AN **ACTION PLAN** OF THE

SAFETY NET

in San Diego

Response to the Urgent Matters
Safety Net Assessment • 2005

Urgent Matters Action Plan

CHIP
Community
Health
Improvement
Partners

URGENT MATTERS ACTION PLAN REPORT DEVELOPMENT

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I. Introduction

I. INTRODUCTION

The Urgent Matters Action Plan is the result of a cooperative effort by members of the Community Health Improvement Partners Access to Care Committee to develop an action plan in response to a recent study of San Diego's safety net (Urgent Matters Report). The Urgent Matters Report was put forth by the Urgent Matters Safety Net Assessment team at the George Washington University Medical Center in March of 2004 and was funded by the Robert Wood Johnson Foundation.

Specifically, the Urgent Matters Report found:

- The San Diego safety net is a patchwork of systems struggling to meet the health care needs of the low income and uninsured residents in the county.
- Funding for care for the uninsured has diminished substantially, placing greater pressure on safety net providers to piece together streams of funding.
- The demand for safety net services is increasing while the availability of providers willing to serve the uninsured and underserved is declining.
- San Diego's mental health system is significantly under-funded and suffers from a lack of capacity; more than one-fifth of emergency department (ED) visits at the

University of California, San Diego were for patients who presented with non-emergent conditions.
- While outreach for MediCal and Healthy Families was widespread, 18 percent of the county residents remain uninsured and continued to identify the hospital ED as their main source of care.

The Urgent Matters Report included a number of recommendations to address San Diego's safety net shortfalls, including aggressive education and outreach efforts, greater collaboration of safety net providers, local business leaders and policy makers, and more comprehensive assessments.

This Urgent Needs Action Plan builds on the recommendations of the Urgent Matters Report and identifies specific actions that can be taken both by the Community Health Improvement Partners (CHIP) and the San Diego Community as a whole, in the short and long-term, to improve the safety net system in San Diego.

II.   San Diego County's Safety Net

II.   SAN DIEGO'S SAFETY NET

A. The Safety Net Population

The term safety net can vary widely across different communities and encompass a wide range of individuals, from those that are uninsured to those that are difficult to serve or cannot find care elsewhere. Often the demographics and health care infrastructure within each community play a large role in identifying which populations rely on the safety net.

For purposes of the Urgent Matters Action Plan, the safety net is defined more broadly to include the many different populations that utilize the safety net infrastructure in San Diego County. These include the uninsured and Medi-Cal populations as well as an array of other vulnerable populations, such as those that are underserved, low-income children and pregnant women, the homeless, the mentally ill, undocumented immigrants, and the frail elderly.

San Diego's proximity to the border may increase the number of individuals who rely on the health care safety net. San Diego County is a large and fast-growing county that is ethnically and racially diverse and possesses a sizeable aging population. Approximately 24% of San Diego County's residents are foreign born

Figure 1

and about 36% speak a language other than English at home.[i]

In addition, approximately one of every eight residents in San Diego County live in households with incomes below the federal poverty level (FPL) and an additional 500,000 are near poor with incomes between 100-200% of the FPL. There are also approximately 530,000 uninsured residents in San Diego County, of which 83% are from working families in low-wage jobs and small businesses that cannot afford to provide health insurance. And there are a lower percentage of adults and children in San Diego County who are covered by public programs such as Medi-Cal and Healthy Families, than in other California counties (Figure 1).[ii]

B. The Safety Net Infrastructure

The composition of the "safety net infrastructure" and the concentration of responsibility for care also vary widely across communities, as does the contribution of different sources of financing.

The safety net infrastructure in San Diego County is comprised of a combination of hospital systems, Medi-Cal managed care plans (Healthy San Diego), community clinics, private

Income, Poverty Levels and Insurance Coverage in San Diego and California

	San Diego County	California
Income and Poverty (2002)		
Median household income	$50,384	$49,738
Living below poverty	12.4%	14.2%
Insurance Coverage (2000)		
Private insurance	57.7%	55.8%
Medicare	11.1%	10.6%
Medi-Cal and Healthy Families	13.2%	14.3%
Uninsured	18.0%	19.4%

(In 2002, the FPL was $8,860 for individuals and $18,100 for a family of four (U.S. Department of Health and Human Services)

physicians, the County's Health and Human Services Agency, and several other programs and organizations that serve the uninsured and underserved populations. Health services for state and county funded programs are provided by commercial health plans who contract with the State and local providers who contract with the County for adult indigent care. Indigent residents are cared for through the County Medical Services program that covers emergency outpatient and inpatient indigent health services at all hospitals, but one, throughout the county. (The one hospital not contracting with the County does continues to serve indigent patients on a non-contract basis. San Diego County also has contracts with 36 health centers to provide outpatient care to the

uninsured. And various collaborative partnerships between the public and private sector provide additional services to the uninsured and underserved populations.[iii]

Critical to San Diego County's safety net efforts are the financing sources available to sustain the safety net infrastructure. Health care in San Diego County is funded through different sources, including local, state and federal dollars. The two largest sources of funding come from the state/federal partnership for Medi-Cal and Healthy Families. Federal and state funds also flow to San Diego County through disproportionate share hospital payments (DSH), federally qualified health centers (FQHCs), Proposition 99 funds, and other state and local revenues. County Medical Services also funds care provided to the indigent population

and funds services through contracts with other providers.

C. Barriers to Care for the Safety Net Population

Access to medical care is crucial to the well being of individuals and the San Diego community as a whole. There are many barriers to care for the safety net population that prevent them from obtaining much needed medical services. Lack of insurance is a primary barrier, as is evidenced by the 18.7% of adults age 19-64 (excluding Medicare and Military) and 11.5% of all children who lack health insurance in San Diego County.[iv] Other barriers also exist, including language and cultural barriers, lack of transportation, and the lack of facilities and/or providers.

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[i] "An Assessment of the Safety Net in San Diego, California", The George Washington University Medical Center, School of Public Health and Health Services, Department of Health Policy, March 2004.
[ii] Id.
[iii] Id.
[iv] 2003 United Way Outcomes and Community Impact Program.

III. Improving Access: Recommendations

III.   IMPROVING ACCESS: RECOMMENDATIONS

The Urgent Matters Action Plan puts forth a series of recommendations for strengthening the safety net in San Diego County and improving access to care for the safety net population.

There are four key categories of recommendations: Education, Infrastructure, Policy & Advocacy, and Assessments. In addition, each recommendation is assessed based on the timeframe, funding, and stakeholders required to carry out the recommendation as follows:

Timing
While all actions are urgent, there are three sets of timeframes for initiating each recommendation:
- Immediate (3-6 months)
- Short-term (6-12 months)
- Long-term (1-3 years)

Funding
There are two categories of funding for each recommendation:
- Not necessary
- Required (local, state, federal or a combination of all three)

Stakeholders
There are two categories of stakeholders who have primary responsibility for carrying out each recommendation:
- CHIP Partners

- Other (Community/business leaders, etc.)

A. EDUCATION

The Urgent Matters Action Plan calls for education of the safety net populations so they can better navigate the health care system and understand their options for care; education of the providers to increase their knowledge and understanding of the utilization and access issues San Diego County faces and specific barriers for the safety net population; and education of community and business leaders to enhance their understanding of safety net issues and to gain support for initiatives that strengthen the safety net in San Diego County.

Recommendation #1
EXPAND "WHAT TO DO WHEN YOUR CHILD GETS SICK?" PROGRAM
Target: Safety Net Population
Timeframe: Short-term
Funding: Required (combination)
Stakeholder: CHIP Partners

What to Do When Your Child Gets Sick? is a program aimed at improving appropriate utilization of care through an easy-to-read medical reference manual, published in English and Spanish, that offers simple,

straightforward explanations and illustrations of over 50 common childhood ailments. This reference manual combined with training on how to use the manual, can reduce the number of unnecessary and/or inappropriate visits to emergency departments and clinics, as well as the number of days parents miss work and children miss school. The UCLA/Johnson & Johnson Health Care Institute is currently formalizing a train-the-trainer manual and it is recommended that this program be replicated in San Diego.

Recommendation #2
INCREASE KNOWLEDGE OF
THE URGENT CARE SYSTEM
Target: Safety Net Users
Timeframe: Short- and Long-term
Funding: Required (combination)
Stakeholder: CHIP Partners & Other (211)

It appears that the general public does not have an understanding about the levels of emergent, urgent and primary care and needs to be educated regarding the use of the urgent care system. It is recommended to (1) define the urgent care option (per recommendation #22,) (2) work with health plans and other patient care influencers to modify behaviors of the general public, and (3) encourage providers to better coordinate with urgent care options.

Recommendation #3

EXPAND "HELP CONNECTION"
PROVIDER TRAININGS
Target: Safety Net Users & Providers
Timeframe: Immediate
Funding: Not necessary
Stakeholder: CHIP Partners

The *Help Connection* Training educates patients and providers about the extensive array of mental health and substance abuse services available throughout San Diego County. The program is designed to help navigate the often confusing system of behavioral health services by exploring: how and when to refer to the public mental health system; locations of substance abuse treatment programs; how to get physical health care; and information regarding important community based organizations. It is recommended that the provider trainings continue to be offered throughout San Diego County and to enhance the number of qualified speakers providing the training.

Recommendation #4
WORK WITH UCSD TO
ESTABLISH & EXPAND FORUMS
TO EDUCATE EMERGENCY
DEPARTMENTS ON LESSONS
LEARNED FROM THE URGENT
MATTERS REPORT
Target: Providers
Timeframe: Immediate
Funding: Not necessary
Stakeholder: CHIP Partners

The Urgent Matters Report included a study to better define and quantify the issues of emergency department (ED) overcrowding. Data from UCSD Medical Center was examined with the purpose of implementing solutions and improvements to patient flow in the ED and throughout the medical center. Additionally, an analysis of data indicated the extent to which the emergency department at UCSD Medical Center Hillcrest provided care that could safely be provided in a primary care setting. It is recommended that briefings be sponsored to disseminate the lessons learned by UCSD Medical Center through the Urgent Matters study to improve the efficiency and performance of other emergency departments that are part of the health care safety net.

Recommendation #5
EDUCATE PROVIDERS ON HOW TO IMPROVE MECHANISMS THAT INCREASE ACCESS TO THEIR PATIENTS
Target: Providers
Timeframe: Long-term
Funding: Required (combination)
Stakeholder: Other

The 2004 Needs Assessment Focus Group document expounds that access to care is not only an insurance issue, but an issue of availability of healthcare in general, namely with regard to the accessibility of getting an appointment and the time spent waiting at the doctor's office. "The amount of time spent waiting at the doctor's office for one's appointment to begin and the time it takes to schedule an appointment in the first place are major deterrents to receiving general health care." It is recommended that an educational system be developed for providers to improve internal operations and eliminate barriers to care.

Recommendation #6
HOST FORUMS WITH COMMUNITY & BUSINESS LEADERS TO DISCUSS SAFETY NET ISSUES
Target: Community
Timeframe: Short-term
Funding: Required (combination)
Stakeholder: CHIP Partners & Other (BHC)

There is a widespread lack of knowledge around the key issues impacting the safety population and infrastructure in San Diego County. Several leading organizations in the community such as the San Diego Regional Chamber of Commerce, the San Diego Business Healthcare Connection (BHC), and Envision San Diego, can be utilized to help educate business leaders and policy makers in the community around emergency department over-utilization, lack of capacity & specialty care, health

literacy challenges, and funding issues.

Recommendation #7
DEVELOP A STRATEGY TO UTILIZE NEW AND EXISTING LITERACY PROGRAMS TO IMPROVE HEALTH LITERACY
Target: Safety Net Users & Providers
Timeframe: Short-term
Funding: Required (combination)
Stakeholder: Other (San Diego Council on Literacy)

This emerging area--new for both the literacy and medical fields--has grown out of the recognition that there is a significant overlap in the populations served and that better literacy skills can contribute to greater well-being. Individuals with low literacy skills are at risk of not being able to understand materials distributed by health care providers. The Institute of Medicine defines health literacy as "a patient's ability to obtain, process and understand basic health information and services needed to make appropriate health decisions." Health literacy is a better predictor of one's health status than age, income, employment, ethnicity or education. Studies have shown that low literate patients have poor knowledge and management of their chronic diseases, such as asthma, diabetes or high blood pressure.   Partnerships between literacy and health providers are making a difference in low literate communities. It is recommended that

the healthcare industry collaborate with the San Diego Council on Literacy to plan for strategies for utilizing existing and new literacy program sites to improve health literacy.

B. INFRASTRUCTURE

Ensuring a strong safety net infrastructure is the first best step to improving access to care for the safety net population. The Urgent Matters Action Plan calls for a series of recommendations to strengthen the safety net infrastructure via improvement to both the delivery system and referral networks in San Diego County. Assuring continuity of care for the safety net population, improving coordination, collaboration and connectivity between existing referral networks, hospitals, and safety net providers, and increasing the use of chronic care management services through collaboration and shared best practices, are infrastructure improvements sought by these recommendations.

Recommendation #8
IDENTIFY OPPORTUNITIES TO IMPLEMENT THE "FREQUENT USERS" GRANT CONCEPT
Target: Delivery System
Timeframe: Short-term
Funding: Required (state/federal)
Stakeholder: CHIP Partners & Other
Frequent Users of health services are typically low-income adults who

suffer from serious health and psychosocial problems. They repeatedly use emergency departments and inpatient services for health crises resulting in episodic and fragmented care. *Frequent Users* also account for a high percentage of costs in both the public and private health care systems. In 2000, an environmental scan was commissioned to identify models across the country that successfully addressed the needs of *Frequent Users.* These models demonstrated significant reductions in hospital admissions, emergency department visits and costs, and improved health outcomes for this population. Adopting and implementing successful *Frequent User* models in San Diego County could dramatically improve access to care for this high risk population.

Recommendation #9
EXPAND & ENHANCE CASE
MANAGEMENT SERVICES FOR
SPECIAL POPULATIONS
Target: Delivery System
Timeframe: Long-term
Funding: Required (combination)
Stakeholder: Other

San Diego County's program for medically indigent adults, County Medical Services (CMS), has been conducting a long-term analysis of frequent users of emergency room services. Less than 2% of the unduplicated CMS patients in a fiscal

year consistently account for at least 20% of the approved ER visits. CMS has further identified approximately 50% of the top 50 frequent users were also active to the County's Adult Mental Health Services program and that 70% of emergency room visits were related to a diagnosis of pain. Providing more extensive case management services for these special populations could help reduce unnecessary visits to emergency departments and provide more coordinated access to care for the patient.

Recommendation #10
DEVELOP THE EXTENDED
HOURS PROGRAM CONCEPTS
Target: Delivery System
Timeframe: Long-term
Funding: Required (combination)
Stakeholder: Other

One additional strategy to decrease inappropriate use of emergency departments is to prevent acute care conditions and treat urgent/acute conditions in the most appropriate setting. The Extended Hours concept seeks to expand the safety net capacity by providing an additional bundle of services through community health centers that act as a "medical home" for patients, including greater continuity of care, preventive services, improved care coordination, and community health education. It is recommended that strategies be developed and funded to increase

appropriate utilization, with the goals of shifting patients to lower cost settings, changing patient behavior regarding prevention and ED utilization, expanding safety net capacity, and assisting patients who choose the appropriate level of health care services.

Recommendation #11
IDENTIFY OPPORTUNITIES TO IMPLEMENT THE HARTS PROPOSAL CONCEPT
Target: Referral Network
Timeframe: Long-term
Funding: Required (federal)
Stakeholder: CHIP Partners

The Health Access Referral and Tracking System (HARTS) concept is a referral tracking system that allows users to record and manage their referrals. The referrals can be communicated to other organizations electronically eliminating unnecessary callbacks and ensuring all organizations involved are aware of the status of the referral at any given time. HARTS greatly enhances the referral network and allows referral staff to focus on individuals who need follow up assistance. Finding ways to utilize federal funding such as the Community Access Program Grants or other funding resources to implement HARTS could result in a more efficient and effective referral system for the safety net population.

Recommendation #12
DEVELOP THE UNDERSERVED SERVICES NETWORK CONCEPT
Target: Referral Network
Timeframe: Long-term
Funding: Required (combination)
Stakeholder: CHIP Partners

The Underserved Services Network (USN) seeks to establish a system of limited inpatient services and treatments to the indigent population in order to improve the health outcomes of this population. Through a collaborative effort of community providers, services can be provided to the indigent population through a rotating network of providers, ensuring proper care before it becomes an emergency. Services such as cataract surgery, colonoscopies, ultrasounds, hernia repair, orthopedic services, and others are just some of the much needed services that could be provided to the indigent population through the USN. It is recommended that the USN concept be fully developed through identification of participants currently providing free outpatient health care services and pursuing a partnership with San Diego hospitals, health plans and other affiliated providers who are wiling to join an indigent care network to offer much needed procedures on a rotating basis.

Recommendation #13
FURTHER 211 IMPLEMENTATION
Target: Referral Network

Timeframe: Short-term
Funding: Not necessary
Stakeholder: CHIP Partners

In 2004, CHIP created the 211 Healthcare Protocols Committee. This Committee was designed to further assist in the 211 implementation by reviewing the accuracy of the information in the 211 database, establishing protocols for the healthcare referral sources, and establishing healthcare training protocols for the 211 phone staff. This is an ongoing commitment to 211 to ensure the system is a fully capable resource to the community, therefore continued support of this Committee is vital. The 211 program is an important conduit between the public and a multitude of healthcare and social services organizations. It is recommended that health and social service organizations help to build public awareness and ease of access to services through a joint memorandum of understanding with 211 and clear referral protocols. The goal of the collaboration is to build community investment through coordinated marketing efforts, including presentations, marketing materials and media outlets. The staff of each program would also be trained in one another's programs to ensure greater knowledge in the healthcare system and options for care for the general public.

C. POLICY & ADVOCACY

An effective policy and advocacy agenda for San Diego County is an important step toward ensuring San Diego County receives its fair share of state and federal dollars to reduce the safety net population and strengthen the safety net infrastructure. The Urgent Matters Action Plan calls for a two-pronged approach, targeting local, state and federal representatives, as well as developing stronger community leaders and "champions" around issues impacting the safety net. Through greater community involvement and support, San Diego can work collaboratively to maximize federal funding opportunities to address the safety net population and reduce the uninsured, obtain parity for San Diego provider reimbursement provided by the state, play an active role in influencing the state's MediCal redesign, utilize "champions" to further advocacy efforts, and gain more community support for safety net initiatives and much needed funding.

Recommendation #14
DEVELOP A STATE ADVOCACY PLAN FOCUSED ON REIMBURSEMENT/FUNDING PARITY
Target: Local, State, Federal Legislators
Timeframe: Immediate
Funding: Not Necessary
Stakeholder: CHIP Partners & Other

San Diego often falls short when it comes to its fair share of state and federal reimbursement and newly available funds. And many key players in the health care industry rely on individual trade associations and lobbyists to carry out extensive advocacy agendas. In order for San Diego to be successful in advocating for reimbursement parity, it is recommended that the County of San Diego, hospitals, clinics, and health plans join forces to determine and agree upon the common issues affecting San Diego's fair share issues and construct a joint advocacy plan.

Recommendation #15
ESTABLISH A MEDI-CAL
REFORM ADVOCACY PLAN
THAT FOCUSES ON THE
STATE'S REDESIGN EFFORTS
Target: Local, State, Federal
Legislators
Timeframe: Short-term
Funding: Not necessary
Stakeholder: Other

As California works to "reform" its approach to organizing and financing its participation in the Medi-Cal program, regional providers need to coordinate efforts to advocate for adequate and equitable impact on the San Diego safety net. This advocacy plan should include a strong consistent statement and presentation of the "San Diego Medi-Cal Position", including a published, core document to be used with all audiences. A

formal "action team" should be created to represent the coordinated position. Organized contact should be established with key policy makers. Regular communication with the State Department of Health Services influencers should be instituted around the plan. Local media should be utilized for placement of opinion editorials. Efforts should closely monitor and keep all participants informed about the state's progress on program design, including a new Section 1115 Waiver to replace the current Selective Provider Contracting Program (SPCP).

Recommendation #16
ESTABLISH AN ADVOCACY
PLAN FOR HEALTH
INFORMATION TECHNOLOGY
Target: Local, State, Federal
Legislators
Timeframe: Long-term
Funding: Not necessary
Stakeholder: Other

Health Information Technology (HIT) has become a priority for lawmakers across the country and particularly at the federal level, including the implementation of electronic medical records in the next decade. The impact on the San Diego safety net infrastructure could be significant, as legislators seek out ways to implement a variety of initiatives around HIT, including linking federal payments and updates for hospitals, physicians and other

Medicare providers to effective use of HIT. It is recommended that the San Diego community join forces to determine and agree upon a set of priorities around HIT, including funding options, and construct a joint advocacy plan.

Recommendation #17
IDENTIFY "CHAMPIONS" AROUND TARGET CAUSES AND SPECIFIC ACTION
Target: Community
Timeframe: Short-term
Funding: Not necessary
Stakeholder: Other

In order to lay the foundation for long-term success in improving San Diego County's safety net, continued education and support from community leaders is critical. By developing a strategy to link target issues with community leaders and develop "champions", greater interest, commitment, and visibility around key issues will help to further strengthen support for important safety net priorities.

Recommendation #18
ASSURE SUSTAINED SUPPORT & FUNDING FOR COMMUNITY BASED SAFETY NET PROGRAMS
Target: Community
Timeframe: Immediate
Funding: Required (combination)
Stakeholder: CHIP Partners & Other

San Diego County's existing safety net system has been supported through the tireless efforts of key community based organizations and programs. For example, *Reach Out* provides telephone support and medical services to thousands of uninsured adults each year. Primarily funded through grants and private donations, *Reach Out* is in desperate need of stable funding as grants conclude. The *San Diego Kids Health Assurance Network (SD-KHAN)* is a County program with a network of 60 public and private partners that work together to link uninsured children with medical and dental care. Funded primarily by state and county funds, funding for *SD-KHAN* is often subject to budget cuts. *Reach Out, SD-KHAN* and various other community safety net programs, such as the community clinics, are a vital part of the safety net infrastructure and require sustainable funding sources and community endorsement.

D. ASSESSMENTS

In order to continue to identify the needs of the safety net population as well as evaluate the progress of existing and future safety net programs, further assessments are critical. The Urgent Matters Action Plan identifies several key areas where future assessments would be useful to better understand the safety net infrastructure and the complexity of the system and enhance the ability to

educate policy makers and the community on safety net priorities. Looking more closely at schools and other ancillary providers can help to provide greater insight around health literacy challenges and barriers to enrollment and eligibility for public programs. And continuing to build on the Urgent Matters March 2004 Report which focused on the over-utilization and inappropriate use of emergency departments as a primary source of care, will help providers and patients understand their options and prevent unnecessary emergency room visits.

Recommendation #19
CREATE A FACT SHEET THAT DEFINES THE SYSTEM COMPLEXITY
Target: Community
Timeframe: Short-term
Funding: Not necessary
Stakeholder: CHIP Partners

In order to continue to effectively educate policy makers and community leaders on the needs of the safety net, an overall assessment of the system complexity as it relates to the safety net population and their ability to access care would prove extremely helpful. While San Diego County is fortunate to have a variety of programs designed to assist the safety net population, many of these programs target specific groups, certain medical or behavioral services or certain geographic locations.

Assessing the safety net environment in San Diego County as a whole, including how these programs are linked to each other and the broader issue of access to care would be invaluable in determining what barriers still exist and what populations and services are still in need.

Recommendation #20
WORK WITH FRONT LINE RESPONDERS TO ADDRESS BASIC HEALTH EDUCATION CHALLENGES
Target: Local Law Enforcement
Timeframe: Long-term
Funding: Required (local)
Stakeholder: Other

Assess current experiences and practices of frontline responders such as law enforcement, paramedics and fire fighters who are often the first on the scene to address medical issues involving the safety net population. Assessing the challenges they face through the programs already in place and how awareness of health could be institutionalized as a part of their communication with the public. It is recommended to explore the effectiveness of a pilot program using a simplistic pocket card with key questions and answers for first responders to use when they are in contact with safety net users.

Recommendation #21

CONTINUE TO ASSESS
BARRIERS TO ELIGIBILITY &
ENROLLMENT IN PUBLIC
PROGRAMS
Target: Community & Schools
Timeframe: Short- and Long-term
Funding: Required (local or state)
Stakeholder: Other

San Diego has a lower percentage, compared to the state average, of adults and children who are covered by public programs such as Medi-Cal and Healthy Families. Barriers to eligibility and enrollment are two well known concerns around public programs, and as such assessments are currently being pursued to identify the enrollment and eligibility challenges San Diego residents face. Continuing to evaluate and assess the environment and find creative ways to dramatically improve enrollment in public programs is an ongoing challenge. It is critical to pursue further assessments to ensure those that are eligible for medical care through public programs are receiving that care, thus reducing the safety net population.

Recommendation #22
ASSESS THE QUALITY,
AVAILABILITY AND
POPULATION LEVELS OF
URGENT CARE CENTERS
Target: Urgent Care Centers &
Emergency Departments
Timeframe: Short- and Long-term
Funding: Not necessary

Stakeholder: CHIP Partners & Other

Urgent Care Centers are relied on heavily by the safety net population. However, the quality of care provided at these centers, the population levels that are treated, and the availability of services is not as well understood. Crafting an assessment of the Urgent Care Centers in San Diego County to analyze unique characteristics, staffing, payment mechanisms, patient mix, communication, hours and locations, could provide valuable information on access to care, the quality of care, and where improvements are needed within the urgent care center system.

Recommendation #23
APPLY THE URGENT MATTERS
REPORT ALGORITHM TO THE
REGIONAL EMERGENCY
DEPARTMENT STUDY
Target: Emergency Departments
Timeframe: Short-term
Funding: Required (local)
Stakeholder: CHIP Partners

The Urgent Matters report includes an analysis of ED use at UCSD using a profiling algorithm. The emergency department use profiling algorithm (developed by John Billings in 1999,) creates an opportunity to analyze ED visits according to five emergent or non-emergent categories: non-emergent; emergent, primary care preventable; emergent, preventable; emergent, not preventable; and other

visits. CHIP is embarking on a project, called the Emergency Department Data Surveillance Project, which will collect hospital ED data on a quarterly basis. The recommendation is to apply the Billings algorithm to the data elements collected for EDDS in order to generate a countywide understanding of ED usage and the dynamics of health care delivery.

IV. Conclusion

CONCLUSION

The Urgent Matters Action Plan focuses on recommendations that strengthen and improve the safety net infrastructure in San Diego County, as well as, improve access to necessary medical care for the safety net population.

The Action Plan was developed through months of discussion and input from the CHIP Access to Care Committee and the community as a whole. This report is by no means exhaustive, but rather a continuation of earlier efforts around access to care and another important step to continue the focus and efforts around the safety net population.

The safety net system in San Diego County is complex. And it is through a variety of critical sources that the safety net population seeks care: hospitals, community clinics, private physicians, county programs, and state/federal public programs. There are several key programs that already exist in the county and work hard to ensure the safety net population has a primary source of information to understand their health care options and obtain access to important medical services. There are many more opportunities and actions that can be utilized in order to improve the

efficiency and effectiveness of the safety net infrastructure.

The Urgent Matters Action Plan categorizes these opportunities and actions into four main categories: Education, Infrastructure, Policy & Advocacy, and Assessments. Each action item targets a specific component of the safety system, identifies the timeframe for action, resources, such as funding that may be necessary, and the community stakeholder that has primary responsibility for carrying out the action item. Below is a chart summarizing the recommended actions in order of timing; immediate, short-term and long-term.

There are 23 recommendations for action provided in this plan, focusing on educating the community and business leaders, the safety net population and providers; improving collaboration and communication within the delivery system and expanding program options for the safety net population; developing sound strategies and support for policy and advocacy initiatives; and preparing for further assessments of the safety net infrastructure and population from which to continue efforts in this area.

Through the support of CHIP Partners and the San Diego community, it is believed that the

action items put forth in the Urgent Matters Action Plan will have a tangible and positive impact on the safety net infrastructure and will better ensure the safety net population obtains the much needed medical services required to improve their overall health.

IMPLEMENTATION SCHEDULE

TIMING	FUNDING REQUIRED	ACTION NUMBER	RECOMMENDATION	STAKEHOLDERS
Immediate	No	3	Expand "HELP CONNECTION" Provider Trainings	CHIP Partners
Immediate	No	4	Work with UCSD to Establish & Expand Forums to Educate Emergency Departments on Lessons Learned from the Urgent Matters Report	CHIP Partners
Immediate	No	14	Develop a State Advocacy Plan Focused on Reimbursement/Funding Parity	CHIP Partners & Other
Immediate	Yes (combination)	18	Assure Sustained Support & Funding for Community Based Safety Net Programs	CHIP Partners & Other
Short-term	No	13	Further 211 Implementation	CHIP Partners
Short-term	No	15	Establish a Medi-Cal Reform Advocacy Plan that Focuses on the State's Redesign Efforts	Other
Short-term	No	19	Create a Fact Sheet that Defines the System Complexity	CHIP Partners
Short-term	Yes (combination)	1	Expand "WHAT TO DO WHEN YOUR CHILD GETS SICK?" Program	CHIP Partners
Short-term	Yes (combination)	6	Host Forums with Community & Business Leaders to Discuss Safety Net Issues	CHIP Partners & Other (BHC)
Short-term	Yes (state/federal)	8	Identify Opportunities to Implement the "FREQUENT USERS" Grant Concept	CHIP Partners & Other

Short-term	Yes (combination)	7	Develop a Strategy to Utilize New and Existing Literacy Programs to Improve Health Literacy	Other (San Diego Council on Literacy)
Short-term	Yes (local)	23	Apply the Urgent Matters Report Algorithm to the Regional Emergency Department Study	CHIP Partners
Short-term	No	17	Identify "Champions" Around Target Causes and Specific Action	Other
Short- and Long-term	No	22	Assess the Quality, Availability and Population Levels of Urgent Care Centers	CHIP Partners & Other
Short- and Long-term	Yes (combination)	2	Increase Knowledge of the Urgent Care System	CHIP Partners & Other (211)
Short- and Long-term	Yes (local or state)	21	Continue to Assess Barriers to Eligibility & Enrollment in Public Programs	Other
Long-term	No	16	Establish an Advocacy Plan for Health Information Technology	Other
Long-term	Yes (combination)	5	Educate Providers on How to Improve Mechanisms that Increase Access to Their Patients	Other
Long-term	Yes (combination)	9	Expand & Enhance Case Management Services for Special Populations	Other
Long-term	Yes (combination)	10	Develop the Extended Hours Program Concepts	Other
Long-term	Yes (federal)	11	Identify Opportunities to Implement the HARTS Proposal Concept	CHIP Partners
Long-term	Yes (combination)	12	Develop the Underserved Services Network Concept	CHIP Partners
Long-term	Yes (local)	20	Work with Front Line Responders to Address Basic Health Education Challenges	Other

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