

# Characteristics of Patients in the Specialty Access for Uninsured Program (SAUP)

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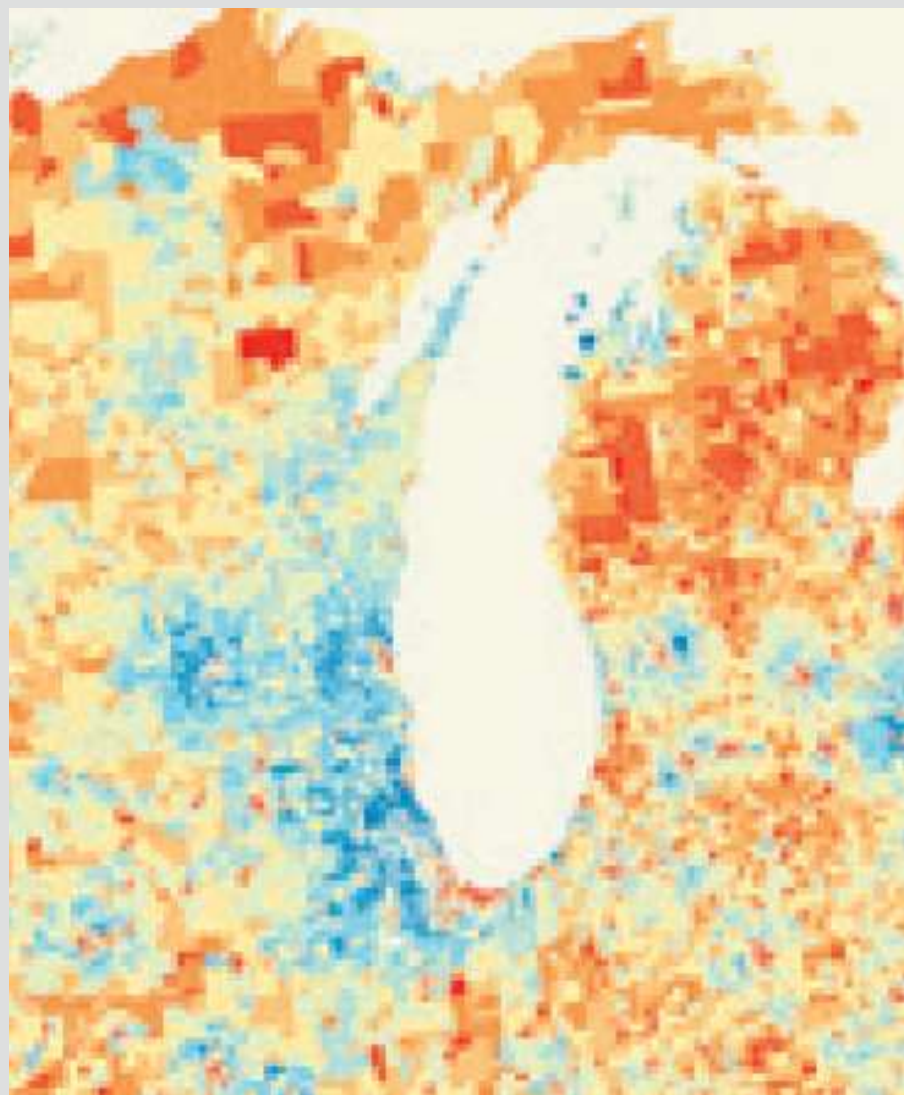
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(Walker's Point Community Clinic is a free clinic founded in 1992)

## The Neighborhood Atlas

**\*Red is bad, Blue is good  
ADI (area deprivation  
index – 17 education,  
employment, housing &  
poverty measures)**

**from:  
Kind AJH, Buckingham  
WR. *NEJM*  
2018;378:2456-8**



# General Background:

## SAUP History & Background

- Launched in 2012, after several earlier attempts
- Sponsorship delegated to MHCP Clinical Council
- Before SAUP uninsured specialty access fragmented and inefficient
  - Peer to peer: M.D. “phone a friend”
  - Sending patients to ED when condition is acute
  - Delays in patient care
- **Goal: Access to specialty care for low income uninsured**
  - Timely / available
  - Clinical appropriate
  - Managed = cost effective
  - Distributed among health systems

# General Background:

## SAUP Model

**Pair PCMH safety net clinics w/ a health system partner**

- “Accountable care system” for the uninsured

### **Patient Eligibility Criteria**

- MKE County resident
- Established at participating safety net clinic
- ≤ 250% FPL (Initially 200%)
- Not eligible for public insurance
- Eligibility reviewed and renewed every 6 months

### **Covered Services**

- Usual and customary acute and chronic specialty services
- Some restriction

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**PARTNERSHIP**

# General Background:

## 2016 SAUP Program

### 9 safety net clinics paired with health systems

- Served 19,500 uninsured
- ~25% of MKE County ~79,000 uninsured

### Each clinic paired with health system

### SSCHC paired with all health systems although -

- Aurora and Ascension provide only select specialties
- Froedtert provided all specialties with monthly referral caps
- Froedtert temporarily extended access to all cancer services

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# General Background:

## Recap:

- The Specialty Access for Uninsured Program (SAUP) is a Milwaukee County health system collaborative in which safety net primary care clinics are paired with hospital/health systems.
- The clinics provide primary care services, while the hospitals provide a network of specialists.
- All specialty services are “covered” under SAUP at no cost.

## Partnerships:

- SAUP DYAD’s are as follows:
  - **Aurora** – Walker’s Point, Bread of Healing, and Sixteenth Street CHC
  - **Froedtert** – AIDS Resource Center, Outreach, Progressive, and Sixteenth Street CHC
  - **Wheaton Franciscan SF** – Angel of Hope
  - **Wheaton Franciscan SJ** – Milwaukee Health Services



# Our Purpose:

- To examine the clinical, geodemographic, and referral pattern features of our SAUP patients at Aurora Walkers Point and their journey to specialized care.





# Methods:

- We prospectively identified and retrospectively reviewed patients  $\geq 18$  years of age residing in Milwaukee County that were enrolled in SAUP at Aurora Walkers Point Community Clinic during 2017.
- Several variables of interest were retrospectively collected after initial SAUP enrollment.
- Descriptive statistics were used to describe the overall characteristics of our 2017 SAUP cohort.
- Regression was used to explore predictors of time from referral to specialty visit.

# Results:

- Of the 99 patients enrolled in SAUP, 52.5% were female.
- Patients were of mean age 46.5 years and body mass index 30.9 kg/m<sup>2</sup>.
- Patients were also predominately Hispanic (98.0%), Spanish speaking (93.9%), had contact with PCP prior to enrollment (84.4%), and resided in two ZIP codes within Milwaukee County (85.9%).



# Results:

- At the time of SAUP enrollment, patients had a clinical history of primarily hypertension (21.2%) and diabetes (23.2%).
- Overall, SAUP enrolled patients were generally well, with 76.5% of patients having a modified Charlson comorbidity index score of zero.



# Results:

- Top specialty services to which patients were referred included:
  - Gynecology (13.1%)
  - Colonoscopy/colorectal surgery (12.1%)
  - Ophthalmology (11.1%).
  - CT or MRI scan (11.1%)
  - Gastroenterology (8.1%)
  - Orthopedics (7.1%)
- Following the specialty services visit, 42.2% had contact with a PCP to date.

# Comparisons:

## Our SAUP Patients:

90.9% (to date) followed through with their specialty visit.

Mean time between enrollment and specialty service visit was 30.1 days (median 24.5 days)

- No predictive variables were identified

## Primary Care patients elsewhere:

79-83% in cohort of 776 from 133 offices in 30 states (Forrest *Ann Fam Med* 2007)

Ave. wait times major cities: 11.4 (Ortho) – 32.3 d. (Derm) – Merritt Hawkins (2107) –includes all insurances

Edmonton, Canada (2011):  
Average: 73 d, Median: 56 d  
(Thanh *Healthcare Policy* 2013)

# Conclusions:

- Patients in a managed care specialty access program coordinated through our free clinic are relatively young and healthy, with follow-through percentages and wait times for specialty care similar to national averages of generally insured populations.
- Further research, including cost outcomes is warranted (and is underway).

# Limitations to Cost Study:

## All of SAUP:

- Data inputs not standard across health systems. Variation in coding, grouping, cost centers, cost structures, service line definitions, physician employment relationships, etc.
- BSGA has no SAUP safety net clinic-based utilization or cost data
- Captures all cost for SAUP patient, not just cost associated with a SAUP referral



## At Aurora:

- Similar to last two concerns listed to the left
  - Much has to be done manually
- Virtually impossible to identify control group
  - All write-offs listed under one category in billing – including one-time write-offs in insured patients, bad debt, etc.



# Questions?

Thanks for listening!

Also thanks to:



**BSG/MHCP 2016 Uninsured Data**  
*January 23<sup>rd</sup>, 2018*