WORKING PAPER

Serving the Underserved

An Evaluation of the First Year of *Montgomery Cares*

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SUMMARY

This report summarizes findings from the first year of a planned five-year evaluation of the Montgomery Cares initiative. 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 $15m in FY10. Health care services are provided through Community HealthLink, a network of non-profit community health care providers in Montgomery County, Maryland.

The evaluation is designed to answer three questions:

- Since the implementation of Montgomery Cares, are more uninsured people getting care?

- Who are Montgomery Cares patients and how does Montgomery Cares affect the health care they receive?

- How much and in what ways does Montgomery Cares affect the capacity of clinics providing care to the uninsured?

In addition, the evaluation is intended to provide information that can help guide the evolution of the program over the next five years.

Key Findings

Number of Patients Seen Increased 25 Percent and Number of Patient Visits Increased 12 Percent after the Implementation of Montgomery Cares

Growth in the number of patients seen varied across Montgomery Cares clinics; one clinic reporting growth of more than 50 percent in the number of patients seen and two had relatively flat growth. With only one exception among the eight clinics, the number of patient visits provided rose at each of the Montgomery Cares clinics. Factors other than Montgomery Cares may have contributed to the growth in patients seen and in the number of visits. More work needs to be done to disentangle the specific influence of Montgomery Cares.

Montgomery Cares Patients Are Predominantly Minority Women with Significant Health Needs

The Montgomery Cares population is primarily an immigrant population, with about three-fourths of patients reporting that they were born outside the U.S. Hispanics represented the largest proportion of patients (58 percent), followed by blacks (10 percent) and Asians (7 percent). Nearly three-fourths of patients were women, and nearly half were parents of minor children. Nearly half of patients were working. The majority of patients—nearly two-thirds—had either never had health insurance or been without it for many years. Nearly half rated their health as either fair or poor and more than three-

fourths indicated having a chronic condition (such as diabetes, asthma, hypertension, depression, migraines, or heart disease), and more than one-third reported two or more such conditions. Hypertension and diabetes each affect at least one in four Montgomery Cares patients.

Getting in the Door to Care is a Challenge, but Once There, Satisfaction with Care Provided at Montgomery Cares Clinics is High

In a survey of appointment accessibility, one in four would-be patients was unable to reach a person when trying to call for an appointment. Moreover, only 28 percent of would-be patients whose call was received (and 21 percent of all callers) was able to successfully obtain an appointment. Among Montgomery Cares patients, nearly 40 percent reported difficulty contacting the clinic during business hours. Further, half of Montgomery Cares patients reported significant difficulty accessing care and of those, one in four reported that not being able to get through on the phone was a key barrier to care. In terms of satisfaction, respondents by and large reported satisfaction with the care received at the clinic, with 75 percent reporting being satisfied or very satisfied with the care. Moreover, satisfaction ratings were relatively high across a range of variables measuring different aspects of care, with half or more of patients responding in the most positive categories for how well the provider listened, how easy it was to communicate with the provider, how thorough the exam was, how much respect they were treated with and how much time the provider spent during the visit.

Room for Improvement Exists in the Availability of Translation and Bilingual Services

While clinics made significant use of bilingual staff, the availability of interpreter services was spotty, with some clinics completely without access to interpreter services at any time and for any language and some clinics with access to interpreter services either some of the time or for only one language. As shown in the prospective patient survey results, the limited availability of interpreter services can play a key role in the accessibility of clinic services for non-English speaking patients: English speakers were nearly three times as likely to be able to schedule an appointment compared to Spanish speakers, and a language barrier was cited as the second most common reason for failure to make an appointment.

Data Gathered and Reported for Diabetic Montgomery Cares Patients Are Insufficient for Assessing Quality of Care

Montgomery Cares clinics gather and record information for diabetic patients in electronic form (using a database application called "CVDEMS"). But, the data collected are incomplete. 30 percent of visits in patients' hard copy medical records were not recorded in CVDEMS. Almost half of patients had medical record data related to their smoking habits, but no such data existed in CVDEMS. Further, only one-quarter of patients who completed diabetes education had that recorded in both the electronic and hard copy medical record.

Recommendations

The evaluation data provide a snapshot of current Montgomery Cares clinics, the patients they serve, and patients' experiences, and establish a baseline against which future changes can be compared. The data also point to steps clinics may want to prioritize to help mold the successful evolution of Montgomery Cares, including the following:

- Improve patients' access to a live voice at the end of the telephone line.

- Increase the availability of appointment slots.

- Work to minimize wait times for an appointment.

- Better identify patients' language needs and increase the availability of bilingual administrative staff and/or interpreter services.

- Sharpen providers' attention to potentially under-diagnosed conditions.

- Make complete and accurate data collection a priority.

- Maintain commitment to ensuring patients receive guideline-appropriate preventive care and recommended care for chronic conditions.

Data collection and feedback through this evaluation will continue over the next several years as the Montgomery Cares initiative matures.