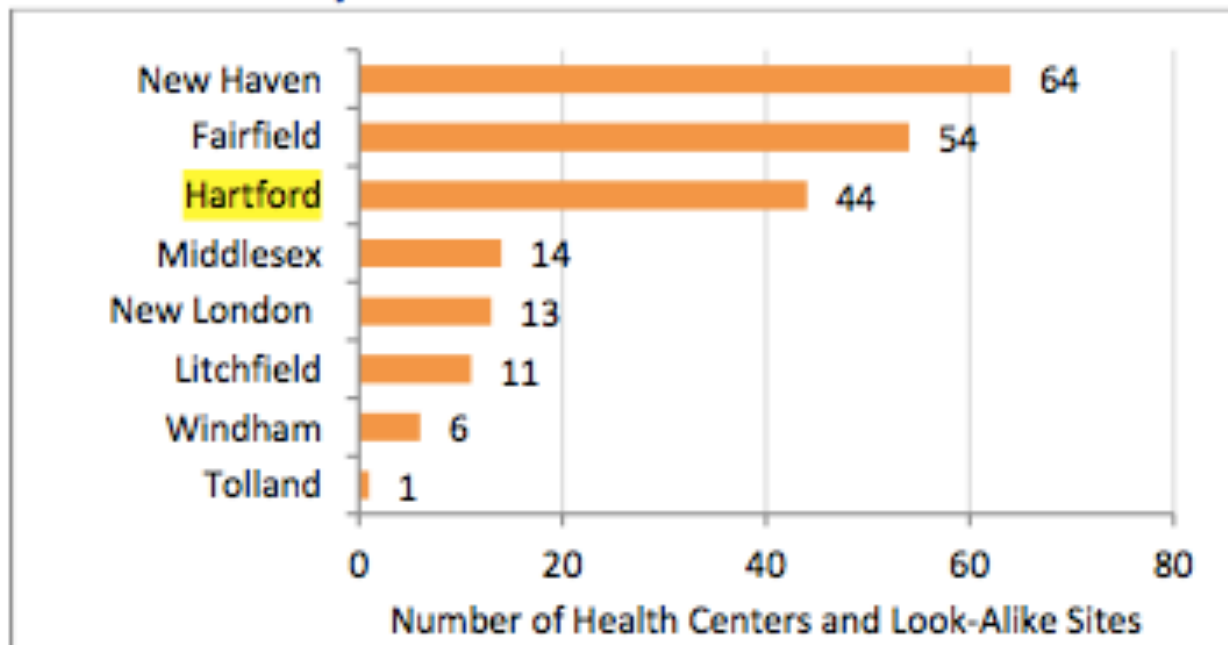
Community survey

Actual needs – someone in the household would benefit from these services

Perceived Needs – what they believe are the most critical needs facing Hartford

Hartford FQHCs

Fig. 272. NUMBER OF FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs), BY COUNTY, CONNECTICUT, 2013



Source: US DHHS Health Resources and Services Administration Data Warehouse Report Tool, HRSA Health Center and Look-Alike Site Directory. Accessed May 15, 2013.

Hartford area community health centers

- Charter Oak
 - Two sites in Hartford
- Community Health Services
 - Hartford
 - Windsor
- First Choice Health Centers
 - East Hartford
 - Manchester
 - Vernon

Community health centers

2013 (Δ 2011-13)

	Charter Oak	Community HS	First Choice
Patients	28,107 (10.3%)	16,898 (-10.2%)	15,899 (-.4%)
Uninsured	20.7% (-6.1%)	23.2% (-2.0%)	23.6% (5.1%)
Homeless patients	1,478 (11.0%)	204 (-40.7%)	0 (-100%)
Cost/patient	\$872.87 (18.6%)	\$1,068.51 (14.3%)	\$ 616.23 (2.6%)
Patients \leq 200% FPL	99.8%	98.3%	94.6%
Patients \leq 100% FPL	70.1%	84.3%	71.1%
Patients best served in a language other than English	59.8%	19.5%	12.2%

QHP/Medicaid enrollments

AccessHealthCT, as of 2/11/2015

City	QHP	Medicaid	Total
Hartford	2,529	33,202	35,731
East Hartford	1,323	9,716	11,039
West Hartford	1,631	4,218	5,849
Bloomfield	492	2,005	2,497
New Britain	1,791	16,396	18,187

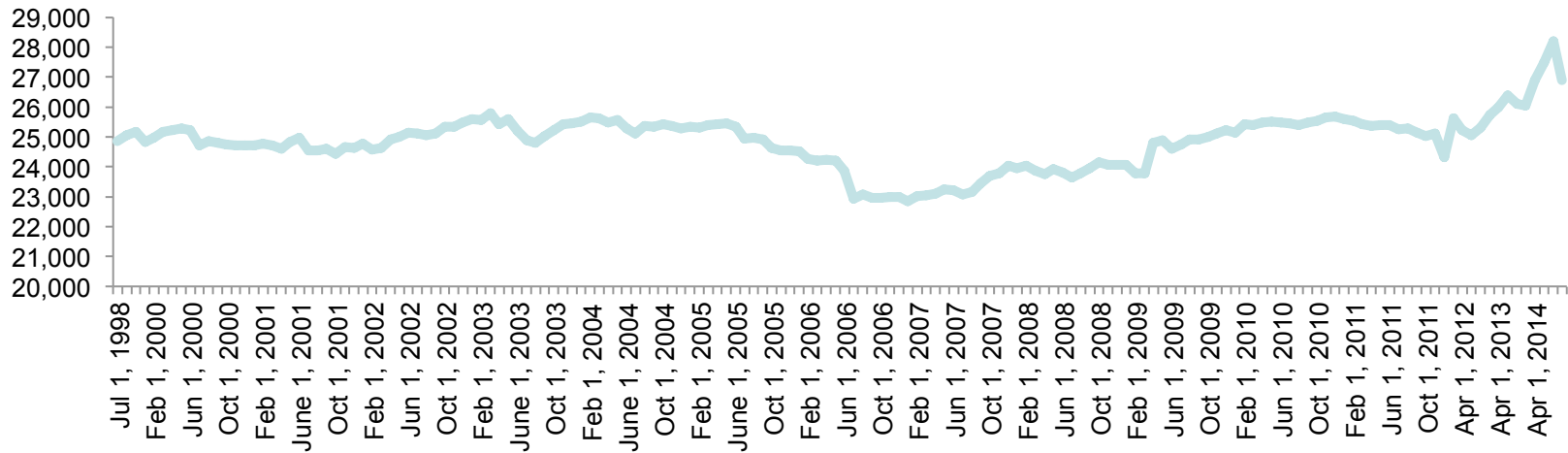
DSS program recipients

SFY 2014

Program	Hartford	East Hartford	New Britain
SNAP	51,969	10,603	21,054
TFA -- regular	4,838	843	2,035
TFA – 2 parent	934	122	590
S Supp -- aged	443	78	216
SSup - blind	10	2	1
Ssup -- disabled	1,036	192	441
Medicare savings	4,585	1,603	2,621
LIA	11,268	1,920	3,842
ACA	5,971	1,897	3,106
Medicaid total	70,991	18,305	32,557
SAGA cash	849	140	300

HUSKY A enrollment

HUSKY A enrollment, Hartford



Immigrants

- 21.2% of Hartford residents were not born in the US
 - Most immigrants from Latin America
- 49.3% do not speak English at home
- Some immigrants eligible for HUSKY
 - Legal immigrants, here more than 5 years
 - Not undocumented, temporary status
- Emergency Medicaid available to all
 - Mainly labor & delivery
- HUSKY eligibility not included in “public charge” decisions, LTC may be
- Sponsor income not counted

State trends

- Budget cuts
 - 34,000 HUSKY adults, pregnant women losing coverage?
 - CHCs and primary care rate boost protected
 - Medicaid, other cuts to providers significant, DSS cut worst among agencies
- Tight times likely to persist
 - The “new mediocre”
- Value-based purchasing
- Mergers, consolidation
- For-profit conversions?
 - Resources to community, could benefit Malta
- Quality measures, transparency, accountability

State trends

- SIM redesign
 - Lasting or shiny new toy? (SustiNet, Health First Authority)
- HIT
 - Burden on practices
 - Inevitable
- Uninsured penalties growing
- Workforce challenges eased temporarily
 - shortages will reappear
- Undocumented immigrants – stable/declining slightly for now, will reverse as economy recovers
- Health cost trend better for now, but still too high
 - More cost sharing, more under-insured

CT Medicaid trends

- Medicaid expansion safe
 - Enrollment likely stable now, little outreach
- Churn, enrollment problems will continue
- Quality improving
- More participating providers, has kept up with growing enrollment
 - future?
- CHCs no cuts for now
 - future? No sacred cows
 - Troubling trend away from historic values
- Move to provider risk, ACOs – troubling
- Pending SCOTUS rulings not relevant to CT

Trends, concerns for Hartford providers

- Hospitals – massive changes
 - Serious state budget cuts, but following large increases
 - DSH down, but uninsured also down
 - More pressure for health of patients outside the hospital, patient satisfaction
 - Mergers, affiliations, for-profit environment, labor issues
 - Public opinion waning
 - Joining, creating larger health systems
- Practices – changes coming more slowly, more autonomy and control (but they don't see it that way)
 - More Medicaid patients
 - Pressure to join large groups, ACOs – hospitals vs. physician invested
 - Competition from other settings
 - Financial risk coming – sooner for some than others
 - Will be paid based on quality, not volume
 - Medicare “fix” should lower the ongoing crises, lends some stability to future
 - Shift from specialist to primary care-centered system, PCMH pressure

What Hartford consumers are likely to see

- Medicaid expansion
 - Free medical care
 - Participating providers up, better access
 - But cuts to providers may jeopardize this
 - Quality improving, less unnecessary ED use
 - Care coordination, less fragmented -- PCMHs, health neighborhoods
- Health Insurance Exchange
 - Affordable?
 - Providers participating?
 - High and rising cost shares – underinsured
- Alternative sites of care growing – urgent care, retail clinics

Trends for Malta

- Who knows?
- MA free clinic saw no reduction in demand for services with reform
- Other CT free clinics seeing increased demand with ACA, opening new sites
- More pressure on providers, consumers
- Rising under-insurance
- Medicaid growing in the market
- CHCs troubling trends, more corporate
 - Hartford clinics positions???

Appendix, sources

Hospital financials

2013

	Hartford	St. Francis	CCMC
Revenue	\$1,070,380,506	\$784,135,000	\$324,816,054
Margin	24,459,118 2.22%	32,743,000 4.13%	(17,074,262) (5.0%)
Uncompensated care (cost)	18,404,841 1.7% of expenses	8,834,587 1.3% of expenses	2,652,569 1.0% of expenses
Bed fund balance	48,636,527	974,302	89,109
Discharges	41,809	32,366	6,422
ED visits	100,799	81,072	55,640
Uninsured patients	0.85%	0.87%	0.73%

Manchester, Rockville CHNA findings

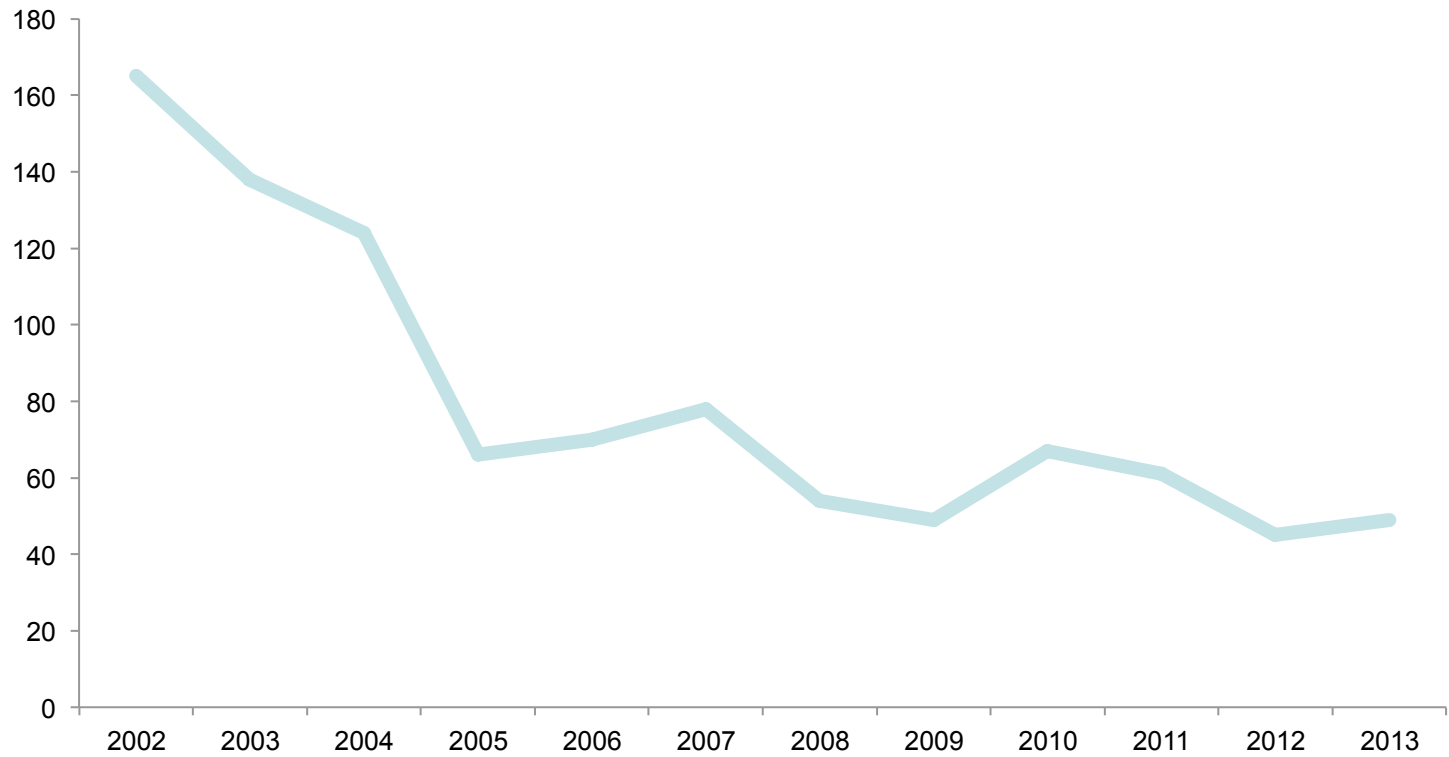
- Community survey, poll community organizations, data dive
- 19 towns east of Hartford, incl East Hartford
- Higher income, fewer minorities than rest of state
- Priority health needs
 - Heart disease
 - Cancer
 - Arthritis
 - Diabetes
- Action plan
 - Health promotion programs
 - Expand cardiac rehab services
 - Support groups
 - Navigator programs
 - Community collaboration

Vital Statistics, 2011

- Deaths among Hartford residents slightly lower than CT average (6.6 vs. 8.2/1,000 population)
 - East Hartford and New Britain higher (9.5, 8.9)
- Births much higher in Hartford than CT average (15.8 vs. 10.4/1,000 population)
 - East Hartford and New Britain also higher (12.8, 13.6)
- Infant deaths much higher in Hartford than CT average (12.7 vs. 5.2/1,000 live births)
 - New Britain also higher (10.1)
- Hartford pregnant women of color are slightly more likely to get adequate prenatal care

HIV in Hartford

HIV infection cases by year of diagnosis



Cancers

- All invasive cancers 2003-2007
- Hartford – 1,167
- East Hartford – 748
- New Britain -- 866

Sources

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- Community Needs Assessment and Community Improvement Plan, Mercy Community Health, May 3, 2013
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