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REPORT

# Serving the Underserved

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## A Mid-Course Evaluation of Montgomery Cares

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Prepared for the Primary Care Coalition of Montgomery County, Maryland

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## Summary

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This report summarizes 2008 findings from a planned five-year evaluation (2006–2011) of the Montgomery Cares initiative.<sup>1</sup> Montgomery Cares is a Montgomery County, Maryland–funded program designed to provide basic health care to low-income, adult, uninsured county residents through financial support to community clinics. Implementation of the program began in July 2005 with initial funding of \$5 million; funding is slated to increase annually to a fully operational cost of \$15 million in fiscal year (FY) 2010. Health care services under this program are provided through Community HealthLink, a network of nonprofit community health care providers in Montgomery County, Maryland. The intent of this evaluation is both to help ascertain the effects of the program on health care in Montgomery County and to enable Montgomery Cares to maximize its benefit to the community over time.

The evaluation results highlight a range of noteworthy positive developments related to Montgomery Cares:

### **1. Capital and human resource capacity have increased dramatically since the advent of Montgomery Cares.**

- Montgomery Cares has significantly contributed to expansions in the physical space available for the provision of health care for the uninsured. The number of clinics serving the uninsured expanded from eight in 2006 to ten in 2008; Mobile Medical Care expanded its sites of operation; seven clinics added exam rooms, and five improved their physical space.
- Human resource capacity has also increased over time as a result of Montgomery Cares, with the addition of some 200 full-day equivalents in staff hours worked each week between 2006 and 2008. Aggregate weekly operating hours across Montgomery Cares clinics nearly doubled between 2006 and 2008, from 321 to 602.
- The increase in capacity comes at a critical time, as the numbers of uninsured in Montgomery County appear to be growing significantly as a result of population growth in the county as well as an increase in the percentage of residents who lack health insurance coverage.

### **2. Montgomery Cares has expanded the number of uninsured patients served and the level and type of services provided.**

- Nearly 17,000 Montgomery Cares patients were served in FY 2008, nearly double the number served in FY 2005 (prior to the implementation of the program) and more than 25 percent more than in FY 2007.
- Montgomery Cares patients had more than 45,000 clinic visits in FY 2008, an increase of more than 7,300 visits over FY 2007 (a 19-percent increase) and of more than 17,500 visits over FY 2005.
- Services also expanded, with more clinics offering walk-in and evening hours in 2008 compared to 2006 and more clinics offering classes and other services. For example, seven clinics offered diabetes education classes in 2008, compared to five in 2006. In

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<sup>1</sup> Detailed information regarding the data sources for this evaluation is presented in Appendix A.

addition, while only two clinics offered help with insurance enrollment in 2006, four clinics offered these services in 2008.

**3. Montgomery Cares clinics have made substantial strides in delivering preventive care.**

- Across a range of different types of services, a greater proportion of patients received recommended preventive care (such as blood stool tests, pap smears, breast exams, and mammograms) in 2008 compared to 2006.

**4. Perceived accessibility of health care among Montgomery Cares patients has increased over time.**

- More uninsured patients reported having a usual source of care in 2008 compared to 2006, with the usual source of care almost universally reported to be a Montgomery Cares clinic.
- Fewer Montgomery Cares patients reported having difficulty obtaining care or having to put off care in 2008 compared to 2006.
- More Montgomery Cares patients reported that it was easier to get care in 2008 versus 2006.
- A smaller proportion of uninsured patients reported that inconvenient provider hours were a barrier to obtaining care in 2008 compared to 2006.

**5. Satisfaction with care received at Montgomery Cares clinics is high and rising.**

- Uninsured patients reported very high levels of satisfaction with the care they received at Montgomery Cares clinics: 91 percent reported being satisfied or very satisfied with their care in 2008.
- In addition, patients were increasingly satisfied with their care across a range of domains, such as how well their provider listened to them and the respect with which they were treated.

Despite these positive developments, challenges remain for Montgomery Cares, including:

**1. The availability of appointments at Montgomery Cares clinics, particularly for new patients, and the ability of prospective and established patients to access a live voice on the phone remain problems.**

- In 2008, in a mystery shopping survey:<sup>2</sup>
  - Approximately one out of every four callers was unsuccessful in connecting with a person.
  - Only one-third of callers who reached a human voice were successful in obtaining an appointment.
  - The average lag time for an appointment was 20 days (among those who were able to obtain an appointment).

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<sup>2</sup> *Mystery shopping* is used to measure the quality of service provided in retail and custom service settings. Posing as normal customers, mystery shoppers execute specific, predetermined tasks (for example, purchasing a product, asking certain questions, or filing a complaint) and then provide reports on their experiences. In our survey, mystery shoppers phoned clinics posing as patients to determine the availability of appointments.

## **2. Access to prescription drugs continues to present challenges for Montgomery Cares patients.**

- More than one-third of uninsured patients reported that getting prescription drugs was very or somewhat difficult.
- Nearly one-quarter of patients (in both 2006 and 2008) reported splitting pills, skipping medication, or not filling a prescription.

## **3. Clinics continue to struggle to find adequate and timely specialty care for their patients.**

- Specialty care available on-site at each clinic is very limited. For most types of specialty care, only one or two clinics have an on-site provider available on an occasional basis; others have no such provider available.
- The availability of specialty care through Project Access, a network of private physicians who provide low-cost specialty services, and the Archdiocesan Health Care Network, a similar network that is regional and maintained by Catholic Charities, is not sufficient to meet current demand, and clinics report difficulties obtaining appointments for their patients.
- Clinics not involved in the behavioral health care pilot report particular difficulty locating mental health care for their patients.

Our recommendations are summarized below.

Recommendation 1: Continue to build on previous successes: Stay the course on identifying patients' language needs and monitoring the availability of bilingual staff or interpreter services, and maintain commitment to ensuring patients receive guideline-appropriate preventive care and recommended care for chronic conditions.

Recommendation 2: Redouble efforts to improve the percentage of calls to clinics received by a live voice; continue to expand capacity to allow for additional appointments; work to minimize lag times between call and appointment and in-office wait times for scheduled appointments.

Recommendation 3: Explore ways to improve and standardize the system through which Montgomery Cares patients obtain access to specialty care; explore new models of specialty care delivery.

Recommendation 4: Increase attention to mental health problems among Montgomery Cares patients and strengthen access to mental health care.

Recommendation 5: Engage in an in-depth analysis of the delivery of pharmaceutical services, with particular attention to the effects of newly available low-cost prescriptions from local private drug stores; more specifically, identify behavioral, cost, or other barriers to pharmaceutical access among patients and work to abate identified barriers.

Recommendation 6: Combat pressures associated with the economic downturn by providing clinics with opportunities to learn how to maximize efficiency and identify and capitalize on available funding opportunities.

Recommendation 7: Consider strategies such as revisions to work flow, targeted software modifications, additional staff training, and focused prioritization of data collection to improve the accuracy and comprehensiveness of data collected in the Community HealthLink CHLCare database.