Citizens Health Care Working Group
7201 Wisconsin Ave. #575
Bethesda, MD 20814

Dear Sir and Madam,

A member of the Board of Directors of the Suburban Primary Health Care Council forwarded a copy of the Citizens Health Care Working Group’s Interim Recommendations on Health Care the Works for All Americans. Both my Board and I are surprised to learn of your hearings, community meetings, and individuals’ comments about the state of health care delivery in this country, because we have not heard about any of them and would certainly have participated had we known of them.

We are pleased by your recommendations and pleased especially with Recommendation #4, Support Integrated Community Health Networks. So often only FQHCs are recognized as providers to the uninsured and underinsured, while at the same time there are many clinics and health care delivery programs that also serve this population, usually without recognition of government support. It is heartening to learn that among your recommendations is one to expand and modify the FQHC concept to accommodate other community-based health centers and programs serving vulnerable populations.

Our program, Access to Care, is one of these. Access to Care program has been serving the low-income uninsured since December 1988. It is one of the oldest successful programs in the country and serves suburban Cook County and now also the northwest side of the city of Chicago. The program is designed to fit a large geographic area with poor public transportation services, in which the uninsured working poor are widely dispersed throughout the region. The clinic model of care is inappropriate to serve this population in the spread-out suburban area.

Access to Care uses private physicians in their own offices to create a network of primary care in the patient’s own locale. Patients are linked to one particular provider (internal medicine, family practice, or pediatric, as appropriate) to whom they pay $5 for each office visit. They pay $5 per specimen drawn for diagnostic lab tests and $5 for routine x-rays at local hospitals. They pay $10 (generic), $20 (preferred brand) or $30 (non-preferred brand) at Walgreens Pharmacy for prescription medication on prescriptions written by their Access to Care physician. All of these services are local. Registration for the program is also local, at township, municipal, public health and social service offices in the community, or through the mail.

Suburban Primary Health Care Council*

* A not-for-profit organization founded by the Community and Economic Development Association of Cook County, Inc.; the Cook County Department of Public Health; the Northwest Suburban Cook County Health Care Task Force; and the Park Forest Health Department.

A United Way Agency
The Council pays the remainder of the bills for the services described, with discounted contracts. For physicians, it pays on a capitated basis, $68 per patient per year. Physicians choose the number of Access to Care patients they will add to their practices. The committed physician capacity is nearly 28,000, much greater than the funded capacity.

Patients are eligible if they live in the service area, have family incomes below 200% of poverty, are not eligible for any public insurance program, and do not have private insurance or have an annual per person deductible of more than $500/year.

The genius of the Access to Care program is that it uses the existing medical infrastructure to increase access to a new group of people who are usually left out of the private side of medicine. Because it is not facility based, the cost of one year of full services in the Access to Care program is $538.12 (in 2006 ), much less than the cost of one visit to the Emergency Department. Additionally, Access to Care patients have the peace of mind from knowing that affordable primary care diagnosis and treatment is available to them. They have a medical home, a relationship with one provider or practice, and they participate in the private medical system on the same basis as does anyone else.

The program makes referrals to Stroger Cook County Hospital for specialty care. The patient goes directly to the specialty visit, skipping a screening visit, and carries with him the results of all tests that the program covers, so there is no duplication. The patient records go back to the primary care physician.

For many years, the Access to Care program was the round peg in the square hole. It did not fit any existing definition of “clinics”, yet its services were much more inexpensively delivered. Access to Care allows the private side of medicine to participate in care for the medically indigent. Each dollar spent on the program leverages another in-kind in discounted arrangements from physicians, commercial laboratories, hospital radiology departments, and application sites.

It is extremely farsighted of the Cook County Board of Commissioners to recognize and fund the program since 1991. Cook County is the core funder of Access to Care, with additions from the State of Illinois (which has included the program in its 2007 budget at the $3 million dollar level), townships, municipalities, foundations, United Way chapters, and churches, service clubs, and individuals. Access to Care represents a true public-private partnership where most of the funding is public but the private sector provides the care through in-kind contributions.
The Board and senior staff of the Access to Care program would like to have input into the work of the Citizen’s Health Care Working Group. Is it possible that we could set up a conference call to discuss how we might help inform your work? We would be willing to come to Washington if you are interested. Access to Care has served over 82,000 unduplicated people, many of them for several years. We have much diagnostic and demographic data on a population that does not participate in with the public or the private insurance systems. We believe that our input could be helpful to your work.

I will call next week to learn when we might discuss this.

Sincerely,

Victoria Bigelow
President