Critical Role of CA’s Private Hospital Safety Net

Among all safety net hospital groups, they provide:

- 65% of acute care to low-income infants
- 68% of care to seniors
- 47% of all care to Medi-Cal patients
- 52% of all emergency care
- Nearly $900 million in uncompensated care to Medi-Cal & uninsured patients
Environmental Challenges to ACO Creation

- State’s mass movement of patients to managed care
- Lack of State investment in private safety net transformation
- 2010 Medi-Cal Waiver provided HCR bridge for public safety net
- Paradigm shift away from hospital-centered care
- Diversity of private safety net & inability to employ physicians
Current Private Hospital Safety Net Integration Efforts

Providence Partners for Health - Southern CA Physician Alliance

Scripps Health’s Scripps Care - San Diego ACO

Los Angeles Regional Safety Net ACN

Loma Linda University Medical Center - EPIC EMR system to give 1300 affiliated physicians access
Policy Recommendations

- MCOs must be required to include and invest in private safety net hospitals and their provider partners that serve significant numbers of low-income and uninsured patients
  - Default enrollment, quality improvement incentives, etc.
  - Potential legislation that codifies different measures that MCOs should take to foster integration and quality improvement measures with safety net providers

- The California Health Benefit Exchange and Basic Health Program, if enacted, also must require preferential enrollment to safety net hospitals and their provider partners that have historically served these populations
  - Healthy Families Program precedent