

Charitable Medical Care Grant Program

In late 2003, with the rising cost of uncompensated care and emergency room utilization threatening the quality and affordability of health care in our region, Independence Blue Cross (IBC) reached out to those on the front lines — the non-profit health clinics serving the uninsured and underinsured in southeastern Pennsylvania — to partner with them to improve health care access.

Helping Health Clinics

Established in 2004, the Independence Blue Cross Charitable Medical Care Grant Program awards financial and programmatic grants to non-profit, privately funded “safety net” health clinics that provide free or nominal-fee care to the uninsured and medically underserved communities in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties. The funding provided through this program helps resource-strapped clinics to strengthen operations, build capacity, and ultimately expand access to primary and preventive care for vulnerable populations.

In its first year, IBC provided \$2.8 million in general operating support to 13 clinics. The results were inspiring and motivated us to expand the program to a total commitment of \$14.75 million through 2010. In 2010, IBC provided support to 36 non-profit, privately funded health clinics in the five-county region that served more than 118,000 unduplicated patients and provided nearly 400,000 clinic visits last year.

Supporting practices and outcomes

The IBC Charitable Medical Care Grant Program addresses the uninsured and healthcare crisis by:

- *Awarding grant support.*
This benefits the uninsured as clinics utilize grants to:
 - Increase capacity to serve more patients.
 - Add or expand ancillary services (dental, social work, mental health, and pharmacy programs).
 - Develop or enhance preventive health and chronic disease management programs.
 - Support special projects to improve specific community health disparities, including asthma safety, health care programs for migrant farm workers, childhood obesity, transportation barriers to obtaining health care and work wellness initiatives.

- *Promoting best practices and building efficiencies in clinic operations to better serve patients.*
IBC organizes and hosts Best Practices conferences to foster dialogue, collaboration, and networking among the “safety net” providers in our community, as well as to provide targeted solutions to help clinics more effectively serve the uninsured population.

This forum has engaged national experts on topics that include strategic planning, fundraising, site expansion, optimizing prescription-drug support for the uninsured, and developing hospital and provider partnerships.

- *Establishing partnerships with community stakeholders to improve public health.*
In collaboration with clinics and local nursing schools, IBC launched the Nursing Internship Program to benefit the health clinics and expose undergraduate nursing students to the challenges and rewards of public health care.

Through 2010, 55 IBC-sponsored nursing student interns provided over 18,000 work hours to 21 clinics.

The value of community health clinics

Community health clinics are critical safety nets for the disadvantaged and are vital to the health care system at large. These clinics all add value to our community by providing:

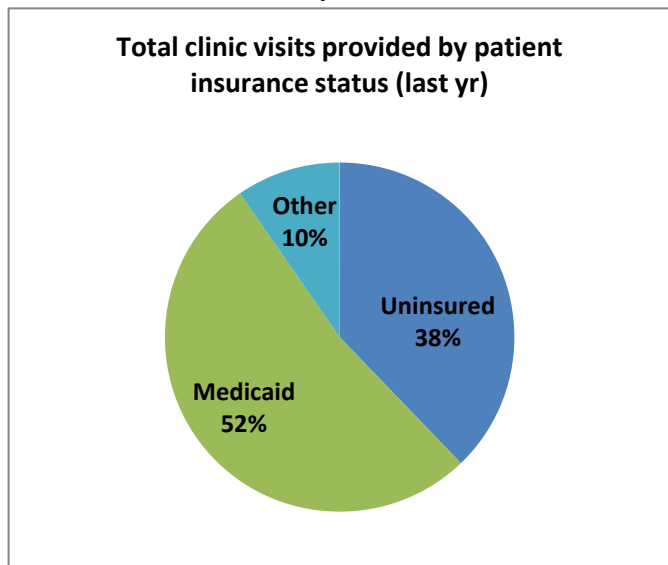
- *Access to health care services.*
Located in low-income, medically underserved areas, these providers deliver quality and cost-effective care to those who would otherwise face financial, cultural, linguistic, geographic, and other barriers to obtaining healthcare. These clinics are often the only source of medical care available to their patients, and without them, many would be forced to rely on local emergency rooms or simply go without care altogether.
- *Primary and preventive health care.*
The health clinics we support provide a variety of different services, but the core of their practices is the delivery of primary and preventive medical care. All share a commitment to improving the overall health and wellness of their patients, ensuring that they remain healthy and able to work, and reducing their risk of developing more serious health issues that require hospitalization and costly specialty care.
- *Services targeted to the needs of their communities.*
Many of the clinics we support have unique practice models, provide varying types of services, and serve diverse patient populations. They are sensitive to the needs and priorities of their communities and are able to respond quickly to community trends by developing new programs or adapting current services.

Despite differences in practice models, the clinics we support are alike in that they perform incredible work with very limited resources and share a genuine commitment to improving the health and well-being of the most vulnerable members of our community.

Improving access to quality care

- In 2010, IBC provided grant support to 36 non-profit, privately funded health clinics that served more than 118,000 unduplicated patients and provided nearly 400,000 clinic visits last year.
- Approximately 38 percent of these clinic patients were uninsured, 52 percent were enrolled in Medicaid, and the remaining 10 percent were enrolled in S-CHIP, adultBasic, or private insurance.

Total Clinic Visits Provided By Patient Insurance Status, 2010



IBC's investment has strengthened the capacity of the community safety net as evidenced by:

- The clinics served 5,000 more new patients (a 4% increase) and provided nearly 45,000 additional visits (a 12% increase) in 2010, compared to 2009.
- Nearly thirty clinics reported increases in new patients in 2010.
- Clinics offering social work services enrolled over 3,000 eligible patients in Medicaid or other government assistance programs in 2010.
- 29 clinics expanded or plan to expand, relocated to a larger site, or opened a satellite location in order to accommodate more patients.
- Over the program duration, 30 clinics added at least one new service (dental, behavioral health, pharmacy).
- Several clinics are participating in the Pennsylvania Governor's Commission to improve chronic condition outcomes for patients with diabetes
- Four clinics implemented an IBC-supported electronic medical record system allowing for greater care coordination and increased monitoring of health outcomes associated with chronic conditions.

Improving health care quality and affordability in our region

By partnering with the clinics to improve health care access for the uninsured and underinsured, IBC not only helps fill a void that our community is struggling to address, but also helps by:

- Reducing incidents of uncompensated care for our providers.
- Decreasing inappropriate and avoidable emergency room visits at local hospitals.
- Reducing costs of expensive specialty care stemming from lack of preventive treatment – in particular, costs linked to chronic diseases such as diabetes and heart disease.

Ultimately, the IBC Charitable Medical Care Grant Program keeps the uninsured healthy and out of local emergency rooms, and that helps slow the escalation in overall health care costs in our region and enhances the value of our health care system.