

# Polycymaking to Sustain Coordinated Care in the Safety Net



**PEACH**

Private Essential Access Community Hospitals

UC Berkeley School of Public Health  
Safety Net ACOs: Barriers and Benefits Conference  
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# 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

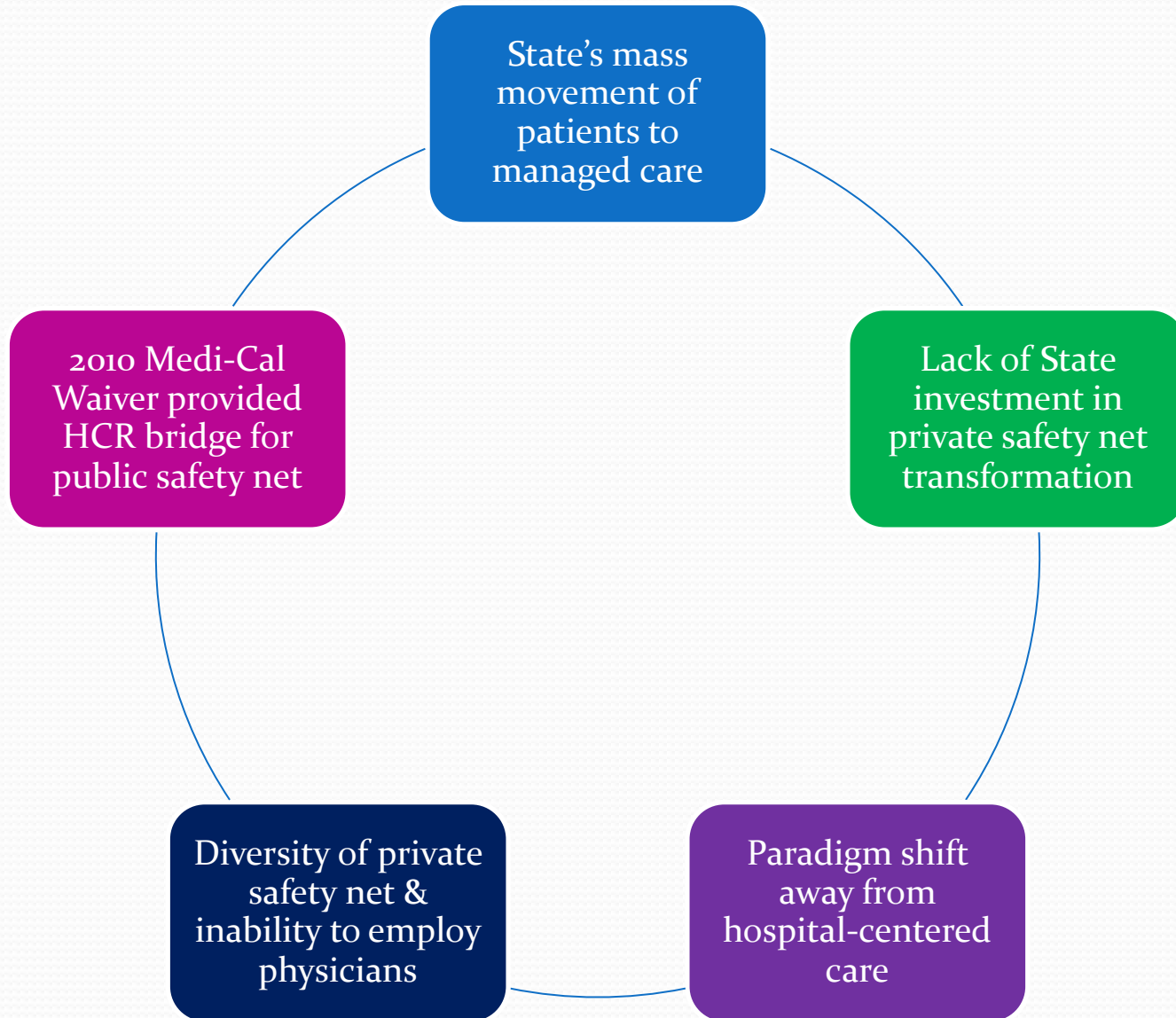
68% of care to  
seniors

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



# 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