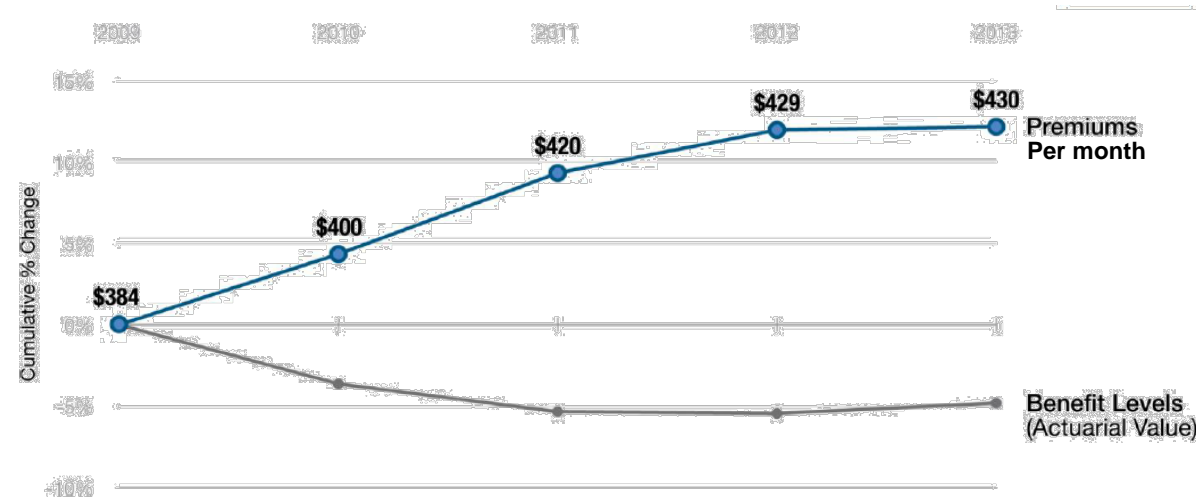


## Target Population

Individuals in Massachusetts who are currently or who are at risk for encountering economic instability due to healthcare cost. Due to the growing cost of care, everyone who receives care in Massachusetts can be considered "at risk."

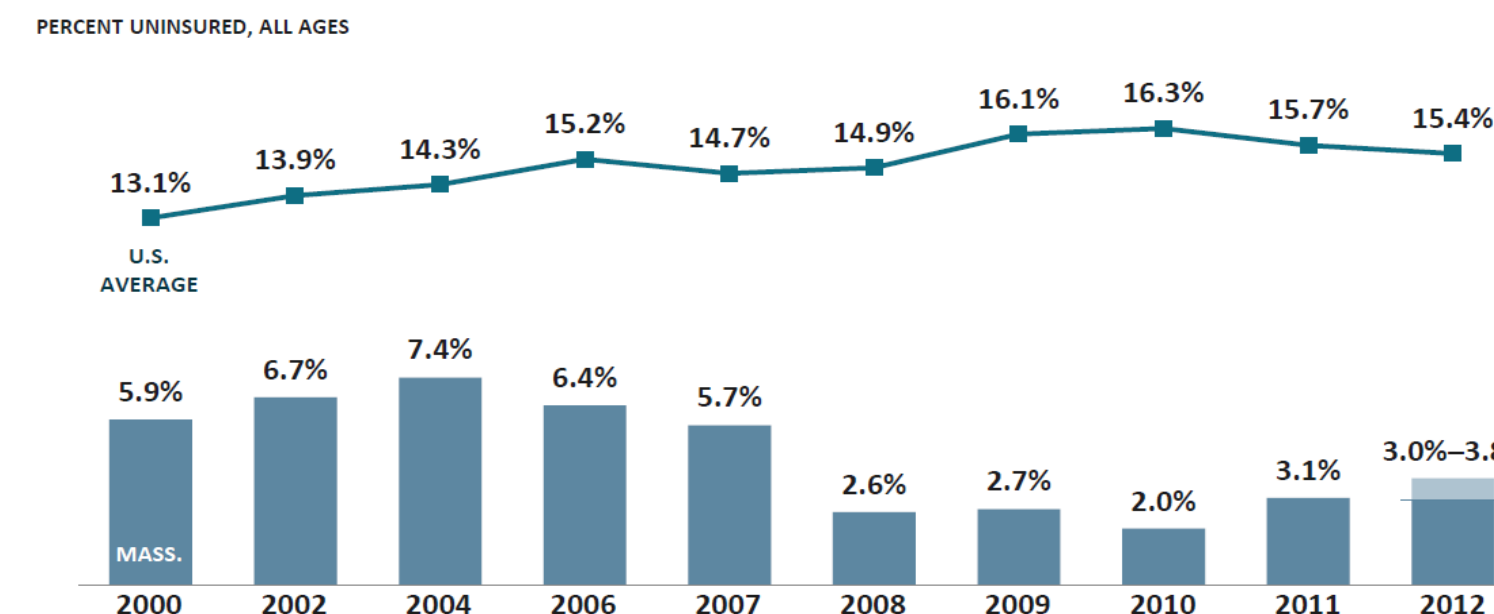


(Center for Health Information and Analysis, 2014)

- Healthcare costs > 10% annual income are considered unaffordable.
- 42% of families with healthcare coverage consider themselves burdened by healthcare costs

## Healthcare Access in Massachusetts

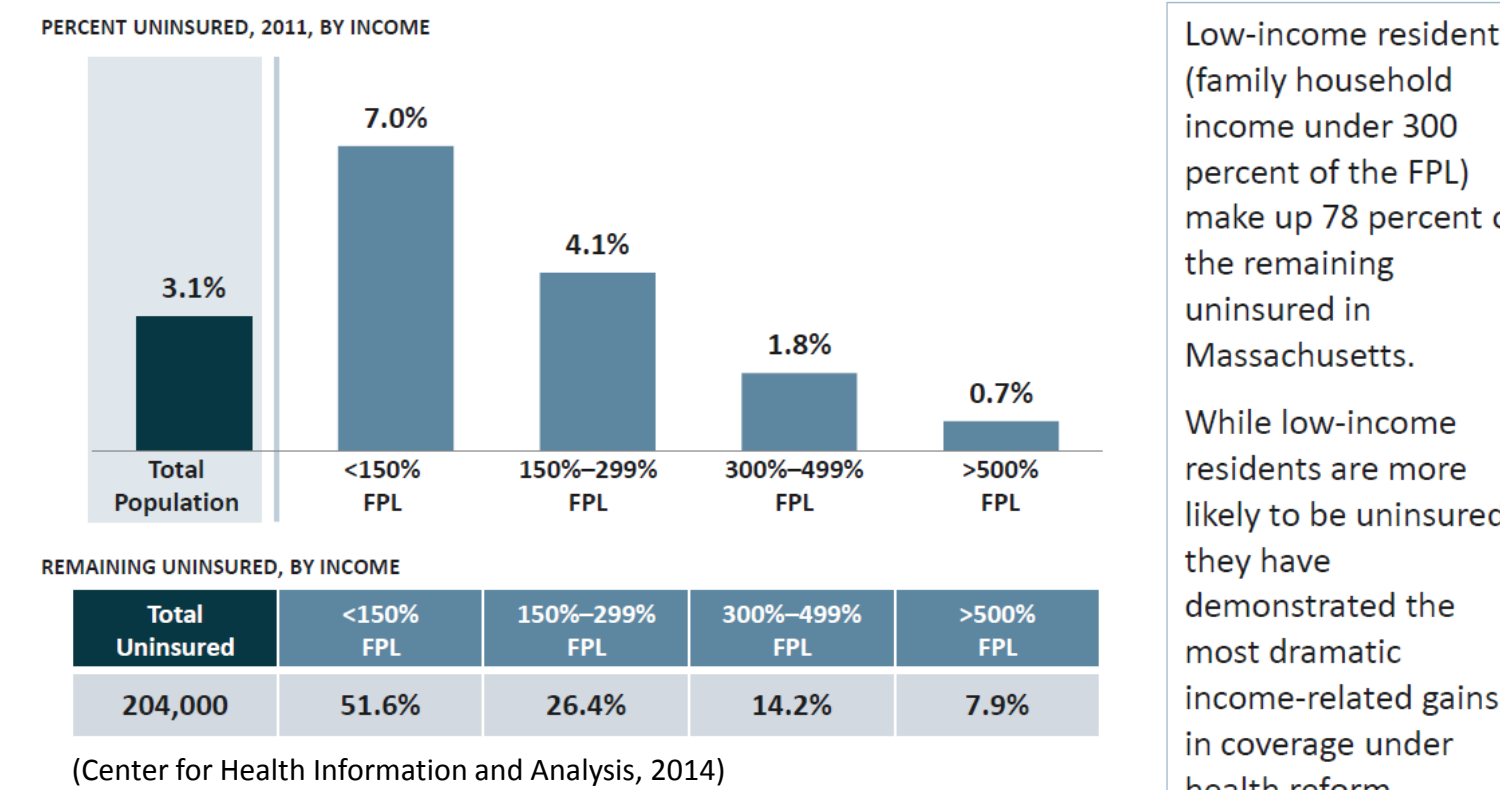
MASSACHUSETTS HAS THE LOWEST RATE OF UNINSURANCE IN THE COUNTRY



(Center for Health Information and Analysis, 2014)

## Income Disparity in Access to Healthcare

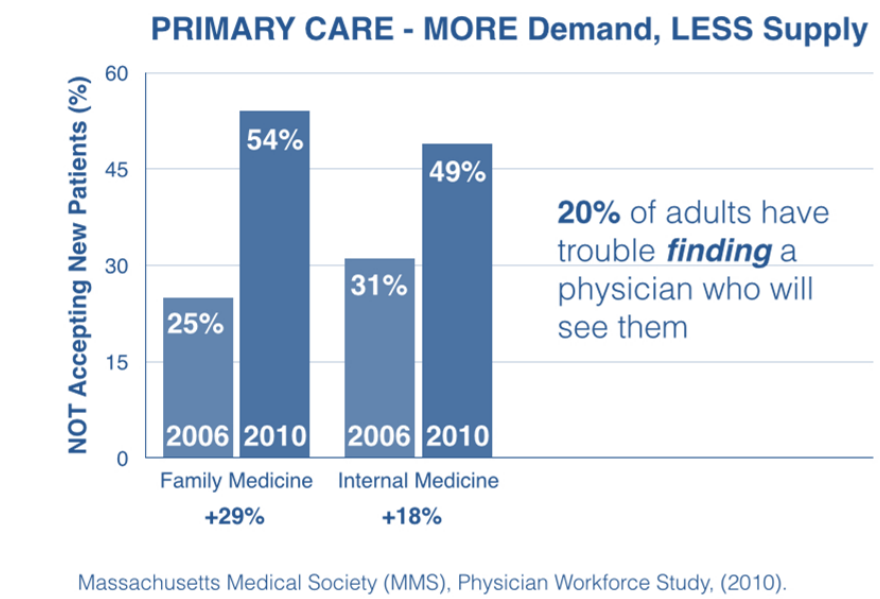
LOW-INCOME RESIDENTS ARE MORE LIKELY TO BE UNINSURED THAN HIGHER-INCOME RESIDENTS



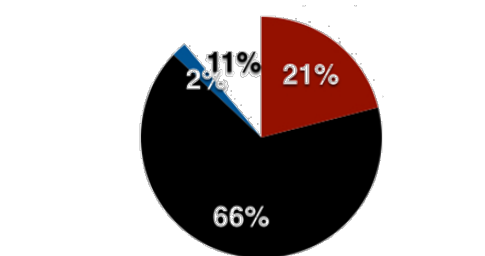
Income Level	Total Uninsured
<150% FPL	204,000
150%-299% FPL	51.6%
300%-499% FPL	26.4%
>500% FPL	14.2%
>500% FPL	7.9%

(Center for Health Information and Analysis, 2014)

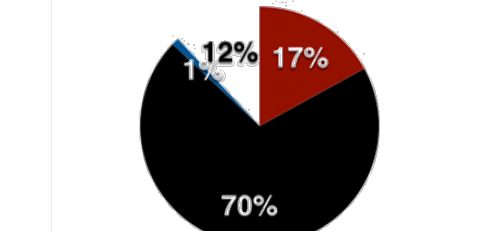
## Effects of Reform in Massachusetts



Massachusetts Medical Society (MMS), Physician Workforce Study, (2010)



Time Spent with Patients



Waiting Room Time

8 of 10 people saw a provider in the last year



Rice, C. (2014).



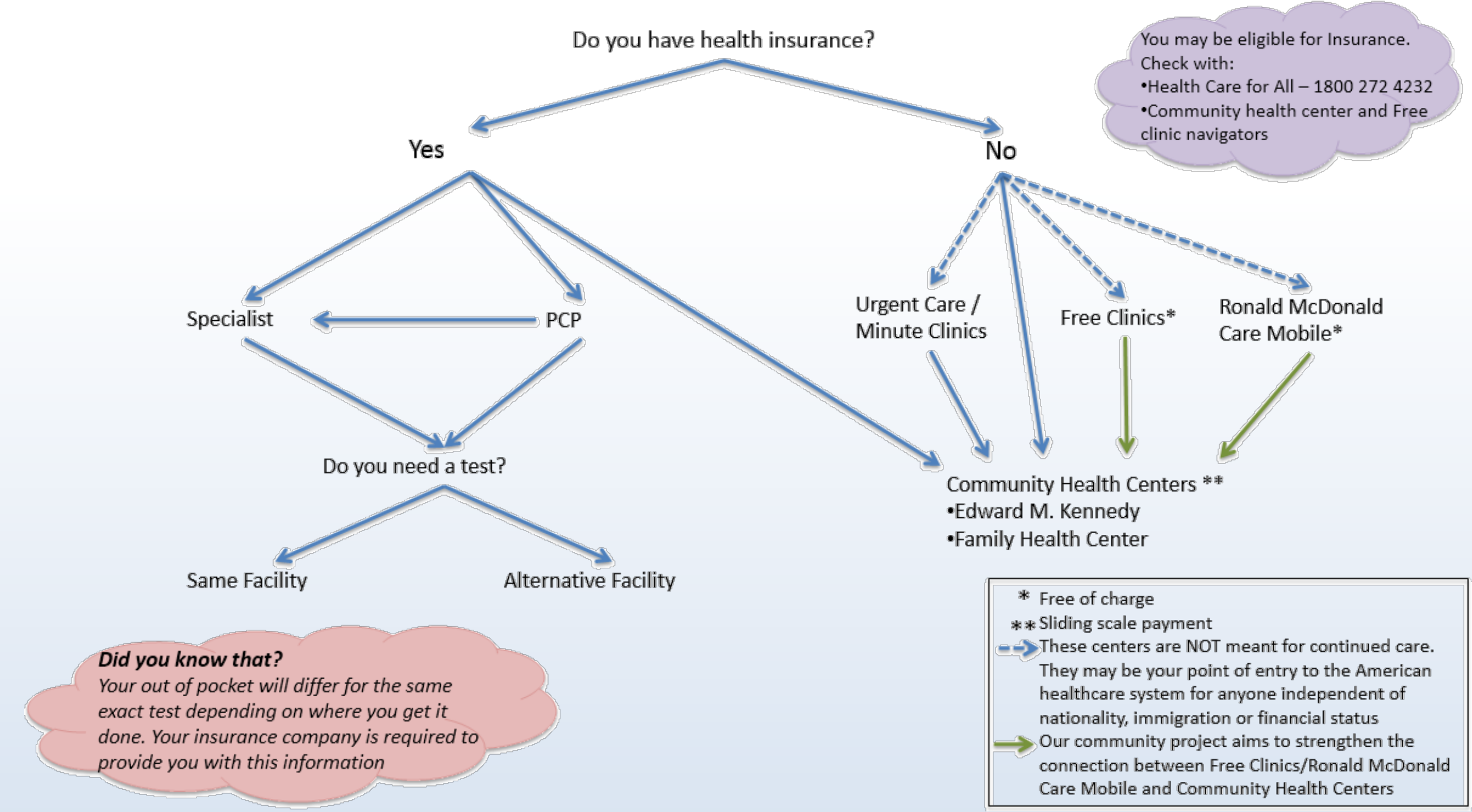
Physician-rated Patient Impact

Stoeffel Fisher, G. et al., (2009). NEJM.

## Policy Timeline

- 1965** Medicare & Medicaid Introduction
  - Title 18 under the 1965 Social Security Act, created the Medicare and Medicaid programs, granting universal healthcare access to Americans age 65 and older, as well as younger Americans with disabilities.
- 1994** Clinton Health Care Reform
- 2006** Massachusetts Health Reform (Chapter 58)
  - Goals: Access to affordable, quality, accountable health care in Massachusetts
  - Implementation: Shared responsibility between individuals, state government, and employers
  - Results: Improved access to healthcare, reduction of uninsured in Massachusetts from 9% To 4%
  - Future Directions: Cost containment for growing healthcare costs
- 2009** Affordable Care Act
  - Goals: Access to affordable, quality, accountable health care in the USA
  - Implementation: Shared responsibility between individuals, federal government, and employers, including optional Medicaid Expansion
  - Results: Improved access to healthcare, 30 million newly insured individuals thus far under the ACA
  - Future Directions: Cost containment for growing healthcare costs
- 2012** Cost Containment Law(Chapter 224)
  - Goals: Control healthcare growth, expand practice scope for PCP's, and implement new care models (ACO's, PCMH's)
  - Implementation: Create HPC/CHIA to monitor and enforce healthcare growth
  - Results forthcoming

## Access to Affordable Care in Worcester, MA



## Acknowledgements



## Service Project Overview and Goals

**Overview:** Currently, care at the Worcester Free Clinics and the Ronald McDonald Care Mobile occur as a one time service. However, Worcester is home to two of the leading community health centers in the state that is capable of providing longitudinal care to patients regardless of their ability to pay.

**Goals:** To assist in the coordination of care from free clinics in Worcester as well as the Ronald McDonald Care Mobile to local community health centers by providing referral forms to the free clinics for continuing care at a community health center.

## Service Project Progress and Outcomes

**Progress:** We have created a continuity of care referral form to be used by providers and have distributed the form into the Worcester free clinics and the Ronald McDonald Care Mobile.

**Outcomes:** Both the Worcester Family Health Center and the Edward Kennedy Community Health Center have agreed upon the referral form. The Worcester Free Clinic coordinators are currently working on the best practices for implementation of the forms.

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