

**FOR DISCUSSION**  
**Advocating for the HCHCP as a "Best Practice" Local Service Delivery Model**  
**Summary of Responses to Questions Posed at October 22, 2010 Meeting**

**What is the purpose of the HCHCP?**

- The purpose of the HCHCP has evolved over time; this is not a function of the HCHCP itself but rather of the changing healthcare environment in which the HCHCP operates.
- The original purpose of the HCHCP was to provide a source of payment for uncompensated primary and acute care received by uninsured indigent residents.
- A goal was to minimize reliance on emergency room visits for primary care needs by providing preventive and primary health care for residents with income at or below the poverty level.
- It was believed at the time that preventive and primary care would not only lead to healthier, more productive lives, but ultimately it would lower the overall cost of healthcare for this population.
- Today, the HCHCP is an essential component of a comprehensive approach to support low income residents in their efforts to become self-sufficient
- The HCHCP provides health care for uninsured residents living at or below the poverty level; it serves as a comprehensive, health care safety-net for the poorest of the County's citizens.
- The stated mission of the HCHCP is to: "Assure within available resources the delivery of quality health care for the County's eligible medically poor residents who lack other coverage."

**What are the strengths of the HCHCP?**

- Publicly funded for local residents.
- Community oversight and accountability with a dedicated revenue source.
- Excellent management staff that provide ongoing program analysis, improvement, and innovation.
- Supportive relationships with network providers, who are treated as partners as opposed to contractors.
- Provider networks that include some of the best healthcare providers in the state.
- Ability to link directly at any stage in the process to other services provided by the County.
- Continuity of care across payers and providers.
- Innovative contracts with community providers.
- Access to measurably demonstrated quality preventive, consultative, and interventional health care for highly vulnerable population.
- Less-than-market contracting for services as a community service.
- Comprehensive pharmaceutical delivery system that makes maximal use of generics and the patient assistance program provided by pharmaceutical companies through a third party vendor.
- Use of Low Income Pool - Intergovernmental Transfer (LIP-IGT) program brings \$150 million a year to the local health care community.
- High client acceptance.
- Comprehensive scope of benefits with effective utilization management.
- Partnership with local university to access policy advice on topics such as emergency room access.
- Opportunity to integrate social service provision with community agencies and mental health/substance abuse programs.
- Mandatory program for development of self-sufficiency for the employable, non-disabled population.
- Community oversight through public advisory board with track record of successful input and influence to maximize savings and assure community education and acceptance.
- Maximizes use of other resources such as but not limited to Medicare, Medicaid, Medicaid Share-of-Cost, and Medicaid SSI programs.
- Provides a community nexus and service delivery system for hospitals, practitioners, Federal Qualified Health Centers, Hillsborough County Health Department for certain infectious disease services and preventive services, Homeless Coalition, Hillsborough County Work Force

- Opportunity for development of behavioral health services with new community consortium.
- Development of provide pain management services as an alternative to “pill mills”.
- Identification and implementation of strategies that have resulted in significant cost savings, including implementation of the Patient Assistance Program and revised pharmacy contracts
- Increased enrollment in, and recovery of costs from Medicaid and Medicaid Medically Needy Program.

### **Why does the HCHCP work?**

- The environment within which the HCHCP developed accounts for its success.
  - A dynamic and growing community, first-rate hospitals and community health centers, large university with a medical school and school of public health, business community attuned to the strategic health and growth of that community, and a County government willing to partner and oversee the program.
  - The greatest success of the HCHCP resulted from the harnessing of these different forces (even though their own agendas may differ), examining what was available, what needed to be done, how it could be financed, then establishing a body to oversee its implementation and ongoing administration.
- Dedicated staff who administer the program, and providers who work with the program to assure high quality and continuity of care to members.
- The support of a citizen advisory board that takes special care to make sure the program provides services in an equitable and efficient manner.
- People receive needed health care, hopefully before a situation deteriorates and ideally before health problems develop.
- Health care is placed within a larger network of social services and community supports that are necessary to improve the health of an entire community.
- Low Income Pool Intergovernmental Transfer (LIP-IGT) revenue allows providers to extend rates below cost to HCHCP members.
- County-wide provider network: RFP and negotiation process give providers the opportunity to develop coordinated systems of care delivery that is accessible to members throughout the County.
- HCHCP information management system allows for timely monitoring of services and expenditure, data-driven planning and decision-making, and increased accountability to the public.
- The relationship established between HCHCP members and County case managers at enrollment facilitates referrals to providers for services that improve continuity and quality of care.
- Despite its recent decline, the sales tax provides a citizen-approved, dedicated revenue source for the program.
- Senior staff members have performed admirably in the face of adverse economic conditions, and have developed innovative and effective methods for containing and reducing program costs.

### **What are the successes of the HCHCP?**

- Provided an organized, effective response to the County's then-legislatively mandated responsibility to provide health care for medically indigent residents.
- Addresses an otherwise unmet need in the community, improves and saves lives, and protects the viability of the service-providing organizations.
- Maintained commitment to founding values and principles while continuing to adapt to an ever-changing healthcare environment.
- Received numerous national awards.
- From inception in September 1991 through September, 2010, served over 161,624 unduplicated individuals, including 27,462 unduplicated individuals between October 1, 2009 and September 30, 2010.
- During current economic downturn, worked within resources without increasing ad valorem or other tax dollars; made difficult funding decisions without jeopardizing members' health.
- A strong community advisory board seeking to increase access while assuring fiscal solvency continues to work cooperatively with HCHCP staff and County officials.

- The providers consistently provide ready-access to primary, specialty, and tertiary services for the members.

### **How should the HCHCP proceed, given the current status of national health care reform? I**

- It is not clear at this point whether health care reform will be implemented nationally and, if so, what it will look like if it is implemented.
  - Assuming national health care reform is implemented, the community should explore every opportunity to use it as a mechanism to build upon and possibly expand the HCHCP without increasing the community's fiscal responsibility.
  - The community should guard against any effort to dismantle the infrastructure of the HCHCP until essential elements for a successful delivery system are in place – a process that may take many years.
  - If health care reform is not implemented, the community should continue to refine the existing model and incorporate into the model other currently uncovered services such as behavioral health and dental.
- Existing HCHCP networks and linkages should be maintained and expanded regardless of whether eligibility for federally funded health care is expanded.
  - The HCHCP has negotiated contracts with a variety of provider networks for health care, which significantly reduces system costs as well as out-of-pocket costs for its members.
  - The HCHCP links its members through County social workers to other needed social services, which typically are funded with public funds.
  - One potential problem will be maintaining the same per member/per month costs with the elimination of LIP-IGT; it is unlikely that any of the current providers would be able to afford current HCHCP rates if these matching funds were eliminated. The same is true if there is a significant decrease in public funding of social services.
- If healthcare reform is implemented nationally, the HCHCP should be privatized as an AHCA-recognized Provider Sponsored Network (PSN) or Accountable Service Organization (ASO) to manage the care of all eligible persons at or below the 133% poverty level with a robust capacity to manage a capitated Medicaid (and other third party) contract, inclusive of physical and behavioral health (incorporating the intent of behavioral health parity).
  - Healthcare reform language reference to PSNs and ACOs focus on demonstrated quality and cost-saving. These models hold some similarity to the HCHCP and often include primary care as the medical home.
  - One potential problem in converting the HCHCP to a PSN or ACO would be maintaining the same per member/per month costs if the LIP-IGT is eliminated. It is unlikely that any of the current providers would be able to afford current HCHCP rates if these matching funds were eliminated.

### **How can the HCHCP be replicated, with/without national health care reform?**

- Option 1: The delivery and management system for the HCHCP is a proven one that can be adapted anywhere in the United States, similar to a franchise operation. The HCHCP is an excellent model to be replicated on a county basis. This would require legislation for each county that wants to replicate it, using a local sales tax as the revenue source. Hillsborough County could lend its expertise in delivery and management to other entities interested in developing and operating health care entities like the HCHCP. Since the HCHCP is nationally recognized and award-winning, we should disseminate information about the model to other counties in Florida and across the United States.
- Option 2: The "concept of local examination, implementation and control" that has been the success of the HCHCP, is exactly what has been missing at the state and national levels. It is this concept that needs to be passed on to Tallahassee and Washington DC, not necessarily the exact details of the HCHCP, because of the vastly different environments in which healthcare is conducted.

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