

A Mirrored System of Health for the Uninsured: North Carolina's Independent Primary Care Safety Net

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To the Editor—Kudos to *NCMJ* and the North Carolina Institute of Medicine for an excellent focus on Medicaid transformation in the most recent journal and annual conference. It's exciting to see our state leading on issues of national importance in health care. Not all of North Carolina's safety net clinics participate in Medicaid [1], yet all serve similar patient demographics and are attentive to the innovations taking place in the Medicaid program. Collectively, independent primary care safety net clinics in North Carolina serve ~44% of the state's uninsured and more than 20% of the state's Medicaid ambulatory enrollment as measured during a recent 12-month period (internal data, North Carolina Association of Free & Charitable Clinics).

These clinics play a systemic role in helping uninsured residents maintain their health during unexpected lapses in coverage. Churn is a well-known phenomenon in the NC Medicaid program, which served an estimated 1.8 million beneficiaries in 2016, with 710,000 being new participants, while 626,000 disenrolled [2]. When an uninsured patient receiving care from a safety net primary care clinic enrolls in Medicaid, either as a first-time beneficiary or through re-enrollment, they become a more compliant managed care patient and a much better underwriting risk for the Medicaid program.

Health outcomes data from the North Carolina Association of Free & Charitable Clinics demonstrates how care provided through free and charitable clinics costs much less per patient while producing diabetes and hypertension health outcomes on par with or better than those covered by Medicaid HMOs and commercial insurance [1]. Healthy Opportunities regional pilots promote interventions that have long been part of the safety net's history and all of this happens every day without the costly administration of health insurance. North Carolina's independent primary care safety net clinics serve patients through value-based medical homes and provide an enhanced point of entry for those who qualify for Medicaid. We are a grassroots-inspired sys-

tem of health that, in many ways, mirrors the care desired by Medicaid transformation.

Our choices ahead are not binary with regard to health insurance status. We believe Medicaid transformation and expansion are both made better by a strongly supported independent primary care safety net. We look forward to continuing as an important partner in North Carolina's Medicaid transformation process. *NCMJ*

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