

OUR MEMBERS AND THE UNINSURED

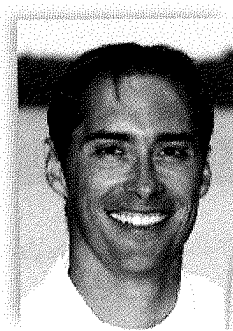
CAFP is privileged to be serving more than 7,000 members. Unfortunately for each member, there are a handful of stories about their experience dealing with the uninsured.

The uninsured and underinsured come from different walks of life — from the unemployed to those with regular full-time jobs but still cannot afford proper health coverage.

The following stories from Drs. Jason Cunningham and Jose Rodriguez are just a small example of how big the problem really is.

How Can We Empower Our Patients, Again?

By Jason Cunningham, DO



At its basic level, primary care is relational. It is our place within our complex health care system that offers patients a continuous, trusting relationship over time and provides

the framework for which patients can become informed and empowered and coordinate care across the system. The relationship is intended to be affordable and accessible when needed to avoid using other medical services not equipped to meet the primary needs of the patient.

Yet everyone who has worked in our current system realizes the framework for living out this relationship within primary health care has eroded. It has become episodic and fragmented. The continuous, trusting relationship has given way to an unfamiliar and hurried series of encounters. The payment structure does not reward investment in the kind of team-based relational care required to prevent illness or empower patients to live out their lives in a healthy way. The high overhead and billing limitations make it unaffordable to those without comprehensive insurance, and access to the trusted primary care team is limited, forcing patients to seek care in emergency rooms or urgent care centers to meet their needs — driving up costs for the patients and providing inferior primary care. Finally, it is deeply unsettling that primary care physicians

are forced to limit their patient panels to those with certain insurance products to survive financially, leaving the growing uninsured population without access to this critical service.

I am proud to work within the community health system at the West County Health Centers in Sonoma County. As with other federally qualified health care centers, we are a not-for-profit organization that provides comprehensive care to a diverse patient population, and do so regardless of their insurance or economic status.

More than 44 percent of our patients are uninsured and we provided \$850,000 in uncompensated care in 2007. Projected growth within this patient demographic is staggering and there is simply not the capacity within the community health system to meet the need. Our patients routinely forgo routine health screenings due to unaffordable costs and enter our system with preventable illnesses at advanced states. Recently, I saw a new patient with obvious signs of unstable angina. When admitted, the patient was found to have life-threatening stenosis in three of his coronary arteries. He had been told by an emergency physician four years earlier that he had signs of heart disease and had failed to follow up with the recommended cardiology consultation because he could not afford the \$200-\$300 office visit. Unfortunately, stories like this occur on a daily basis and we are seeing the inherent disparity in care for the uninsured within our health system extend to more patients and across a larger economic spectrum.

Continued ⇨ page 21.

What Patients Will Go Through For Care

By Jose M. Rodriguez, MD

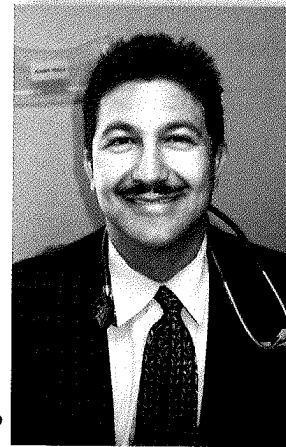
I come from a migrant farm working family. There were times in my childhood when we were definitely underinsured and even uninsured. Today, I work in a small town of nearly 6,000 people which is predominantly a farming community. I understand the plight of the farm laborers and uninsured.

In my rural clinic, I see approximately 32 patients a day — 10-15 percent are uninsured. During my work hours, I get a bit of everything: the unemployed construction workers (due to the poor housing sector), the people who have well-paying jobs but can't afford insurance (their employers don't provide it) and the patients who had similar life experiences as mine.

Some uninsured patients will go to great lengths just to see their physicians. For example, I had a patient who moved to San Diego and was still coming to the Central Valley to see me. I am fortunate to work in a clinic that cares for the whole community, including the uninsured. I know it is very difficult for many providers in the private sector to see and care for this patient population due to lack of payment.

I was fortunate to have good health during my youth, and I am amazed to see what patients go through because of lack of insurance, from patients who choose not to see a doctor for their ailments to those who ignore their severe conditions until it is too late. Sometimes,

I may diagnose an acute abdominal condition that requires blood work, a CT scan or perhaps an ultrasound. Some uninsured patients may consider the costs prohibitive and forgo the work-up. Thus, they may ultimately end up in the emergency room with an acute surgical abdomen. Others may choose to travel to Mexico for medical procedures, risking preoperative and postoperative complications.



Health care is a complex problem facing our nation. As the economy weakens, more and more people will be uninsured and will flood the ERs, which are already beyond capacity. Thus far, health care is not a valued commodity and, therefore, we are going to hear more stories like the ones I have shared with you. ¶

Jose M. Rodriguez, MD is the clinic chief at the Hughson Medical Office. He is also an Associate Clinical Professor of Family Medicine at the UC Davis Stanislaus Family Medicine Residency Program. He has been a CAFP member since 1996.

Continued from ⇨ *page 20.*

So, as my grandfather would say, "What are you going to do about it?" Family physicians need to be leaders within our health system to foster change. We need to proactively move toward providing the type of prevention-focused, relational care required of us for our patients. I think the Patient-Centered Medical Home concept provides a good framework to begin this process.

We need to increase access across our health system to care for the uninsured — community health centers simply do not have the capacity to fully meet this need. We must advocate for comprehensive payment reform that rewards clinicians who provide team-based care and attract new physicians into the field. We need to be familiar with resources available to patients for care

— often times patients are eligible for Medi-Cal, Family PACT or the Breast Cancer Early Detection Program and simply are not aware of the resources. Collaborative relationships can often be formed with other entities such as community hospitals or businesses that would benefit from increased access to primary health care.

Most of us entered primary care to invest in the lives of patients, and I think we have an inherent need to extend that relationship to all patients who are in need. I would urge all of us to creatively challenge our understanding of what is considered "normal" within our health system and move toward a more equitable environment for our patients. ¶

Jason Cunningham, DO is the medical director of Sebastopol Community Health Center. He's been a CAFP member since 2008.