

4th Cycle RFP

2000 Recipient List

The California Program on Access to Care (CPAC) is pleased to announce the awardees in its 2000 4th Regular Cycle Request for Proposals. A total of \$345,797 was awarded to PIs for the following projects.

Barriers to Timely Enrollment in Medi-Cal for Maternity Care

Paula Braveman, M.D., M.P.H., Kristen Marchi, M.P.H., Gilberto Chávez, M.D., M.P.H., and Elizabeth Adams, Ph. D., UCSF \$38,118. Grant period September 1, 2000, through February 28, 2001.

Serious concerns have been raised about untimely enrollment of pregnant women, especially immigrants, in Medicaid nationwide following the implementation of welfare reform. The statewide Maternal and Infant Health Assessment (MIHA) survey of postpartum women in California offers a unique source of population-based data to address issues related to current Medi-Cal enrollment. The survey includes detailed questions that can be used to identify problems with Medi-Cal application and enrollment. The study will use 1999 MIHA data to examine barriers to timely (first trimester) Medi-Cal enrollment during pregnancy among previously uninsured income-eligible women overall, and among immigrant women in particular. Other subgroups will be examined as numbers permit. Findings from the proposed study on the characteristics of women with untimely Medi-Cal enrollment should permit more effective targeting of culturally appropriate outreach efforts. Information on the nature of the barriers that appear most important should provide guidance about specific interventions to improve the timeliness of initiation and/or completion of the Medi-Cal application process. The report produced by this project will be designed to generate discussion among State and local policy-makers and program managers about the most promising strategies for increasing the proportion of low-income uninsured pregnant women who obtain timely Medi-Cal coverage.

An Examination of Medicaid Enrollment Among Low Income Children in California 1990-1996

David Card, Ph.D., Andrew Hildreth, Ph.D., UCB \$35,000. Grant period July 1, 2000, through December 31, 2000.

This study will use a unique data set for California that matches the US Census Bureau's Survey of Income and Program Participation (SIPP) records to the State Department of Health Services Medicaid (MEDS) file to examine the incidence and duration of participation in the Medicaid and TANF programs. The project goal is to examine the reporting of Medi-Cal coverage among children in a key survey used to measure rates of health insurance coverage -- the SIPP data -- and investigate the extent to which Medicaid coverage at a point in time and over the 30 month reporting period of the SIPP data are affected by under-reporting and mis-reporting. The effort is to be undertaken in collaboration of the State Department of Health Services.

Botánicas in OrangeCounty: A Therapeutic or Risky Healthcare Alternative for the Latino Community.

Leo R. Chávez, Ph.D. Karen V. Holliday, Ph.D. (expected), UCI \$10,000. Grant period August 1, 2000, through April 20, 2000.

Analyzing the use of botánicas in Orange County is essential in determining why immigrant communities, predominantly of Latino heritage, prefer to seek medical treatment using botánicas instead of mainstream medical health care facilities. This information will enable policy makers to develop policies as well as to reformulate existing ones so that said policies better cater to the needs of this growing community. While the Orange Countywide Health Needs Assessment project has identified particular barriers with respect to access to health care, the current study lacks culture-specific information. This information is fundamental in developing outreach programs specifically targeted at the large uninsured Latino population. As a dissertation topic, this study will identify these culture-specific needs.

Medi-Cal Coverage among Former Cash Welfare Recipients

Amy G. Cox, Ph.D., Jacob A. Klerman, Ph.D. (expected) LaurieMcDonald, RAND \$45,000. Grant period July 1, 2000, through December 31, 2000.

Medi-Cal coverage among former cash welfare recipients is a subject of ongoing policy interest. Despite large expansions in Medi-Cal programs, those who stop receiving cash benefits (Aid to Families with Dependent Children, AFDC, and Temporary Assistance to needy Families, TANF) tend to have low rates of Medi-Cal coverage. Although previous studies document that these low Medi-Cal take-up rates exist, knowledge is lacking about how these rates vary across Medi-Cal programs and among former cash aid recipients. Consequently, policymakers interested in raising Medi-Cal take-up rates do not know where to adjust policy and where to target outreach efforts.

The study addresses this policy need by describing the pattern of Medi-Cal enrollment across Medi-Cal programs, populations and over time, and by investigating how counties have implemented Medi-Cal programs. It will use the Medi-Cal Eligibility Determination System (MEDS) data, and administrative files covering all Medi-Cal enrollees from 1987 through June of 2000. The study will also conduct parallel qualitative work to understand the

implementation of the Medi-Cal reforms and outreach efforts within California counties. Finally, results from the qualitative work will be combined with the quantitative analysis of MEDS data to interpret the observed patterns of Medi-Cal enrollment and to begin the process of understanding the relationship between county outreach efforts and enrollment rates. The detailed pattern of coverage yielded by the proposed study will enable state and county administration to use current and updated data to make informed policy decisions about how to increase Medi-Cal enrollment among former cash aid recipients.

The Cost-Effectiveness of Case-Management Services for Persons with HIV Infection

William E. Cunningham, MD, MPH, Dana Goldman, Ph.D., Mitchell Katz, MD, Gerald Kominski, Ph.D., and Martin Shapiro, MD, Ph.D.

UCLA, \$43,995. Grant period August 1, 2000, through January 31, 2001.

The federal Ryan White (CARE) Act provides funding for states and localities to deliver case-management services to the growing number of poor and minority persons who are infected with HIV. California has the second highest number of AIDS cases in the nation and has three different metropolitan areas that are heavily affected by the epidemic. Nationally representative studies demonstrate that only 57% of clients have access to case-management services, but that receiving case-management services improves access to insurance coverage and income assistance, as well as improving access to combination antiretroviral medications for HIV infection. This study builds on these findings in order to determine the improvement in health-related quality of life (HRQOL) and survival outcomes, as well as the costs that would result from increasing access to case-management. The goal of these analyses is to determine whether case-management services are cost-effective. The study will aid policy decisions about how resources are allocated to case-management services.

Health Care Safety Net Spending in California: Current and Projected

James G. Kahn, MD, MPH, Kevin Grumbach, MD, UCSF

\$58,313. Grant period July 1, 2000 through December 31, 2000.

The California health care safety net is critically important to fill widening gaps in health insurance coverage. However, its financial viability is uncertain due to decreases in some safety net funding streams and operation in a cost-conscious and rapidly changing health care system. Despite these problems, there has been no systematic portrayal of safety net spending.

This project will develop a broad description of the safety net-public funding streams and uncompensated care-with an eye to preparing for changing health insurance coverage. The research will describe spending patterns and uncompensated care, and also characterize strategies used by safety net providers to maximize revenues. It will then describe anticipated changes in safety net funding and funding needs, and policy alternatives to buttress safety net providers.

Managing Pharmaceutical Costs in California Safety Net Providers

Kristiana Raube, Ph.D., MPH, UCB

\$29,821. Grant period July 1, 2000 through December 31, 2000.

Soaring drug costs threaten the ability of safety net providers in California to deliver care in a competitive market. Nationally, prescription drug spending has been increasing at double-digit rates since the mid-1990s and rates of this magnitude are projected to continue. For the state of California, drug costs have risen faster than other Medi-Cal costs for many years, and these increases now appear to be accelerating. For community clinics that serve low-income people, rising drug costs are a major concern. Many safety net providers need help in understanding and managing their pharmacy costs. Using mixed methods, the study will gather in-depth information on pharmaceutical management practices among selected safety net providers throughout the state. This exploratory study is designed to generate policy-related insights and hypotheses regarding how safety net providers in California manage drug benefits for their patients and to determine which kinds of information, technical assistance, and drug purchasing programs best allow these organizations to provide appropriate health care services to indigent people.

Consolidation of Public Mental Health Services in California: Expanding Managed Care to Vulnerable Populations

Lonnie R. Snowden, Ph.D., Steve Mayberg, Ph.D., Mary Masland, Ph.D., and Anne M. Libby, Ph.D., UCB

\$43,118. Grant period June 1, 2000 through November 30, 2000.

In preparation for implementation of managed care, the two existing systems providing specialty mental health services to Medi-Cal eligibles-the fee-for-service system and the county "Short Doyle" system-were merged. In 1995, inpatient mental health services were consolidated with outpatient mental health services merging in 1997-98. As a result, all Medi-Cal eligibles must now obtain any needed specialty mental health care through one of 59 county public mental health plans. This study will measure changes in access to specialty outpatient mental health services following system consolidation and will identify county factors associated with changes in access.

Ensuring access for former fee-for-service (FFS) clients poses a significant challenge to county mental health plans for several reasons. First, as a result of the policy change, county plans must now serve roughly twice the number of clients as before. Second, the FFS population has different service needs than the population county mental health plans have traditionally served. The FFS population is generally less ill and uses fewer services than the

severely mentally ill (SMI) Short Doyle population historically served by county plans. Third, FFS clients have historically been served by different providers and have different referral patterns. The private providers who traditionally served FFS clients may no longer be participating with the county mental health plans. Another important challenge will be the provision of culturally competent, age appropriate mental health services for an increasingly diverse clientele. Data shows that significant ethnic and age differences exist between the population eligible for mental health services and those that actually use services. Specific service and administrative changes county plans implement may directly affect access following consolidation.

The study will examine the effect of these and other local factors. Results from this research will alert system administrators and policy-makers if any Medi-Cal sub-populations have "fallen through the cracks" in the course of this major organizational change in the provision of public mental health services. Second, study results will provide some clues as to what county plan characteristics resulted in successful consolidation of all clients in a managed care environment. Third, study findings will alert administrators and policy-makers to access problems (as well as solutions) likely to occur during implementation of capitated payment systems-the next step for Medi-Cal managed care. Furthermore, the results of this research should impact decisions made by the California State Legislature, which is currently reviewing the structure of the state's public mental health system with major reforms in mind.

Impact of 'Public Charge' Policy on Immigrant Women's Access to Medi-Cal

Grace Yoo, Ph.D., Lisa Park, Ph.D., San Francisco State University

\$42,438. Grant period July 1, 2000 through December 31, 2000.

Since the autumn of 1994, a series of federal and state health, welfare, and immigration reforms have created a growing climate of fear among immigrant populations in relation to the risks associated with the use of public benefits. Repeatedly, the health care providers serving immigrant women cited the issue of "public charge" as a deterrent to Medi-Cal enrollment. The willingness of immigrants to trust the recent federal and state policy changes is a critical determinant of immigrants' willingness to enroll in Medi-Cal and seek services at publicly funded clinics and hospitals. Immigrant advocates and health care providers play a critical role in the building of this trust.

The study will examine the impact of these federal and state policy changes on low-income immigrant women's utilization of prenatal services and willingness to apply to Medi-Cal since May 1999. It will also seek to identify whether there are regional differences in the actions and reactions of health care providers in three research sites -- Fresno, San Francisco/Oakland, and San Diego --to the issue of public charge. Data will be collected through structured telephone interviews with 52 immigrant advocates and government service providers, as well as through nine in-depth focus groups with approximately 63 safety-net health care providers from each of the three sites. By increasing our understanding of the impact of the "public charge" policy, the research findings may illuminate possible outreach strategies that can be adopted to address specific barriers to Medi-Cal enrollment and may ultimately inform changes in public policy regarding the delivery of health services for low-income pregnant immigrant women.