

# Utah's Safety Net Summit— January-June, 2006 Data Review

Presented by Kevin McCulley  
Association for Utah Community Health  
Under Contract with the Utah Department of Health,  
Health Systems Improvement Division

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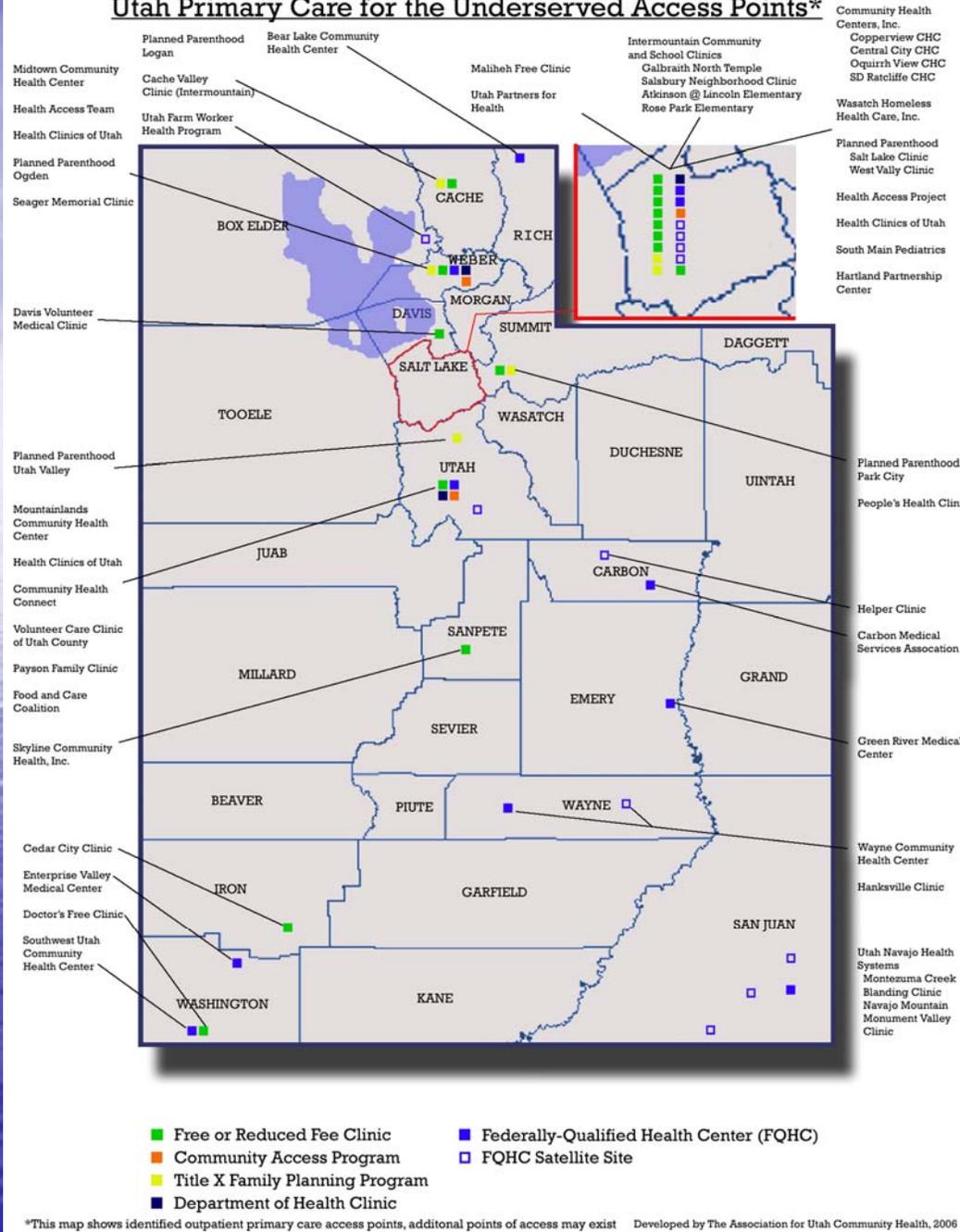
# The Need for Data Collection

- The 2000 Institute of Medicine (IOM) report described the health care safety as "intact but endangered." Reasons for this included:
  - The precarious financial situation of many institutions that provide care to Medicaid, uninsured, and other vulnerable patients.
  - The changing financial, economic, and social environment in which these institutions operate.
  - The highly localized, "patchwork" structure of the safety net.
- One of the five key recommendations in the report is the need for data systems and measures:
  - "The committee recommends that concerted efforts be directed to improving this Nation's capacity and ability to monitor the changing **structure, capacity, and financial stability** of the safety net to meet the health care needs of the uninsured and other vulnerable populations."

- This project adds to the body of knowledge in Utah for determining the structure of the safety net.
- Could be expanded by including other data sources, including ACS visits to EDs, charity care provided by private providers, dental care, and data submission by missing partners.
- This leads into continued efforts to assess the capacity and financial stability of Utah's health care safety net.

- Utah's Health Care Safety Net
  - *“Those providers that organize and deliver a significant level of health care and other health related services to uninsured, Medicare, Medicaid, underinsured, and other vulnerable patients who experience geographic, cultural, language, economic, or other barriers to care.”*

# Utah Primary Care for the Underserved Access Points\*



Association for Utah Community Health July, 2006

## Utah's Health Care Safety Net

Identified 26 agencies in the state, providing care at 47 locations

Agencies include

- Federally Qualified Health Centers (CHCs)

- UDOH Clinics

- Free/Volunteer Clinics

- Intermountain Neighborhood Clinics

- Volunteer Provider Networks

- Low-Cost/Cash only Clinics

- Family Planning Agencies

- Homeless Health Care

- Migrant Health Care

# 2006 Assessment

- Data from at least one of each type of agency
- Time period January-June, 2006
- Received as handwritten log, extracted encounter data, or aggregate data for requested time period
- Collected data is estimated to be 80-90% of total outpatient primary care safety net activity in state

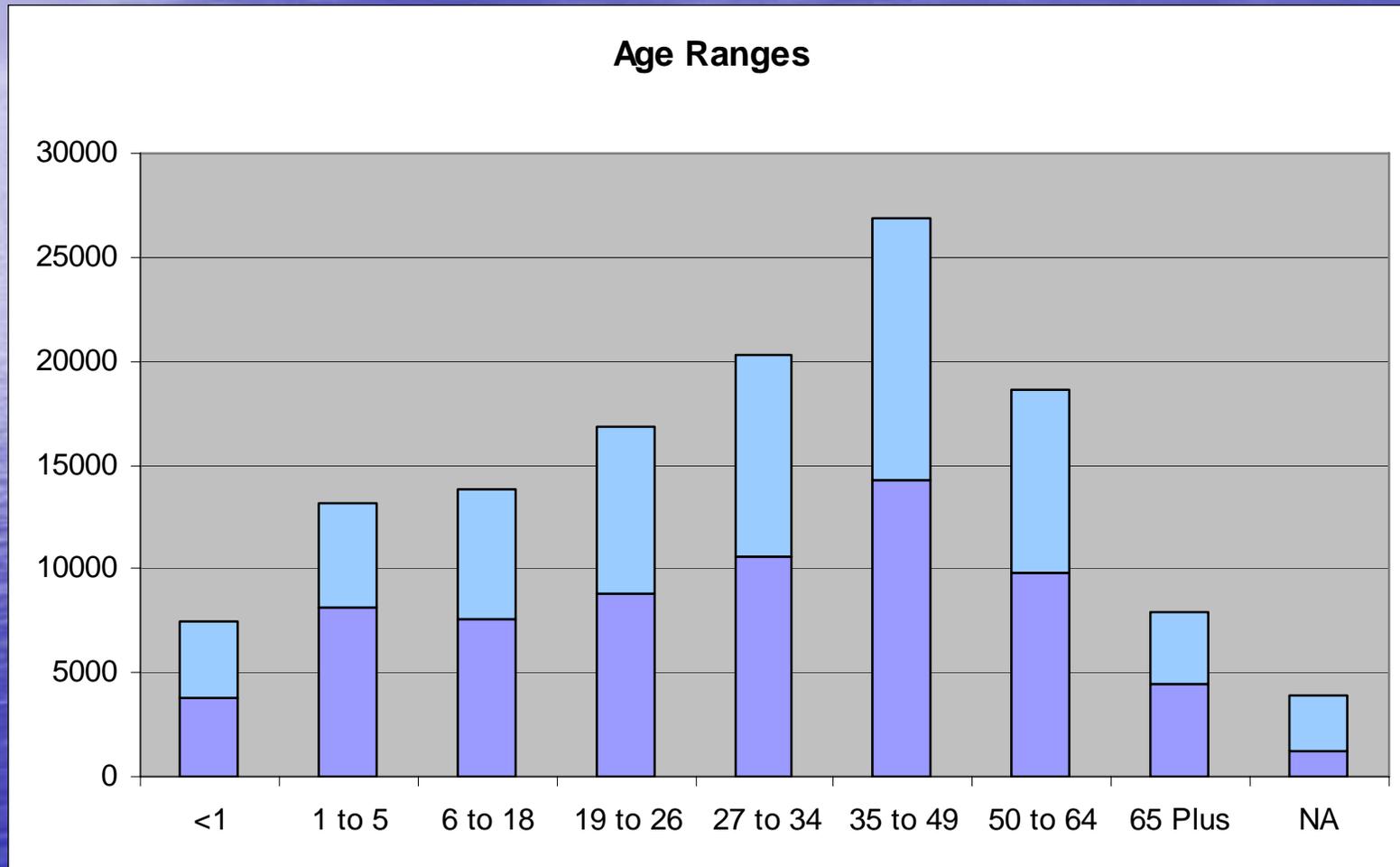
# 2006 Assessment

- Record of each encounter (visit) with medical staff at reporting agency
- Only one visit was recorded for each individual per day, but records may reflect multiple visits by the same patient during the time period
- Total visits recorded – 128,826

# 2006 Assessment

- Not every responding agency provided data for each element; the total number of responses for each graph is noted on the slide
- Not every responding agency provided data for the entire time frame requested, but since any usable data contributes to the total picture of service in the state these responses were included.

# 2006 Assessment



N=124,973

6.0%

10.5%

11.0%

13.5%

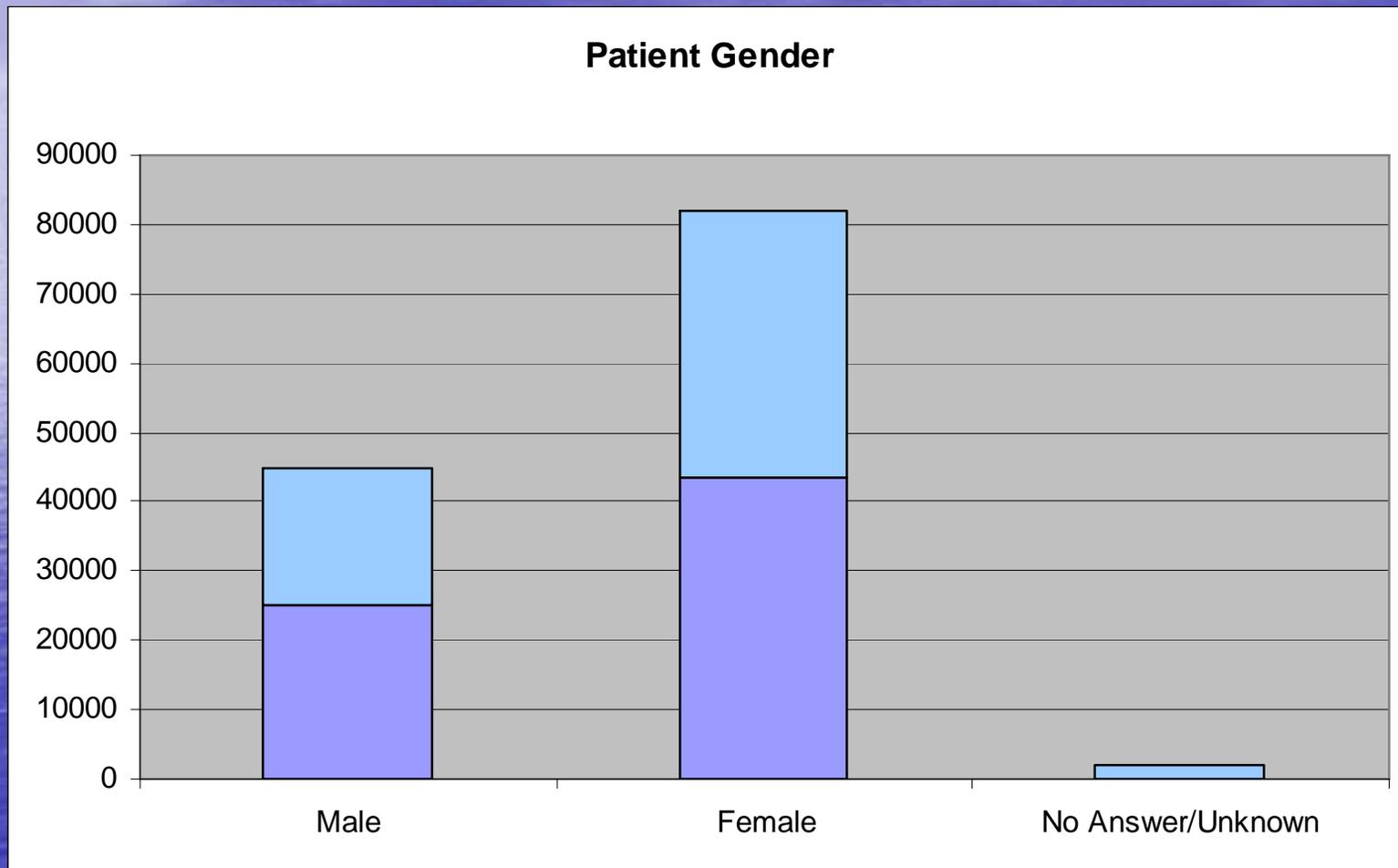
16.3%

21.5%

14.9%

6.3%

# 2006 Assessment

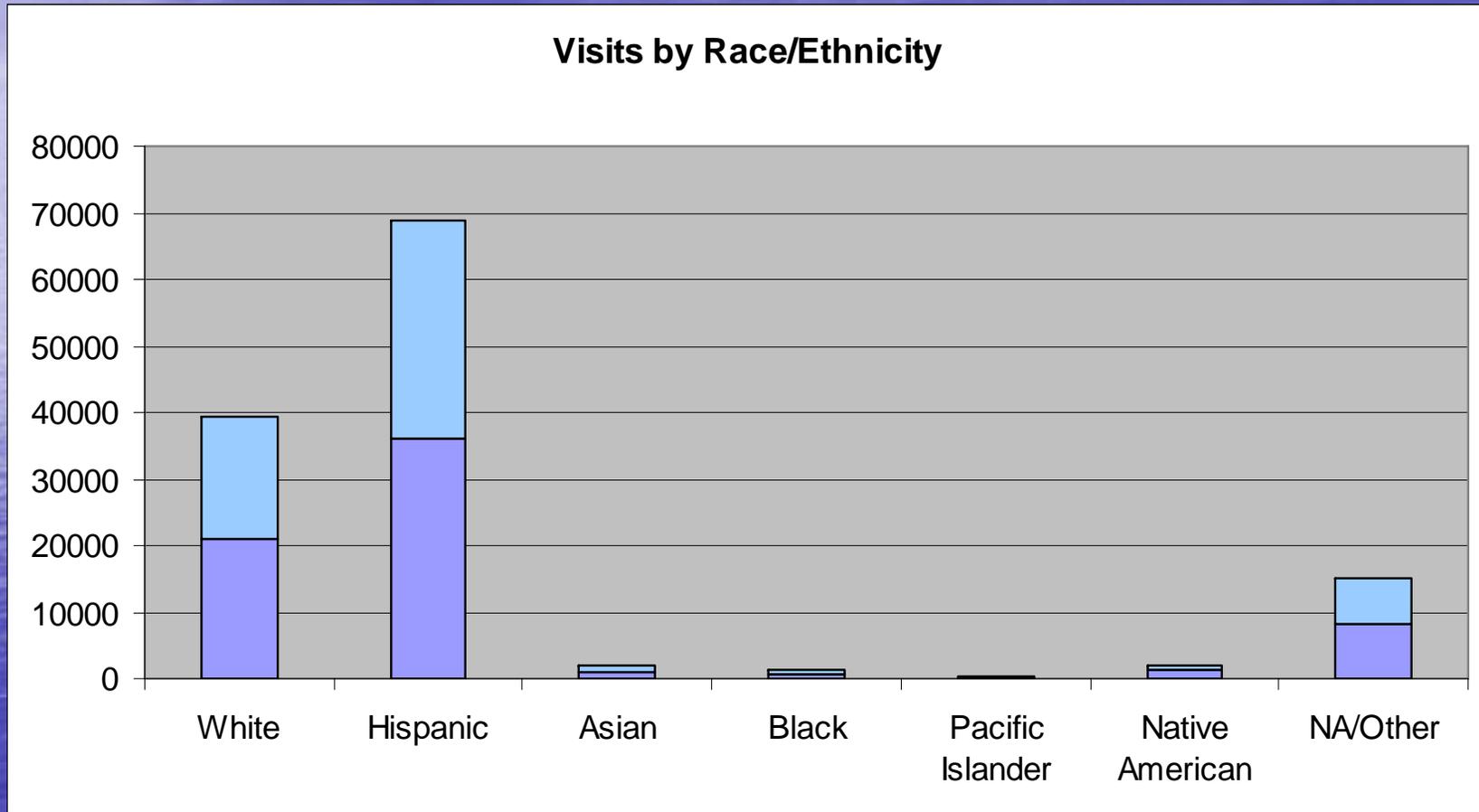


N=126,847

35.4%

64.6%

# 2006 Assessment



N=113,659

34.7%

60.6%

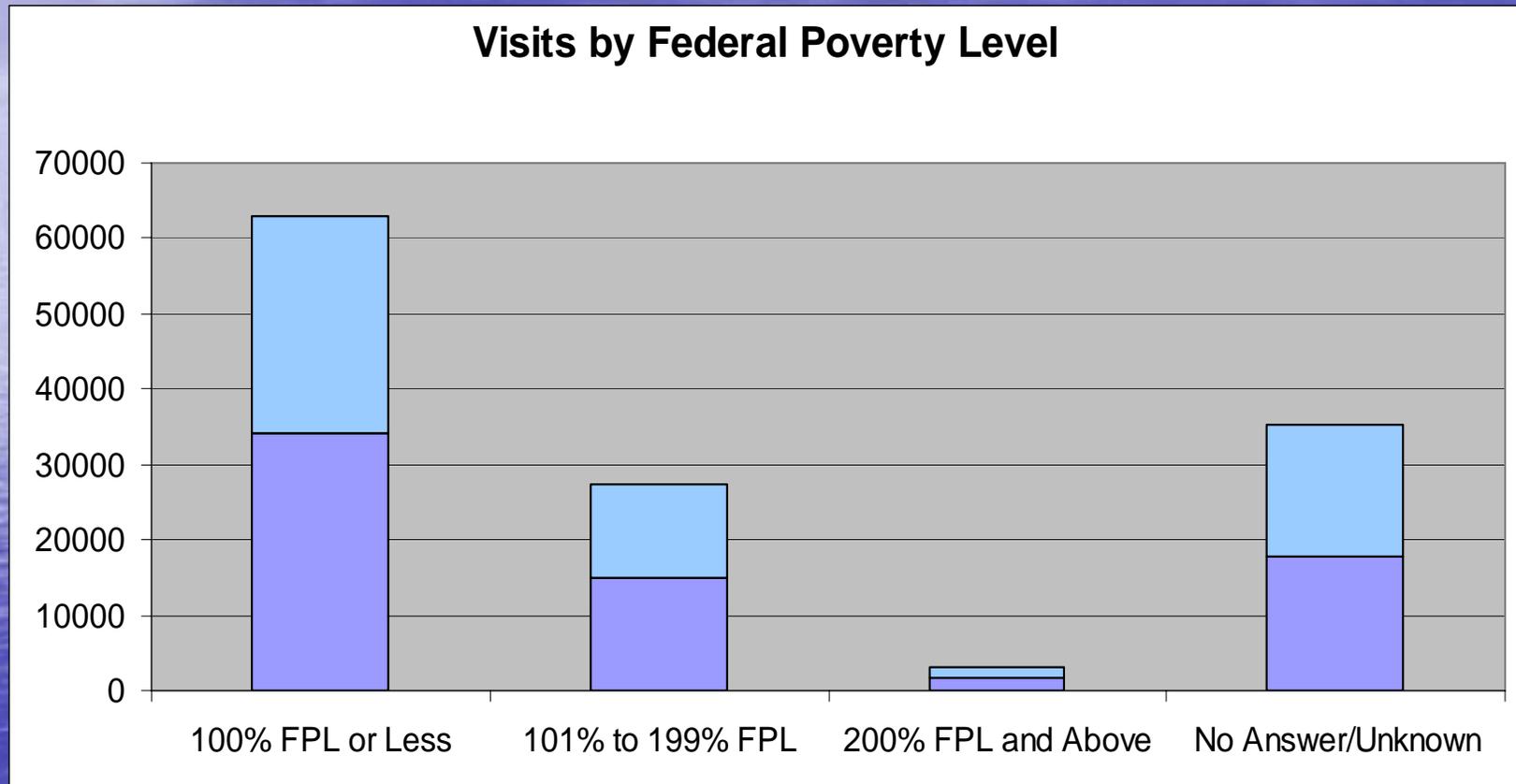
1.7%

1.0%

0.2%

1.6%

# 2006 Assessment



N=93,439

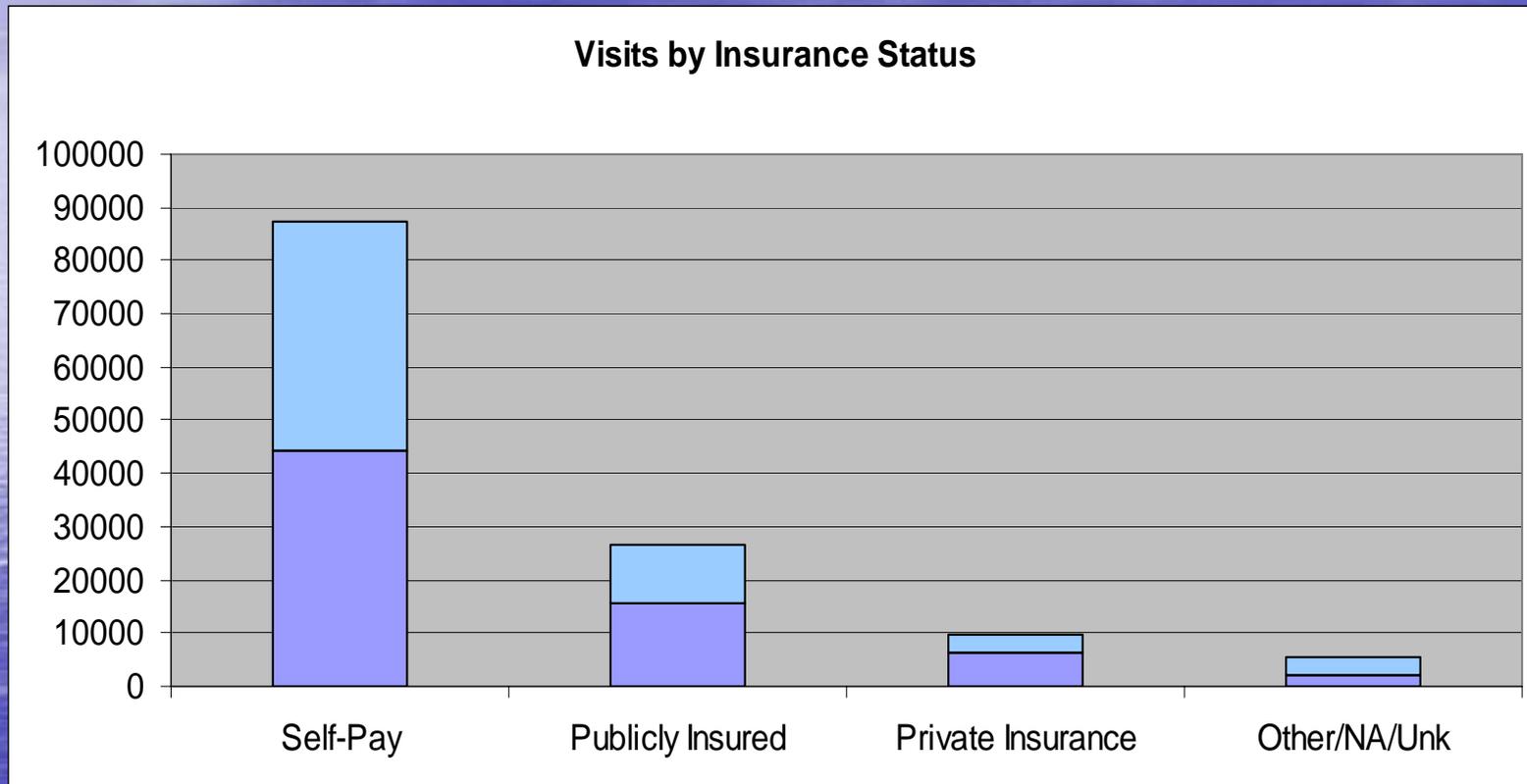
67.3%

29.4%

3.2%

FPL=Federal Poverty Level, \$9,800/yr. for one person, \$20,000/yr. family of four

# 2006 Assessment



N=123,242

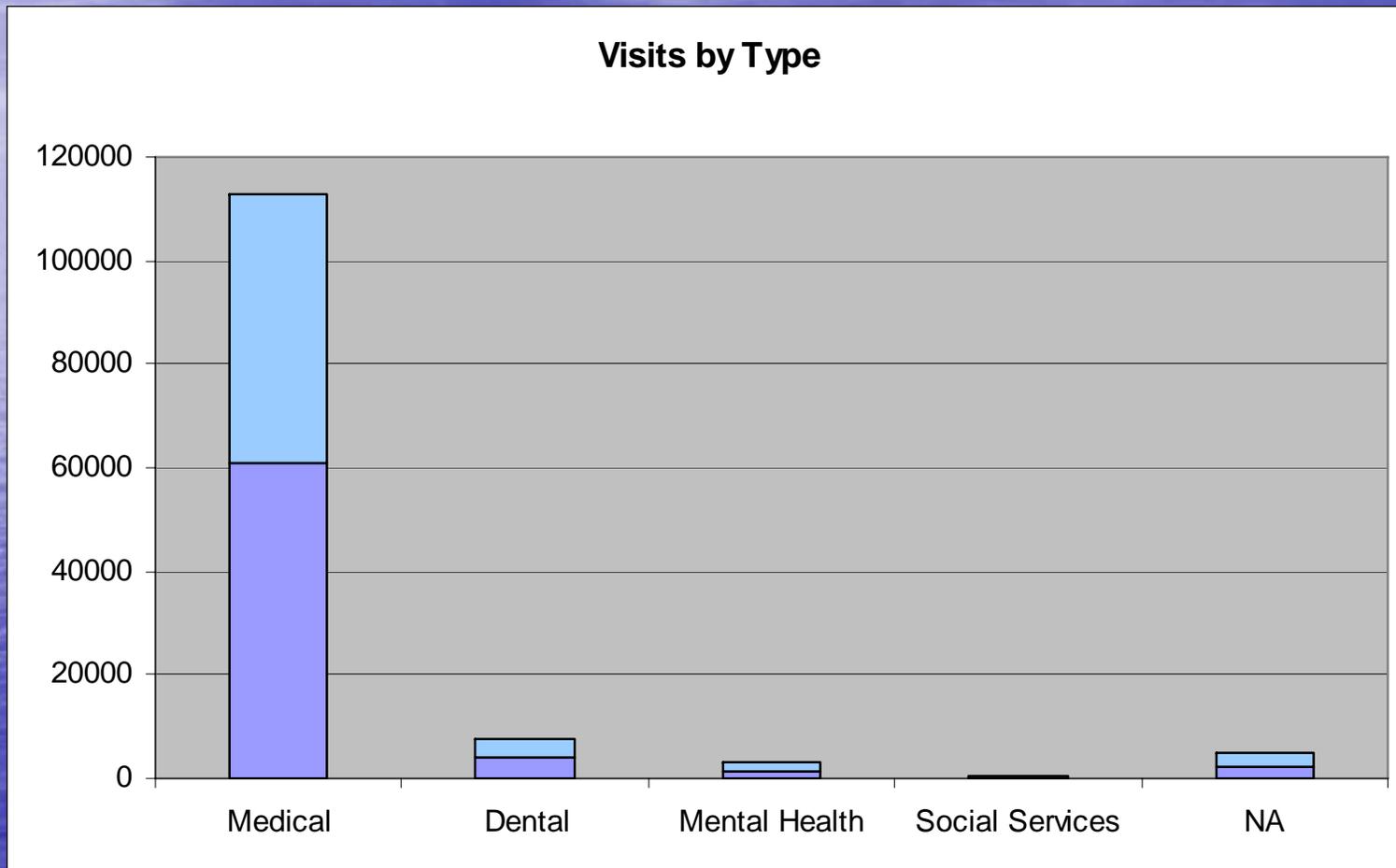
70.7%

21.5%

7.8%

Self-Pay includes uninsured, sliding-fee scale use, or charity care....Publicly Insured includes Medicaid, CHIP, PCN, Medicare, or Medicaid/Medicare....Privately insured includes clearly defined private carriers..... Other/NA/Unk includes unclear entries, special contracts, or blank fields

# 2006 Assessment



N=123,933

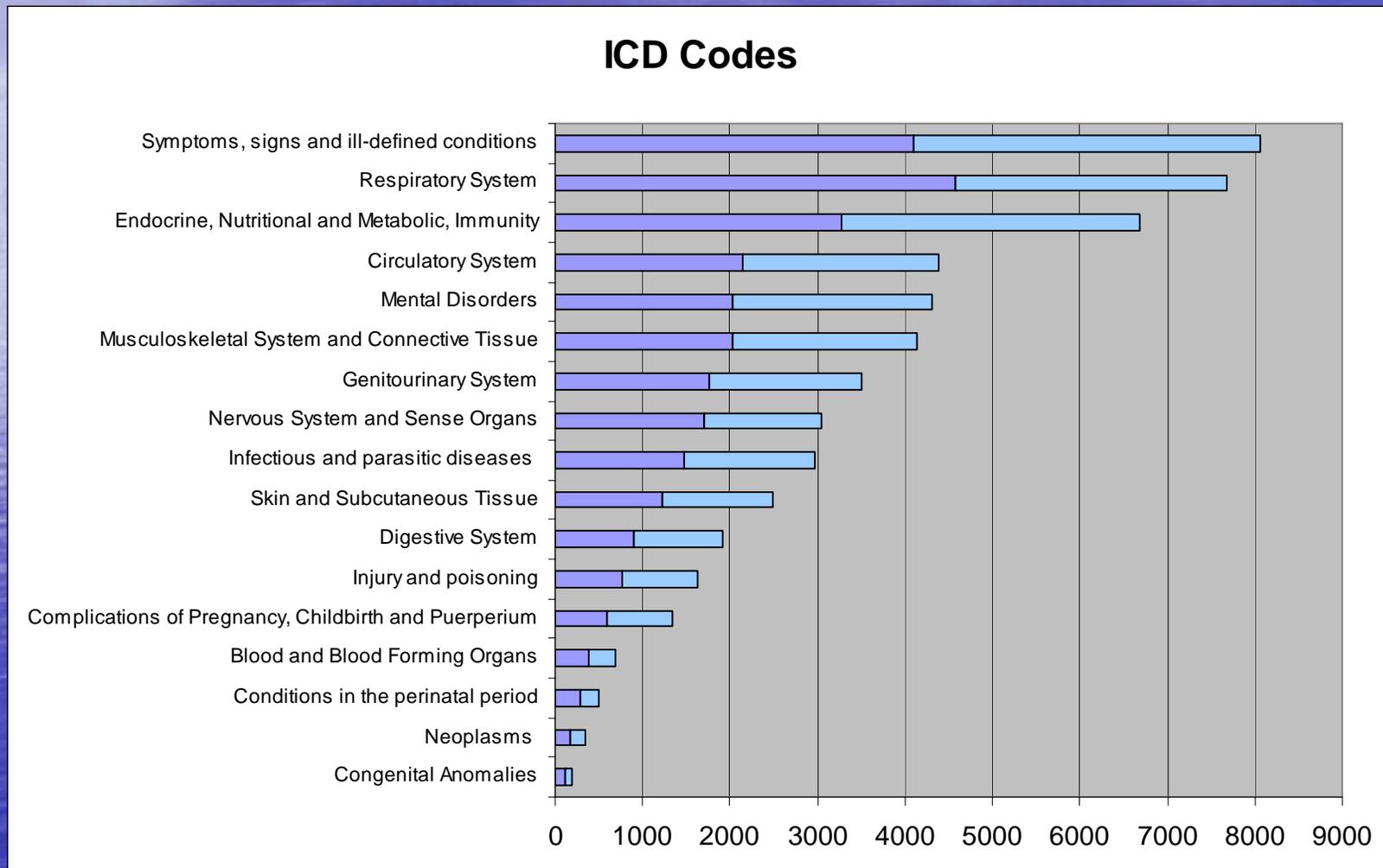
91.2%

6.1%

2.4%

0.2%

# 2006 Assessment



N=53,902

# 2006 Assessment

- Top Diagnoses for Coded Visits (N=53,902)
  - Diabetes Type II Uncomplicated (2,899)
  - Hypertension (2,367)
  - Acute Upper Respiratory Infection (2,141)
  - Diabetes Uncomplicated Type II Uncontrolled (1,083)
  - Hypertension Unspecified (1,034)
  - Abdominal Pain Unspecified (913)
  - Acute Pharyngitis (858)
  - Urinary Tract Infection (742)
  - Lower Back Pain (731)
  - Unspecified Hypothyroidism (674)
- These 10 diagnoses represent 25% of total coded visits and 14.5% of all recorded visits (92,911).

# 2006 Assessment

- Top Diagnosis for V-Coded Visits (N=31989)
  - Routine Child Health Exam (5,413)
  - Supervision of Pregnancy (5,357)
  - High Risk Pregnancy Supervision (2,287)
  - Other Counseling (2,250)
  - Routine Gynecological Exam (1,797)
  - Supervision Normal First Pregnancy (1,626)
  - Single Liveborn Child (1,287)

V-coded visits are typically visits that involve a standard procedure, rather than a particular finding during the visit.



# Questions?

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- Contact Kevin McCulley
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