

Spotlight on the Safety Net

*A Community Collaboration
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Care Share Health Alliance

Between 2007 and 2009, North Carolina experienced one of the largest increases in the numbers of uninsured of any state in the country.¹ In most communities, there are too few safety net providers to serve all of the uninsured. Many people who lack health insurance coverage are unable to obtain the care they need because of the costs. While there are different safety net providers across the state, they are not able to serve all of the uninsured. Even when primary care services exist—provided by, for example, community or migrant health centers, rural health clinics, health departments, or free clinics—the uninsured often lack access to specialty care, dental services, or behavioral health services. Additionally, in many communities the safety net resources that do exist are not well-coordinated. As a result, some uninsured individuals receive duplicate services from different safety net providers at the same time, while others have difficulties obtaining the care they need.

Care Share Health Alliance (Care Share) was developed to address these problems. Care Share's mission is to improve the health of low-income, uninsured North Carolinians by supporting local collaborative networks of care. Care Share seeks to involve all the local health care providers in a community-wide system of care for the uninsured. While each community is different, local collaborative networks can include physicians or other health professional leaders, as well as representatives from health departments, community health centers, rural health centers, free clinics, hospitals, medical societies, dental societies, Area Health Education Centers, Healthy Carolinians, Project Access programs, Community Care networks, HealthNet networks, departments of social services, behavioral health agencies, nonprofits, and faith-based organizations. These groups are working together to expand access to care for low-income, uninsured individuals in the most effective and efficient manner possible.

One objective of these local community collaboratives is to link low-income uninsured members to a medical home. Medical homes provide high quality patient-centered primary care. The Care Share program is intended to make those medical homes available to the uninsured. However, Care Share collaboratives typically include a broader network of care, with other providers willing to donate care to fill in some of the gaps in the existing safety net system. Thus, people who need diagnostic services or treatment that are not offered in their medical home can be referred to other resources in the community, including private physicians who donate their care or hospitals (for inpatient or outpatient services). Most of the collaboratives have also identified resources to address the medication needs of uninsured patients, either through pharmaceutical assistance programs or other low-cost medication programs. In addition, uninsured patients with chronic illnesses have access to care and disease management services, based on the Community Care of North Carolina (CCNC) model.^a Ultimately, the goal is to encourage communities to develop a community-wide plan to improve care for the uninsured by identifying existing resources and gaps in services, and then determining the best way to collectively fill those gaps.

Care Share was formed by health care leaders in North Carolina who were determined to improve the health of the uninsured. In 2007, The Duke Endowment invited these leaders to participate in a series of discussions. Many different organizations were involved in creating Care Share, including the NC Area Health Education Centers program; NC Association for Healthcare Access; NC Association of Free Clinics; NC Community Care Networks; NC Community Health Center Association; NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; NC Division of Public Health; NC Foundation for Advanced Health Programs; NC Hospital Association; NC Institute of Medicine; NC Medical Society; and the NC Office of Rural Health and Community Care. In addition, the five major health care funders in the state (The Duke Endowment, Blue Cross and Blue Shield of North Carolina Foundation, Health and Wellness Trust Fund, Kate B. Reynolds Charitable Trust, and the Office of Rural Health and Community Care) have been actively involved in the development of Care Share.

a See the May/June 2009 edition of the *North Carolina Medical Journal* for a full description of the CCNC program.

continued on page 374

Care Share receives support from these North Carolina health funders to provide technical assistance to different communities. Since the organization's launch in March 2009, Care Share has been very active in its support of communities in the various stages of building a collaborative network. According to Kellan Chapin, executive director of the Care Share Health Alliance, "One of the basic tenets of Care Share is to build on the partnerships and networks that currently exist in every North Carolina community. Care Share is a new resource to communities to support and broaden their efforts to create formal collaborative networks of care for the uninsured." Technical assistance ranges from informal consultation to more intensive, on-site facilitation. In addition, Care Share staff are developing a technical assistance database that will include up-to-date information on the development of collaborative networks across the state. The program also supports a Knowledge Bank which is an interactive resource that will compile and distribute best practices in providing access to care for the uninsured, valid outcome measures that programs can use to measure their impact, and facilities to host teleconferences and webinars for use by collaborative network members.

Care Share will work with communities to help them strengthen or develop collaborations to expand and improve care for the uninsured. This may include helping communities develop or strengthen existing collaborations, to more extensive community-wide planning and provision of care to the uninsured.

"The Care Share Health Alliance can help improve the quality and array of services available to the uninsured, but it is not a long-term solution to the problem of the uninsured," said Pam Silberman, chair of the Care Share Health Alliance Board and publisher of the *North Carolina Medical Journal*. "We cannot provide all of the health care services that the uninsured need through existing safety net organizations and the donated services of individual health professionals and hospitals. Ultimately, we need a financing system to pay for care provided to the uninsured." But, until that time, Care Share helps to fill the gap. Care Share helps communities leverage resources to better meet the needs of the growing number of uninsured. These formal collaborative networks provide an integrated structure to better coordinate care and improve health for low-income, uninsured North Carolinians.

REFERENCE

- 1 North Carolina Institute of Medicine and Cecil G. Sheps Center for Health Services Research. Data snapshot 2009-1: North Carolina's increase in the uninsured: 2007-2009. North Carolina Institute of Medicine website. http://www.nciom.org/data/DS_2009-01_UninUnemp.pdf. Published March 2009. Accessed June 9, 2009.

Kellan Chapin, executive director of Care Share Health Alliance, contributed to this article.