



## Improving the Healthcare Safety Net

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In comparison to most other countries that spend less per capita on healthcare, the United States has poorer health outcomes and a lower life expectancy. Although 16% of its gross domestic product is spent on healthcare, America's system is complex, cumbersome, inefficient, fragmented, and unraveling. The countless reasons for this state-of-affairs is beyond the scope of this presentation, however, some key contributing factors worth mentioning include the following:

- ★ The current delivery system is predicated on the assumption that healthcare is a “privilege” versus a “right” of every citizen.
- ★ The multitude of private and public health insurance plans has created a system that suffers high administrative costs for both the insurers and medical providers.
- ★ The reimbursement system does not generally support prevention and wellness programs. As a result, the majority of money is spent on high-cost, care delivery mechanisms for those who are sick.
- ★ The escalating cost of health insurance has netted a health insurance crisis in America where almost 47 million residents lack health insurance.
- ★ Within this national framework, the city and county of Los Angeles add the following dimensions to its stressed healthcare system:
- ★ Los Angeles is located in the epicenter of the health insurance crisis in America. Of the more than 10 million residents in Los Angeles County, over 3 million have no health insurance and almost 2 million lack adequate insurance. Most of these are low-income and modest-income residents living in the various multicultural neighborhoods in the region.
- ★ Los Angeles is also one of the major American portals for the influx of new immigrants moving to the United States. As such, it is significantly impacted by the needs of a rapidly growing population that contains a high percentage of newly arrived immigrants who are unfamiliar with the American healthcare system.

To more effectively address the growing problem of the uninsured and underinsured, and successfully meet the needs of the newly arrived multicultural, multilingual residents, improvements are necessary in order to provide a better delivery system and support a healthier community. In an attempt to address this problem and over the past decade, several public agencies and private organizations have presented proposals for large-scale sweeping changes in the state and national healthcare delivery systems. Unfortunately and due to a wide-range of factors, significant changes have not materialized. In light of this reality, this author suggests that Los Angeles leadership work towards the implementation of a process that focuses on incremental improvements in the local healthcare delivery system and incorporates a strong educational component to raise public awareness about the need for change. Additionally and at the national level, it is recommended that they encourage the investigation of a single-payer-system mechanism along with the concept of universal healthcare for all Americans.

These changes would work toward a significant redesign of the local healthcare delivery system. The existing system needs a transformation from an underperforming conglomerate of independent entities into a system in which all the participants acknowledge their dependence upon and influence on every other entity in the system. This can be achieved by the development of new partnerships and expansion of existing ones.

A good example of an already existing program is the Los Angeles County Department of Health's Public-Private

Partnership Program. For those with incomes under 133% of the Federal Poverty Level, Los Angeles County has developed partnerships with community health centers to help alleviate the increasing stress on its already overtaxed delivery system. By providing financial support to existing primary care centers, this Public-Private Partnership Program has begun to advance the safety net for the low-income uninsured, promote easier access to primary care, and help improve the delivery system. This is a good start and lays a solid foundation for a more integrated system that has the potential to reduce the cost of safety net care and promote better overall public health.

Therefore and in alignment with this Public-Private Partnership program, the following recommendations are presented for consideration and to promote a better performing and more cost-effective local public health system.

- ★ For those uninsured, underinsured, and newly arrived multicultural, multilingual residents who frequently use public and private hospital emergency rooms for non-emergency services, establish and assign a local community clinic as their medical home to foster preventative care and provide basic primary care services.
- ★ Fully integrate healthcare case management services into the delivery system at the local community clinics, which serve as medical homes. Additionally, a healthcare case manager would be provided for all uninsured individuals in Los Angeles County who suffer from chronic diseases and/or need ongoing healthcare management services. This service would be provided by well-trained, culturally and linguistically competent, community health workers (“Promotores”) who serve the communities they come from and are trained by well-regarded agencies like the Esperanza Community Housing Corporation.
- ★ Utilize the healthcare case managers as “agents” and “system integrators.” As such, they would help coordinate the full spectrum of healthcare services and be the point of contact to insure an effective continuum of care. In addition, they would also facilitate access to services from organizations that collaborate across diverse service sectors. This would include the coordination and integration of prevention and wellness training, primary care, specialty care, hospital and home care, social services, family services, etc.
- ★ Support the medical home and healthcare case management system by electronically linking community health centers to key specialists and local public and private hospitals in order to establish an electronic patient health record for seamless movement across the continuum of care. This can be achieved by building upon the current collaboration between Los Angeles County USC Medical Center and five local, community health centers that has developed an interlinked, electronic health records system which could be replicated throughout Los Angeles County.
- ★ To promote this new initiative, which emphasizes prevention and primary care to reduce costs associated with high-end and specialty care, the political will is required to redistribute funding and produce a more cost-efficient system that yields better positive health outcomes.