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News - Friday, July 6, 2012

Medical providers gear up for influx

U.S. Supreme Court ruling on Affordable Care Act makes way for greater number of patients

by Sue Dremann

While Congress is sure to continue its political fisticuffs over the U.S. Supreme Court's ruling to uphold the Patient Protection and Affordable Care Act, local health care providers are preparing for the influx of new patients.

About 220,000 people in Santa Clara County are uninsured, and nearly 138,000 are expected to be covered under the Affordable Care Act starting in 2014.

"One challenge moving forward is that more people will have access but not necessarily increased access," state Assemblyman Rich Gordon (D-Menlo Park) said this week. Gordon sits on the Assembly's Committee on Health, which is helping shape how the federal act is executed in California.

"We've got a certain number of clinics, doctors and hospitals. We are not increasing those, and we are increasing the number of people coming to receive care," he said.

Legislators are working on directing federal grants to community clinics to address the growing demand. The state has received \$385 million to create community health center sites in medically underserved areas, according to Gordon's office.

Additional federal grants could be available to increase the state's health care capacity.

About 1.5 million would be eligible under expanded Medi-Cal coverage, and 3.1 million Californians will be newly eligible for subsidized insurance through a health benefit exchange.

About 2.1 million more people are also expected to purchase insurance without subsidies through the exchange or individual market, according to the California Health Benefit Exchange, a state program that was launched in 2010 to provide affordable health care coverage.

Medicaid covers 35 percent of the patients at Ravenswood Family Health Center in East Palo Alto; another 59 percent were uninsured in 2011, said Kathleen Alexander, the clinic's communications director. Many of the uninsured are new immigrants, who are not yet eligible for Medicaid, she added.

Wayne Yost, Ravenswood's chief financial officer, said the staff is still trying to figure out the major impacts of the federal legislation, including how the new health-insurance exchange will affect the clinic.

"We see the wave coming toward us," he said.

But the center is already gearing up for more patients. It has received a \$5 million grant under the Affordable Care Act to build a permanent facility in 2013-14. The new building is expected to double patient capacity from 11,000 to 22,000 annually.

"We're out of space. We're diligently trying to build a new building and are reworking our existing space for additional clinic rooms," Yost said. Two exam rooms are to be built this summer.

More doctors are being hired, and the center is actively recruiting more dentists and hygienists, he added.

Ravenswood also received a \$7.3 million grant on May 22 to help 19,000 patients manage their chronic conditions. The health-management program will save an estimated \$6.2 million in health care costs, the center estimates, since people who don't get routinely treated for illnesses can end up requiring more costly care later.

Shamina Hasan, executive director of the MayView Community Clinic in Palo Alto and Mountain View, said while she is pleased the federal law has passed constitutional muster, she too is concerned about her clinic having the infrastructure to care for the new patients.

"Our facilities can't expand. We are trying to figure out how to address the increasing numbers," she said.

The clinic currently sees 6,000 patients, and approximately 35 percent are uninsured. Already about 500 new patients have enrolled in the past two years, following the implementation of some parts of the federal act, she said.

Dr. Lisa Chamberlain, medical director of the Pediatric Advocacy Program at Stanford School of Medicine and Lucile Packard Children's Hospital, said the influx of 39 million uninsured adults nationwide could initially strain the medical system.

The U.S. Health and Human Services funding for facilities and training of more physicians and medical support personnel is trying to close that gap, she added.

"Getting a pipeline established takes time. It may be a mismatch for a while," she said.

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But she doesn't anticipate the health care system that helps children will suffer the same constraints, as programs are already in place to ensure their treatment, she said.

The Affordable Care Act guaranteed insurance eligibility for children with pre-existing conditions, ended lifetime caps for insurance, and extended coverage to 19- to 26-year-olds. Many patients at Packard fall into one or more of these categories. And many children ages 19 to 26 leave Packard for continued care as adults at Stanford Hospital, she said.

"It's a very fragile time for a kid — it's really devastating for those kids" when they are no longer covered by parents' insurance, she said.

Over the past two years, Santa Clara County has already implemented some of the Affordable Care Act by expanding its coverage through its Low Income Health Program, Valley Care.

And statewide, California has received \$90 million for preventative and public health programs through the act, according to Rich Gordon's office.

Dr. Marty Fenstersheib, Santa Clara County public health officer, said preventative and public health care is a large piece of the health reform act that is already benefiting the county.

Santa Clara County has applied federal funding to prevention and early-intervention programs that include tobacco and secondhand smoke policy, obesity and nutrition, and health-education programs.

Preventive services and screenings for diseases such as colon cancer, breast cancer, heart disease and diabetes would ultimately lower costs to the state and county by many millions of dollars. People without insurance often delay care and diagnosis, he said, resulting in costlier urgent or emergency care.

To help more people obtain affordable insurance, Gordon has introduced a bill, AB 1846, to establish Consumer Owned and Operated Plans (CO-Ops) — nonprofit health insurers that would be directed by customers and use the profits for customers' benefit.

Proponents say that the nonprofits would offer individuals and small businesses affordable insurance with high-quality health options. About \$3.8 billion in federal seed funding is available as low-interest loans for the nonprofits. Competition from the organizations could help drive down insurance rates, proponents have said.

Gordon's bill passed the State Assembly on May 30, and he expects the Senate will vote on the bill in August.

The only negative responses he has received were from legislators who questioned why they should vote for a bill if the Supreme Court threw it out, he said. But that issue has now been settled.

"Clearly we have a will to continue, and we need to continue. This is the law of the land. We have to operate under that law, and we ought to do it well," he said.

Ravenswood CEO Luisa Buada said she worries about political opposition that could still repeal the law.

"We need to educate people about the benefits of health care reform. Many don't realize that our nation spends 17 percent of the gross national product on healthcare — more than any other developed nation. Taxpayers are already paying taxes for the uninsured, and hospital costs have increased over uncompensated care," she said.

TALK ABOUT IT

Join the discussion on the implications of the Affordable Care Act on Town Square, the online discussion forum on Palo Alto Online.

Staff Writer Sue Dremann can be emailed at sdremann@paweekly.com.

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