

Family PACT Program Evaluation:

Findings from the 2008/09 Provider Referral Study



Overview of the Study

Access to primary health care plays a vital role in individuals' and families' health and well-being. Despite numerous benefits, regular access to primary care services in this country remains fragmented, with nearly one in five Americans reporting that they have no usual source of health care. California's Family PACT Program provides access to family planning services for low-income women, men and adolescents, but does not offer a full scope of primary care services in its benefits package. In an effort to increase access to primary care services for Family PACT clients, the Office of Family Planning (OFP) directed its Family PACT providers in 2004 to: 1) refer clients to primary care providers when they are in need, and 2) establish partnerships with other providers to facilitate these referrals. These efforts have been established as the fourth goal of Family PACT's waiver renewal application with the federal Centers for Medicare and Medicaid Services (CMS).

The FY 2008/09 Provider Referral Study was developed to better understand the current primary care referral practices of Family PACT providers, including the extent to which providers assess their clients' primary health care needs, offer primary care services onsite or refer clients to other sources of care, and use various referral protocols and practices. The study also examined the extent to which providers were exposed to OFP resources designed to increase their capacity to facilitate referrals, and identified obstacles to providing referrals. Surveys were collected from a random sample of 625 public and private sector Family PACT providers. Findings were compared to results from the previous Provider Referral Study, conducted in FY 2004/05, to assess changes in practices and barriers over time.

Key Study Findings

Nearly all Family PACT providers screen their clients for primary health care needs, although there is room for improvement in the frequency of screening.

- The vast majority (98%) of Family PACT providers screen their clients for primary health care needs, with many (91%) using a standardized tool to do so.
- Few providers screen their clients at regular intervals, such as at every visit (30%) or annually (13%). Nearly half (45%) wait to screen until a client presents with a primary health care need, perhaps missing an opportunity for preventive care.

Most Family PACT providers offer basic primary care services onsite. Variations in clinic practices by provider sector, specialty and type indicate a need for different resources and support for different types of providers.

- Most providers offer some primary care services onsite, including screening for common health conditions (82%), annual physical exams (77%), treatment of acute common illnesses (75%), domestic violence screening (75%), and writing prescriptions for primary care needs (74%).
- Private sector providers, family planning and OB/GYN specialists, Planned Parenthood clinics, and solo medical practices were less likely to offer primary care services onsite than other providers, and thus were more likely to offer referrals to their clients.
- Providers estimate that two-thirds of their Family PACT clients receive needed care onsite, either at that clinic site or within their organization, rather than being referred to an external entity for services. This estimate varied greatly by provider sector and specialty.

All providers refer Family PACT clients for some types of primary care services, particularly specialized health care. However, the frequency of specific efforts to facilitate referrals may be declining.

- An estimated one-third of Family PACT clients receive a referral to access primary care services at another site. The most common referrals are for specialized care such as cancer treatment and therapy (94%), treatment of substance abuse (92%), treatment of bone fractures (89%), and ongoing mental health counseling (75%).
- When providers give referrals, 84% document the referral in the client's medical chart, 68% pass on pertinent medical records to the outside provider, 65% give the client directions, and 51% complete a referral form. Fewer follow up with the client or provider after the appointment, or seek the client's feedback about their experience.
- The frequency of some of these referral activities declined significantly between the 2004/05 and 2008/09 surveys. Although some of this decline may be due to differences in the survey samples, it may also reflect an increasingly burdened and busy health care system.

Barriers to facilitating access to primary care, either onsite or through a referral, are common. However, some present concrete opportunities for intervention.

- Many of the barriers to providing referrals to primary care services are financial, social and structural and may not be amendable to a quick change. Finding primary care providers to serve uninsured and indigent clients was reported as the most common referral barrier in both the 2004/05 and 2008/09 surveys.
- Provider suggestions for future resources from OFP include resource lists of local primary care providers, written materials for patients about available public health care programs, and standardized referral forms.
- The Office of Family Planning has implemented a number of activities to increase providers' awareness of the importance of primary care referrals and offer resources to facilitate referrals, including newsletters, Program Standards, regional provider forms, tip sheets, and a provider hotline. Three-quarters of providers reported having received at least one of these resources offered by OFP.

Conclusions

Although some of the future direction of primary care referrals in the Family PACT Program will depend on the conditions of the final waiver renewal with CMS, it is clear that ensuring clients' access to needed primary care services will always be an important component of care at Family PACT clinics. Family PACT providers are both key sources of primary health care and gateways into the healthcare system at large for low-income, uninsured individuals in California. The current focus on health care reform at the national level underscores the significance of tracking the issue of access to primary care services and referrals from multiple perspectives, including providers and clients.

Source: Ralph, L., and Brindis, C. *Facilitating access to primary care services for Family PACT clients: Findings from the 2008/09 Provider Referral Study*, San Francisco, CA.: Bixby Center for Global Reproductive Health. University of California, San Francisco. 2009.

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