Reducing the Uninsured and Increasing Access to Care: NYC DOHMH Role

Bureau of Primary Care Access and Planning
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Bureau of Primary Care Access and Planning (PCAP)

Creates and implements policy, program and research interventions that maximize health insurance coverage opportunities and increase access to affordable, high quality, and coordinated primary care with a strong focus on vulnerable underserved populations.

- Identify uninsured and address barriers to coverage
- Monitor how state and federal health reform efforts impact access to quality primary care services and health insurance coverage

Office of Health Insurance Services

Office of Health Planning
Office of Health Insurance Services

Enrollment, Outreach and Education Services

• Certified Application Counselors
  – perform enrollment assistor and outreach functions for New Yorkers seeking health insurance through the New York State of Health Marketplace.

• Referrals and walk-ins:
  – Article 28 clinics
  – Community and faith-based organizations
  – Early Intervention program
  – Children with Special Health Care Needs
  – Government sponsored non-health programs and sites: Federal immigration courts, libraries, DMV, IDNYC
  – GetCovered Text Campaign
Office of Health Planning

**Policy analysis**
- Expertise in policy areas related to health systems and access to care
- Legislative and regulatory analysis, research and monitoring

**Research and Data analysis**
- Survey administration and data collection
- Data monitoring and analysis

**Ad hoc projects**
- City-wide Health Insurance Enrollment Campaigns
- Various initiatives related to health care access for immigrants
City-Wide Health Insurance Campaigns

If you are a family of 3 in NYC making up to $27,310 a year, YOU MAY QUALIFY FOR HEALTH INSURANCE AT NO COST

Get Covered!

TO FIND FREE In-Person Assistance
text CoveredNYC to 877877 or call 311 for help.

GET COVERED!

The deadline to sign up is February 15th.

#GetCovered
Visit NYStateofHealth.ny.gov

YOU MAY QUALIFY FOR HEALTH INSURANCE AT LOW OR NO COST

Get Covered!
Advances in Coverage

Uninsured status among NYC adults, 2004-2014

**Demographic Information:**

- **Low-income***
  - More than two in three (69%) have a household income under 200% of the Federal Poverty Level

- **Low education level***
  - Nearly one in three (31%) have less than a high school education
  - More than half (58%) have a high school diploma or below

- **Majority are immigrants (including documented and undocumented)***
  - Approximately three in four (73%) are foreign born

- **Many are undocumented immigrants**
  - More than one in three (40%) uninsured adult New Yorkers are estimated to be undocumented

- **Possible language barriers***
  - Nearly two in three (60%) most often speak a language other than English at home

**Geographic Locations:**

NYC Neighborhoods with Highest Numbers of Uninsured Adults 18-64: *

- West Queens
- South Bronx
- Jamaica
- Williamsburg-Bushwick
- Pelham-Throgs Neck
- Borough Park
- Bensonhurst
- Flushing
- Fordham-Bronx Park
- Coney Island


NYC Task Force on Immigrant Health Care Access

• Formed in 2014 to address disparities in health care access for the immigrant community in NYC

• City officials co-chaired the Task Force

• Developed recommendations to improve coordinated and robust access to care for the uninsured, particularly the undocumented
ActionHealthNYC

• Is for populations without access to care post-health reform

• Will include the following:
  o Network of health facilities including community health centers and public hospitals
  o Patient membership card
  o Predictable costs
  o Encouraged use of preventive and primary care services
  o Care coordination and customer service
Evaluation

**Primary outcome**: Increased rate of appropriate utilization (more primary care, less avoidable ED visits and 30 day all cause re-admissions)

**Secondary outcomes**: Increased satisfaction, reduced financial burden, number of people enrolled into insurance, number of people who got preventive services, number of adults newly diagnosed with chronic care or mental health conditions and management/referral to treatment

**Design and population**: Randomized controlled trial enrolling 2,400 adults (1,200 treatment/1,200 control) with a 12 month intervention (see previous slide for details)

**Data sources**: Baseline and follow up surveys, electronic health records, administrative data (SPARCS/Salient), key informant interviews, focus groups,

**Analysis**: Descriptive and multivariable modeling

**Collaborators**: DOHMH (lead), American Institutes for Research (AIR) Mayor’s Office of Immigrant Affairs
Questions and Discussion