

Spotlight on the Safety Net

*A Community Collaboration
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Improving How the Safety Net Works

Health care safety net organizations are some of the most important health care providers available to the growing numbers of uninsured in the state. When we speak of the safety net we most often are referring to federally qualified health centers, free clinics, public health departments, rural health centers, school-based and school-linked health centers, and hospitals. There are also many other health care practitioners and providers who are striving to meet the needs of the uninsured and underinsured. Most of the formal safety net organizations provide preventive and primary care services. Some offer a wider array of services including chronic disease management, prescription and medical equipment assistance, and enabling services (such as transportation or interpreter services). The wider medical care community also provides services and support. Hospitals provide a broad array of services to the uninsured, but are the most expensive setting so that is not the place where people should ideally be receiving primary and preventive services. Because of the great unmet needs and limited resources, there is also a need to coordinate services to avoid duplication and ensure that the limited safety net resources meet the needs of as many people as possible. This *Spotlight on the Safety Net* features several programs that are intended to help patients and practitioners access care, pay for services, coordinate clinical care, and share information and best practices.

The North Carolina Institute of Medicine's (NCIOM) NC Health Care Help website, www.nchealthcarehelp.org, which connects North Carolinians with free and reduced health care in their communities, lists more than 200 safety net organizations across the state.¹ Each organization is unique in the way it serves the community, but none of them can meet all of the health care needs of the uninsured. In 2003, the NCIOM estimated that only 25% of the uninsured received their primary care services through safety net organizations.² Many practitioners and institutions provide free or low cost care to the extent they can.

In 2005, the North Carolina General Assembly created the North Carolina Community Health Center Grants program to expand the availability of safety net services across the state.³ The program awarded grants to 71 organizations expecting to serve an additional 39,000 uninsured individuals in SFY 2008.⁴ Many other well-qualified organizations applied for funds that would have increased access for an additional 60,000 uninsured individuals across the state, however there was insufficient state funds to cover all of the needs.

Recently leaders of safety net organizations, provider associations, and hospitals came together and made a united effort to expand state funding for safety net organizations. This collaboration at the state level required buy-in from the major stakeholders, and is an excellent example of coalition building among provider organizations to support expanded access to care. Ben Money, chief executive officer of the North Carolina Community Health Center Association, said the statewide collaboration, "has fostered a greater cooperation and understanding among the association of safety net providers as to the unique role of each organization in providing care to the uninsured. I feel that this collaboration at the association level is having an effect in developing safety net partnerships at the community level."

"The North Carolina Association of Free Clinics believes strongly in a teamwork approach to tackling the challenges we all face in expanding access to health care for the uninsured. Through our collaborative efforts, we are able to achieve far more than we ever could on our own, help bridge the gap for the uninsured in new and innovative ways, and provide an example for local communities to follow," noted Jason Baisden, executive director of the North Carolina Association of Free Clinics.

The Community Health Center grants helps support the expansion of specific safety net services within particular communities. However, these grants are not used to build coordinated networks of care for the

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uninsured. In 2008, the North Carolina General Assembly began funding HealthNet to support the development of community collaborations for the uninsured. Sixteen communities covering 27 counties received HealthNet funding in its first year. Private foundations, including the Blue Cross Blue Shield of North Carolina Foundation and The Duke Endowment, have also provided funding for this type of collaboration.

Albert J. Osbahr, MD, president of the North Carolina Medical Society and medical director of the Occupational Health Center at Catawba Valley Medical Center in Hickory, North Carolina said, "In these trying economic times, we have many of our fellow citizens who are uninsured and unemployed. With this, there are many more people without appropriate health care coverage. The North Carolina Medical Society is very concerned about access for all our citizens, but especially those that are most vulnerable. Collaboration is essential if we have any chance of meeting the health care needs of this vulnerable population."

That sentiment is at the heart of the creation of the Care Share Health Alliance. The nonprofit provides technical assistance and coordinates grantmaking provided to support safety net providers who care for the uninsured across the state. With representatives of the major health care foundations, state agencies, safety net organizations, health professional organizations, hospitals, and other organizations that support community care to the uninsured, the goal of the Care Share Health Alliance is to help communities strengthen their safety net infrastructure and develop local Collaborative Networks of care.

"Safety net providers in every community across our state are reaching out to the uninsured, often in ways that lack coordination and efficiency. Hospitals certainly want to be involved in those efforts, to see them reach the most vulnerable in our communities, and to achieve greater efficiency in this time of shrinking resources. Having state organizations work closely together sets an example for community caregivers and provides a vehicle for surmounting issues that reach beyond local communities," said Bill Pully, president of the North Carolina Hospital Association.

By working together, safety net providers have been able to expand the array of services and the numbers of uninsured they serve. However, the problems of the uninsured cannot be met solely through safety net expansions. Ultimately, everyone needs a source of coverage to help finance basic health services. Congress and state legislators are currently exploring options to expand coverage to the uninsured. Until that time, North Carolina can help meet the health care needs of the growing numbers of uninsured by supporting and strengthening the safety net.

REFERENCES

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