



Kansas Safety Net System

Public Health and Welfare Committee
Topeka, Kansas • January 22, 2009

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Why we need a safety net system

- Many Kansans are uninsured
 - 12.5% of Kansans are uninsured which equates to approximately 340,000 people
 - Compared to 2005-06, 34,000 more Kansans are uninsured
 - 58,000 children are uninsured
 - 46% of the uninsured work fulltime, year round
 - 45% of uninsured Kansans report not seeking medical care due to costs



Why we need a safety net system -continued

- Some Kansans are underinsured
 - From 2002-2006, approximately 500,000 adult Kansans, who were insured, did not seek needed care due to cost.
 - A 2006 study showed approximately 500 of the 1,000 Kansans surveyed reported having medical debt.
 - Medical debt is the primary cause of approximately half of all bankruptcies in the U.S.



Why we need a safety net system -continued

- Some Kansans live in poverty
 - Kansas moved in the national poverty ranks from 32nd in 2003 to 28th in 2006
 - 11.2% of Kansans in 2007 lived in poverty
 - 14.7 % of Kansas children lived in poverty in 2007
 - Preliminary reports show Kansas unemployment rate was 4.9% in Nov 2008



Why we need a safety net system -continued

- Medicaid alone can't ensure access
 - Generally, if you are a non-caretaker adult without a disability and under 65, you are not eligible for Medicaid
 - To be eligible for Medicaid a caretaker with two children, gross monthly salary must be \$400 or less
 - Currently, children in a family of three are eligible if the household monthly income is less than \$2934
 - Some providers don't accept Medicaid



Safety Net System in Kansas

- The safety net system is made up of those providers that are required to provide care regardless of the patients ability to pay
- The safety net system also includes providers that voluntarily provide charity care
- The safety net system also includes programs using public funds



Safety Net Providers – Required to provide free care if needed

- Community Health Centers, AKA
Federal Qualified Health Centers
- Primary Care Clinics
- Hospital Emergency Departments



Safety Net Providers – Voluntarily provide some charity care

- Hospitals
- Critical Access Hospitals
- Private Providers
- Rural Health Clinics
- Non–profit organizations



Safety Net Programs – Use of Public Funds

- School Based Programs
- Local Health Departments
- Community Mental Health
- Medicaid



Challenges in the current safety net

■ Health Care Delivery

- Access to services
 - Geographic location
 - Specialty care
- Workforce
 - Shortage
 - Volunteer services
- Physical Capacity
 - Facility capacity to meet demand



Challenges in the current safety net - continued

■ Financing

- Federal Funding
 - Are we getting our share
 - Increasing FQHCs
- State Funds
 - Budget Cuts
 - Medicaid versus Safety Net
- Philanthropic Funds
 - Impact from the economic situation



Challenges in the current safety net - continued

- System versus Sectors
 - Wholeness
 - Interdependency
 - Chain of Influence
 - Adaptability
 - Information sharing and feedback
 - Closed versus Open



Looking Forward

- Move toward a true “system”
- Expanding the network of providers
- Develop programs to encourage more charity care
- Creative approaches to using physical space
- Increase FQHCs
- Strategic Plan



Looking Forward— Learning from other states

- Strategic Planning - Oklahoma, District of Columbia, Massachusetts
- Environmental Scanning – Maine
- Measuring the structure of the safety net – Florida, Massachusetts, Rhode Island, Washington, and Wisconsin
- Evaluating Capacity- Colorado
- Safety Net Advisory Council - Oregon



Conclusion

- The problem of the medically underserved will not be solved by safety net clinics alone
- Medicaid and safety net clinics are both important components to the safety net system
- Kansas could benefit from developing a “system” approach to address the medically underserved



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Information for policy makers. Health for Kansans.