

SPECIALTY ACCESS FOR UNINSURED



Securing access to specialty care for low-income, uninsured individuals is a complex and intractable issue. There are many barriers to receiving specialty care in a timely and coordinated manner, even for those with an established medical home and health insurance coverage.

In 2012, the Milwaukee Health Care Partnership (MHCP) launched the **Specialty Access for Uninsured Program (SAUP)** to replace the fragmented and costly specialty care delivery “system” with a managed and more cost-effective model of care. The program is implemented across the three adult health systems in Milwaukee County and the 11 largest safety-net clinics (SNC) serving as medical homes for uninsured individuals.

Prior to SAUP, primary care providers serving the uninsured often referred patients to emergency departments to get needed services or relied on personal relationships with individual specialists, which frequently resulted in delays in urgently needed care.

The SAUP model establishes care management partnerships between SNCs and health systems. Building on the patient-centered medical home model, each participating SNC is assigned to a health system to coordinate access to specialty services. This model serves to ensure timely access, clinically appropriate utilization, coordinated transitions of care, and more cost-effective care delivery.

A Managed Access Model — Accountable Care

In the SAUP model, SNCs identify eligible patients. They provide primary care, medication access, benefit counseling, enrollment assistance and navigation, and social supports. The health systems each secure a network of specialists and provide inpatient and outpatient specialty services, such as cardiology, pulmonology, neurology and orthopedics. All usual and customary specialty consultation, testing, and treatments are “covered” by health systems under SAUP, with no out-of-pocket cost to patients. Patients are referred for a single episode of care and returned to the primary care provider for ongoing care management. Ongoing specialty access is also provided for individuals with chronic conditions, with the aim of having patients returned to primary care for management when clinically appropriate.

PURPOSE

Provide specialty care for low-income, uninsured individuals that is:

- Clinically appropriate
- Timely
- Managed by primary care
- Equitably distributed among health systems

GOALS

- Improve specialty care delivery and care management processes
- Improve efficiency and effectiveness of care between health care partners
- Improve health outcomes
- Decrease total cost of care

TARGET POPULATION

Approximately 20,000 Milwaukee County residents who:

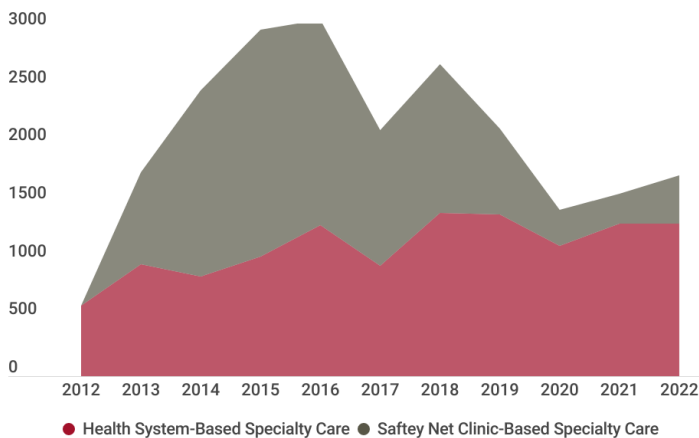
- are established patients with a SAUP safety-net clinic
- have incomes \leq 250 percent of the Federal Poverty Level
- are unable to secure public insurance

HEALTH EQUITY

Low-income and people of color are disproportionately uninsured, which creates barriers to accessing specialty care. As such, the SAUP program is a vehicle to address racial and healthy equity and reduce health disparities.

SAUP OUTCOMES

Total SAUP Referrals



2022 Referrals and Show Rates

1,734 Total specialty referrals

91% Show rate

76%
Inpatient or
outpatient health
system- based
specialty care

24%
Specialty care
delivered in the
safety-net setting



Most frequent referrals for health system-based care: **orthopedics, ophthalmology and cardiology**

SYSTEM IMPROVEMENTS

Since 2012, over 23,000 patients have received specialty care via SAUP. Lessons learned from the program will help inform important changes in the health care delivery system, including the implementation of accountable care for other defined populations.

Noted current improvements include:

- Streamlined eligibility determination and application processes between the safety-net clinic and health system for patient financial assistance
- Improved patient education, preparation, and referral management
- Increased understanding of the specialty care needs of the uninsured
- Identification of specialty services that could be more effectively and efficiently delivered in the primary care setting or via telehealth and electronic consultation, increasing patient convenience and decreasing costs
- Heightened awareness of strategies for effective transition care management among safety-net primary care and health system specialists
- Follow up specialty care for colorectal and diabetic retinopathy screenings and other tests are available and accessible
- Improved exchange of health information via WISHIN and EHR interfaces
- Development of consistent and conservative referral practices, including medical director review of referrals and specialty-specific guidelines

PARTICIPATING ORGANIZATIONS

Health System

- Ascension Wisconsin
- Advocate Aurora Health
- Froedtert & the Medical College of Wisconsin

Safety-Net Clinics

- Ascension Angel of Hope Clinic
- Ascension St. Ben's Clinic
- Aurora Walker's Point Community Clinic
- Bread of Healing Clinic
- Gerald L. Ignace Indian Health Center, Inc.
- Milwaukee Health Services, Inc.
- Muslim Community Health Center
- Outreach Community Health Centers
- Progressive Community Health Centers
- Sixteenth Street Community Health Centers
- Vivent Health

"Specialty care is difficult to navigate for people who are uninsured, and they often land in the ER instead of receiving the care needed in the more appropriate and less costly outpatient setting. SAUP is a true collaboration between hospital system specialists and safety-net clinic primary care that results in better care for our most vulnerable residents, in the short and long-term.

Pam Wilson, MD, VP of Clinical Affairs, Sixteenth Street Community Health Centers