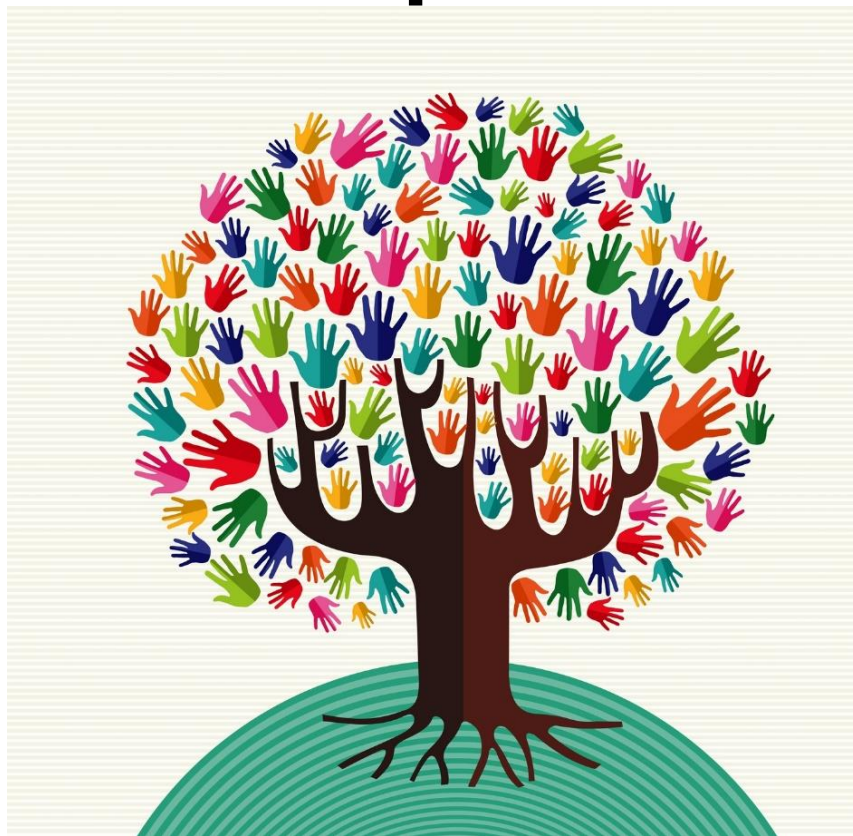


# 2016 Lane County Healthcare Safety Nets Report



**100% Health**  
Community Coalition



United Way of Lane County

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## Executive Summary

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Safety Net Clinics are on the ground in underserved communities providing oral, mental, behavioral and physical health services for patients who are at risk of not getting needed healthcare. Safety Net Clinics are leaders in helping people overcome barriers and experience better health outcomes. The safety net serves a disproportionate number of historically underserved populations and is a leader in adopting programs and practices that increase access and reduce health disparities.

The [2016 Lane County Healthcare Safety Nets Report](#) summarizes the results from the Lane County Healthcare Safety Nets – Data Collection Framework. The purpose is to measure safety net services, capacity, and value provided to the community; to better understand the characteristics of the populations served; and to monitor access, identify disparities, and assess overall performance of the Safety Net Clinics in Lane County, OR. The data collection framework is a collaborative effort led by United Way of Lane County and partnered with the 100% Health Community Coalition and Safety Net Committee.

The [2016 Lane County Healthcare Safety Nets Report](#) is divided into two parts:

1. The report summarizes the results from the 2016 fiscal year data collection process.
2. The report summarizes the results from examining data from 2010 and 2016. The purpose of this analysis was to examine changes in the Safety Net Clinic capacity and populations served pre- versus post-Affordable Care Act (ACA) implementation.

The Safety Net Clinics in Lane County consist of community clinics, Community Health Centers, School-Based Health Centers, and rural health clinics. Fourteen community safety net organizations in Lane County participated in the 2016 data collection process, representing 28 clinic locations across Lane County.

### Key Findings

- Across all age groups, Safety Net Clinics serve more females than males.
- Increase in number of unique patients served by Safety Net Clinics post-ACA.
- Increase in the no-show rate post-ACA.
- Increase in primary care visits for adults and a decrease in primary care visits for children post-ACA.
- The majority of patients seen by Safety Net Clinics have the Oregon Health Plan (OHP) and about a quarter are uninsured post-ACA.
- Pre-ACA, the majority of patients seen by Safety Net Clinics were uninsured.
- Provider recruitment remained a challenge for Safety Net Clinics pre- and post-ACA implementation.

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# Introduction

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## What Are Healthcare Safety Net Clinics?

Safety Net Clinics are defined not by any specific legal terms, business model or scope of practice, but by their common mission: to provide health care services to uninsured, underinsured and vulnerable people in need. The safety net providers include: Federally Qualified Health Centers or Community Health Centers, School-Based Health Centers, and community based nonprofits providing health services. While many Safety Net Clinics receive state and federal funding, they are managed locally to facilitate coordination and integration of services.

## Why Are Safety Net Clinics Important?

Safety Net Clinics are leaders in helping people overcome barriers, and experience better health outcomes. The safety net serves a disproportionate number of historically underserved populations and is a leader in adopting programs and practices that increase access and reduce health disparities. Safety Net Clinics provide a medical home for uninsured members of the community, as well as many low-income insured individuals. A national study found more than one third of primary care safety net clinic visits were among adults with non-Medicaid primary insurance. Safety Net Clinics are important for primary care delivery among non-Medicaid insured minority and low-income populations, especially when there is a high burden of chronic illness (Nguyen, Makam, & Halm, 2016). This demonstrates that Safety Net Clinics are a vital and trusted source of care for vulnerable and marginalized populations, despite health insurance coverage.

## Who Are the Safety Net Clinics in Lane County?

The Safety Net Clinics in Lane County consist of community clinics, Community Health Centers, School-Based Health Centers, and rural health clinics. The following organizations are the safety net providers in Lane County:

- 4J School-Based Health Centers
- Bethel Health Center
- Cascade Health Solutions
- Center for Community Counseling
- Centro Latino Americano
- Community Health Centers of Lane County
- HIV Alliance
- Hourglass Community Crisis Center
- Occupy Medical
- Orchid Health Clinic Oakridge
- Planned Parenthood of Southwestern Oregon
- South Lane Children's Dental Clinic
- South Lane Mental Health
- Volunteers In Medicine
- White Bird Clinic
- Willamette Family Inc.

## What Services Do Lane County Safety Net Clinics Provide?

The Safety Net Clinics provide an array of services to underserved children and adults in Lane County. Some of the main services provided include:

- Medical care
- Dental care
- Vision care
- Mental and behavioral health services
- Family planning and reproductive care
- Prenatal care
- Immunizations
- Prevention and screenings
- Case management
- Social Services

## Safety Net Clinics and the ACA

Safety Net Clinics remain a vital source of care for low-income and vulnerable populations despite the passage of the Affordable Care Act (ACA). While millions gained health care insurance under the ACA, 28.5 million remained uninsured in 2015 (KKF, 2016). Seven percent of Oregonians were uninsured in 2015. Based on the *2015-2016 Lane County Regional Community Health Needs Assessment*, 12% of adults and 4% of children in Lane County remained uninsured in 2014. The current Lane County census data reports that 6% of residents are uninsured. Even though the uninsured rate has significantly dropped since the passage of the ACA, Safety Net Clinics remain needed to treat low-income populations who have gained access to Medicaid. Many low-income individuals in Oregon have health insurance because of the ACA Medicaid Expansion. These individuals require the care provided by Safety Net Clinics since they are experts in caring for vulnerable populations living in poverty.

While the ACA is currently in effect, the Trump Administration plans on repealing the ACA. This means that the millions of Americans who have gained health care coverage under the ACA are at risk of losing it. The ACA repeal has several implications for Safety Net Clinics. Besides having a larger portion of uninsured individuals to possibly serve, it will also change funding sources. The ACA increased grant funding for Community Health Centers and School-Based Health Centers. The Medicaid waiver allowed Oregon to create the Coordinated Care Organization (CCO) system which provides grant funding to community organizations performing community health work. The repeal of the ACA can change these funding aspects that helped Safety Net Clinics provide primary care services to low-income and minority populations. The upcoming challenge for the Safety Net Clinics will be to determine how to navigate the changing landscape of the health care system and financing, and shifting health insurance demographics in the community.

# 2016 Safety Net Clinic Data Analysis

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## Process

The Lane County Healthcare Safety Nets – Data Collection Framework was developed by the 100% Access Coalition and Safety Net Committee with United Way of Lane County in 2008. The current data collection framework was appended this year by the Safety Net Committee and United Way of Lane County. The following new categories were added to the existing framework: mental health, dental, and community/home care visits for adults and children.

The data collection sheet included scope of practice and services provided, clinic capacity, visits for primary care, dental, mental/behavioral health, and community/home care, pharmacy, referrals, demographics, unique age counts, race/ethnicity, primary language, and insurance status. Clinic directors were asked to fill out the data collection sheet for the 2016 fiscal year. The data collection sheet included a comment section for current challenges specific to each organization.

The data collection sheet was emailed individually to each organization director. The data collection sheets were filled in electronically and emailed back to the Community Health Intern or Director of Health at United Way of Lane County. Data collection sheets were distributed on January 11, 2017 and data collection continued until February 20, 2017.

The data collection sheet was sent to 16 community organizations and 14 organizations returned the sheet. While there was an 87.5% response rate, it is important to note that the following results should not be applied to each individual clinic as results varied across organizations. The results represent the Safety Net Clinics in Lane County as a whole.

## Data Analysis

The Community Health Intern analyzed the data collection sheets by examining the overall totals and proportions for each category. The following organizations are included in the results presented below. It is important to note that some organizations have multiple clinic sites included in their data.

- 4J School-Based Health Centers
- Bethel Health Center
- Centro Latino Americano
- Community Health Centers of Lane County (CHCs)
- HIV Alliance
- Occupy Medical
- Orchid Health Clinic Oakridge
- Planned Parenthood of Southwestern Oregon (PPSO)
- South Lane Children's Dental Clinic
- South Lane Mental Health
- Volunteers In Medicine (VIM)
- White Bird Dental Clinic
- White Bird Medical Clinic
- Willamette Family

## Limitations

Limitations to the data analysis include:

- Response and nonresponse bias were limitations to the data analysis. Organizations left data fields blank or might have misinterpreted data collection points, which could affect the results presented below.

## Key Findings

The following findings summarize the key findings from the analysis of the 2016 Safety Net Clinic data collection.

### Demographics

Across all age groups, the majority of patients accessing the Safety Net Clinics are women and girls. According to the Lane County census data, around 50% of Lane County is female while the Safety Net Clinic population is 62% female.

Race and ethnic minorities are also disproportionately served by the Safety Net Clinics. According to the Lane County census data, almost 83% of the population in Lane County is white, not Hispanic or Latino. The remaining 17% of Lane County is from a racial or ethnic minority. The Safety Net Clinic population is 30% of a racial or ethnic minority.

Lastly, 15% of the patients served by the Safety Net Clinics speak a language other than English.

### Insurance Status

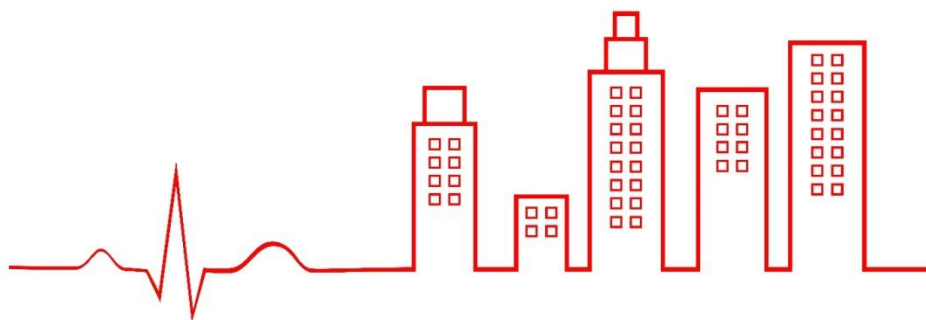
Safety Net Clinics disproportionately serve patients who are uninsured or on OHP. 21% of patients served by the Safety Net Clinics are uninsured, while only 6% of the population in Lane County is uninsured. Also, about 25% of Lane County residents are on OHP, while 59% of the Safety Net Clinics patients are on OHP.

### Patients and Visits

Safety Net Clinics served 54,159 patients in 2016, which is approximately 15% of the Lane County population. Their total number of primary care, behavioral health, and dental visits was 263,544.

### Capacity

The Safety Net Clinics are not reaching their full capacity for patients served and visits provided. The organizations are at 68% of their potential patient capacity and 80% of their potential visits capacity. In addition, by reducing their no show rate, their potential capacity would be even more. The needs organizations listed in order to reach their full potential capacity were the following: more staff, more space, and more people being aware their organization existed.



## Results

### Visits

Visits	
<b>Total number of unique patients</b>	<b>54,159</b>
<b>Total number of primary care visits</b>	<b>101,812</b>
Number of primary care visits for adults	79,391
Number of primary care visits for children	22,421
<b>Total number of mental/behavioral health visits</b>	<b>137,002</b>
Number of mental/behavioral health visits for adults	115,011
Number of mental/behavioral health visits for children	21,991
<b>Total number of dental visits</b>	<b>24,730</b>
Number of dental visits for adults	6,110
Number of dental visits for children	18,620
Total number of community/home care visits	7,021
No show rate (%)	13%*

*The table represents the total numbers for each visit category of all the participating safety net organizations. It will be noted below how many organizations participated in each data point.*

*\* This is the median no show rate.*

#### Unique Patients

The Safety Net Clinics served 54,159 unique patients in 2016. All 14 participating organizations responded to this data point. The median number of unique patients served was 902 patients per organization.

#### Primary Care Visits

The Safety Net Clinics provided 79,391 primary care visits for adults in 2016. Primary care visits for adults were provided by the following nine organizations: Bethel Health Center, CHCs, HIV Alliance, Orchid Health Clinic Oakridge, Occupy Medical, PPSO, VIM, White Bird Medical Clinic, and Willamette Family. Of the nine organizations that provided primary care to adults, the median number of primary care visits for adults was 3,005 visits per organization.

The Safety Net Clinics provided 22,421 primary care visits for children in 2016. Children were considered to be less than 20 years of age in the data collection process. Primary care visits for children were provided by the following five organizations: 4J School-Based Health Centers, Bethel Health Center, CHCs, Orchid Health Clinic Oakridge, and PPSO. Of the five organizations that provided primary care to children, the median number of primary care visits for children was 1,391 visits per organization.

#### Mental/Behavioral Health Visits

The Safety Net Clinics provided 115,011 mental/behavioral health visits for adults in 2016. Mental/Behavioral health visits for adults were provided by the following seven organizations: CHCs, HIV Alliance, Orchid Health Clinic Oakridge, South Lane Mental Health, VIM, White Bird Medical Clinic, and Willamette Family. Of the seven organizations that provided mental/behavioral health care to adults, the average number of mental/behavioral health visits for adults was 16,430 visits per organization.



The Safety Net Clinics provided 21,991 mental/behavioral health visits for children in 2016. Children were considered to be less than 20 years of age in the data collection process. Mental/Behavioral health visits for children were provided by the following five organizations: 4J School-Based Health Centers, Bethel Health Center, CHCs, Orchid Health Clinic Oakridge, and South Lane Mental Health. Of the five organizations that provided mental/behavioral health care to children, the average number of mental/behavioral health visits for children was 4,398 visits per organization.

### Dental Visits

The Safety Net Clinics provided 6,110 dental visits for adults in 2016. All of the dental visits for adults were provided by White Bird Dental Clinic.

The Safety Net Clinics provided 18,620 dental visits for children in 2016. Children were considered to be less than 20 years of age in the data collection process. Dental visits for children were provided by the following four organizations: 4J School-Based Health Centers, CHCs, South Lane Children’s Dental Clinic, and White Bird Dental Clinic. The majority of dental visits for children were provided by the CHCs.

### Community/Home Care Visits

The Safety Net Clinics provided 7,021 community/home care visits in 2016. Community/home care visits were provided by HIV Alliance and South Lane Mental Health.

### No Show Rate

The median no show rate for the Safety Net Clinics was 13% in 2016. Eight organizations provided data for no show rates. The median no show rate ranged from 1% to 74%.

## Capacity

Provider Capacity	
Number of staff providers	367*
Total FTE of staff providers	288*
Number of volunteer providers	87

*The table represents the total numbers for each provider category of all the participating safety net organizations.*

*\*Does not include provider data from the CHCs.*

The following organizations reported on number of staff providers and FTE: 4J School-Based Health Centers, Bethel Health Center, Centro Latino Americano, HIV Alliance, Orchid Health Clinic Oakridge, PPSO, South Lane Children’s Dental Clinic, South Lane Mental Health, VIM, White Bird Dental Clinic, White Bird Medical Clinic, and Willamette Family. These safety net organizations in Lane County had 367 providers and 288 FTE hours in 2016.

The Safety Net Clinics had 87 volunteer providers in 2016, with all 14 organizations providing data.

Potential Service Capacity	
Actual vs Capacity - Patients	68%
Actual vs Capacity - Visits	80%

*This table represents the percentage at which safety net organizations are meeting their capacity by clients and visits.*

Three organizations provided information on their potential capacity for patients served in a year. These safety net organizations are operating at 68% of their patient capacity. This is the median patient capacity percentage with the values ranging from 24% to 90%. To calculate the percentages above, the total number of unique patients served in the year was divided by the potential capacity number provided.

Five organizations provided information on their potential capacity for visits provided per year. These safety net organizations are operating at 80% of their visits capacity. This is the median capacity percentage with the values ranging from 49% to 92%.

If safety net organizations were able to reach their potential service capacity, this would increase the number of patients served by approximately 10,000 – 15,000.

## Pharmacy

Pharmacy	
Number of prescriptions filled/dispensed	26,860
Number of PAPs filled	783
Wholesale value of medication dispensed	\$1,176,582

*The table represents the total numbers for each pharmacy category of all the participating safety net organizations.*

The Safety Net Clinics filled or dispensed 26,860 prescriptions in 2016. Prescriptions were provided by the following eight organizations: 4J School-Based Health Centers, Occupy Medical, PPSO, South Lane Children’s Dental Clinic, VIM, White Bird Dental Clinic, White Bird Medical Clinic, and Willamette Family.

In 2016, there were 783 Patient Assistance Programs (PAPs) filled by two participating organizations. Four organizations provided information of the wholesale value of medications dispensed, totaling \$1,176,582.

## Referrals

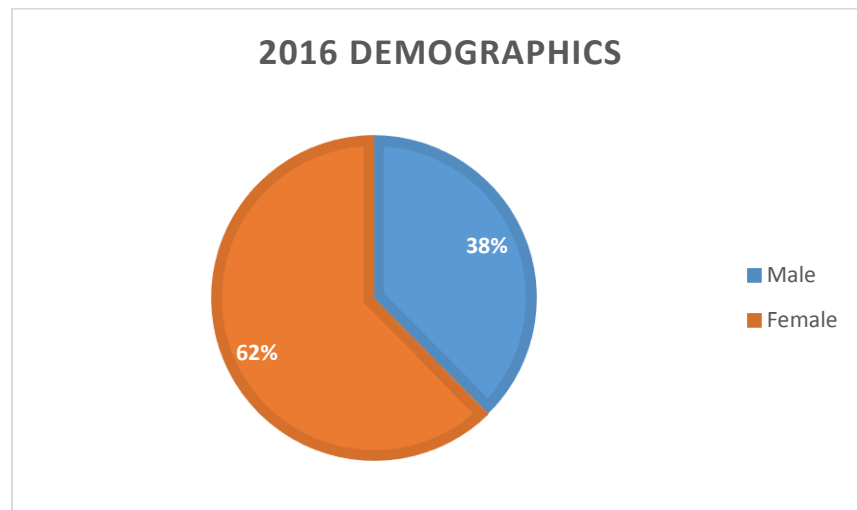
Referrals	
Number of external provider referrals	5,527
Number of internal provider referrals	1,114

*The table represents the total numbers for each referral category of all the participating safety net organizations.*

The Safety Net Clinics provided 5,527 referrals to external providers in 2016. External provider referrals were provided by the following seven organizations: 4J School-Based Health Centers, Occupy Medical, PPSO, VIM, White Bird Dental Clinic, White Bird Medical Clinic, and Willamette Family. Of the seven organizations that provided external provider referrals, the average number of external referrals was 790 referrals per organization.

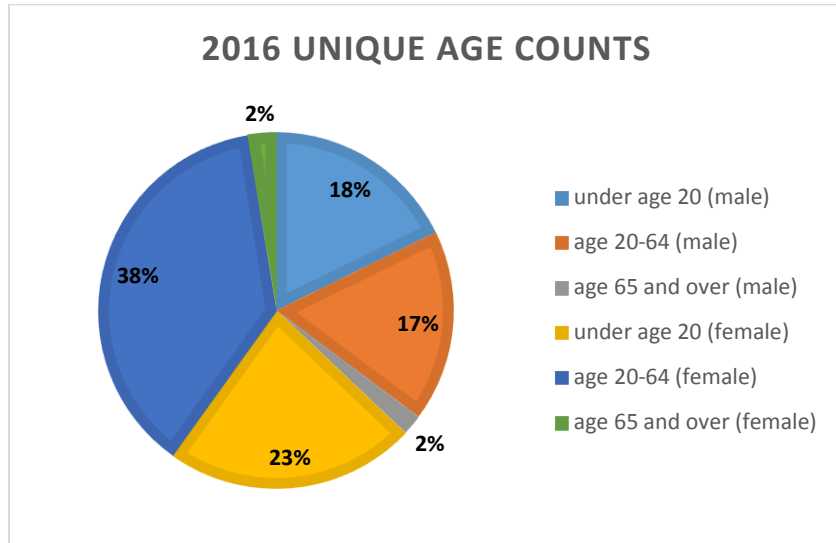
The Safety Net Clinics provided 1,114 referrals to internal providers in 2016. Internal provider referrals were provided by the following four organizations: PPSO, South Lane Children's Dental Clinic, VIM, and Willamette Family. Of the three organizations that provided internal provider referrals, the average number of internal referrals was 279 referrals per organization.

## Demographics

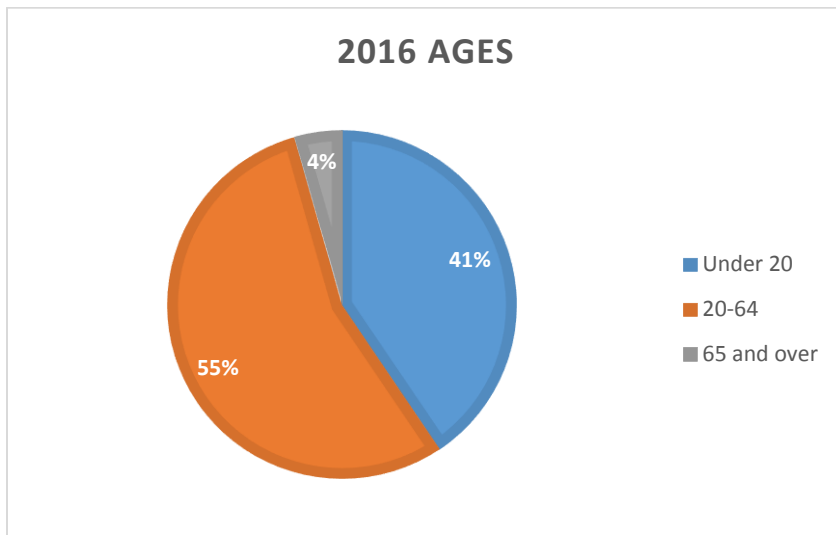


The 2016 Demographics graph shows the portions of patients served by sex. The majority of patients served by the Safety Net Clinics are female. Thirteen organizations provided data on the unique number of male and female patients served in 2016.

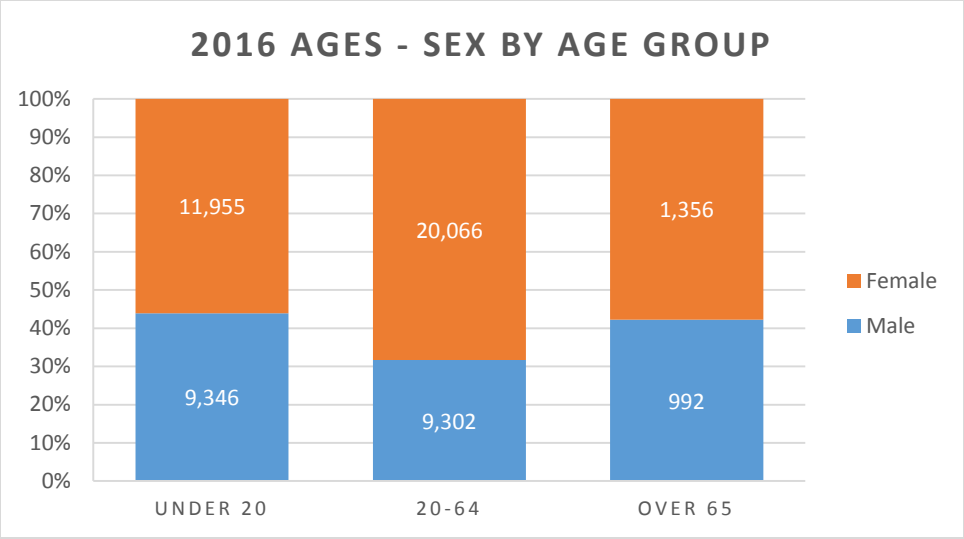
## Ages



The 2016 Unique Age Counts graph shows the proportions of male and female patients served by age group. The majority of patients served by the Safety Net Clinics are women between the ages of 20 and 64, with the second largest group being girls under 20 years old. Twelve organizations provided data on the unique age counts of their patients.

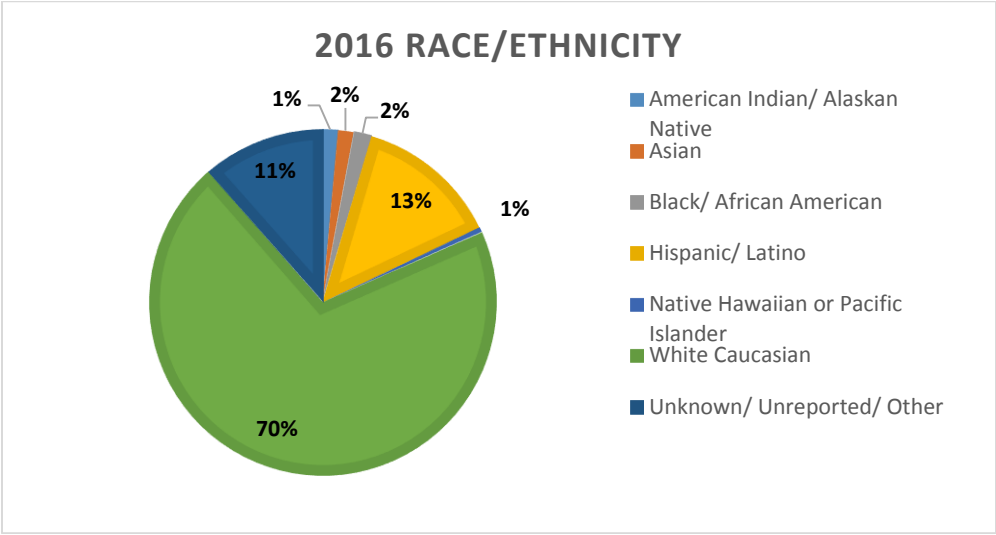


The 2016 Ages chart shows the proportions of patients served by age categories. The largest proportion of patients served by the Safety Net Clinics are between the ages of 20 and 64 years old.



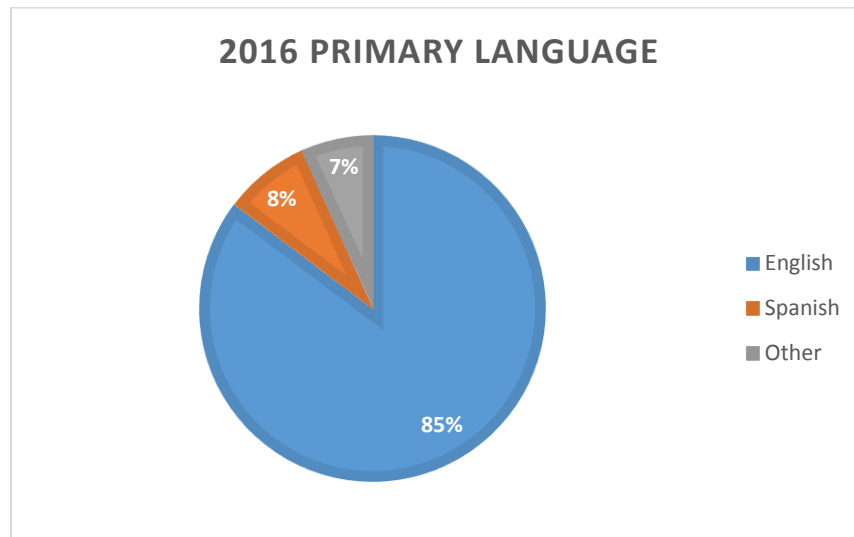
The 2016 Ages – Sex by Age Group graph shows the proportion of male and female patients served by age category. Across all age categories, the Safety Net Clinics serve more females than males. Out of patients who are between the ages of 20 and 64, the majority are female.

**Race/Ethnicity**



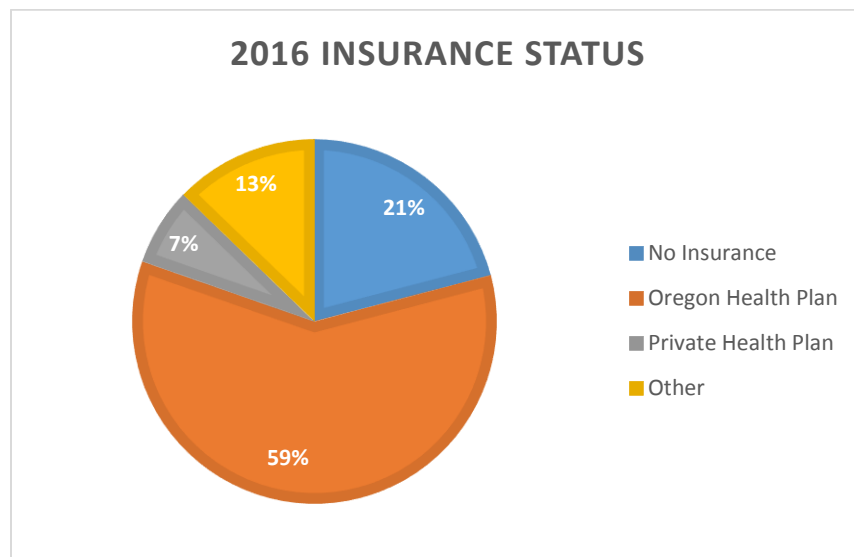
The 2016 Race/Ethnicity graph shows the proportions of patients served by race/ethnicity. The largest proportion of patients receiving services at the Safety Net Clinics are White Caucasian, with Hispanic/Latino being the second largest race/ethnic group. Twelve organizations provided data on the race/ethnicity of their patients.

## Primary Language



The 2016 Primary Language graph shows the proportions of patients served by primary language. The majority of patients served by the Safety Net Clinics are English speaking. Eleven organizations provided data on their patient's primary language.

## Insurance Status



The 2016 Insurance Status graph shows the proportions of patients served by health insurance status. The majority of patients served at the Safety Net Clinics are on the Oregon Health Plan (OHP). The majority of patients that fall into the "Other" category have Medicare or VA insurance, as reported by the participating organizations. Thirteen organizations provided data on insurance status for their patients. The overall proportion of patients with OHP served by the Safety Net Clinics is 59%, but the OHP status by organization ranges from 28% to 80%. The proportion of uninsured patients by organization ranges from 2% to 70%.

## Challenges

Each safety net organization was asked the following question:

*What are your current specific challenges? Looking ahead, what will be your challenges?*

Eight organizations provided qualitative data on their specific challenges. To read all the detailed responses, see Appendix A at the end of this report.

While each organization reported different challenges, there were three main themes among the Safety Net Clinics in 2016. The following are challenges discussed by multiple safety net organizations: funding, ACA repeal, and provider recruitment.

### Funding

There is concern of budget cuts in federal and state funding, as well as changes in healthcare financing among several of the safety net organizations. There is worry of how the ACA repeal will change funding for OHP; and as demonstrated in the findings from this report, many safety net organizations serve OHP patients.

*“Uncertainly in insurance coverage and program funding is our greatest challenge. This includes changes at the federal and state levels in the Affordable Care Act, as well uncertainty in the many important areas of the state budget. Funding for physical, behavioral health, and dental services are all at risk. Additionally, there is uncertainty in funding for many social services such as housing, food assistance, and other key services that are important to the health of our patients.” – Lane County Safety Net Organization*

### ACA Repeal

The potential repeal of the ACA will change the healthcare landscape by altering funding and health insurance schemes in the United States. With the potential healthcare reform, many clinics are worried about the number of uninsured individuals in the community rising, as well as clinics not having enough capacity to provide for this potential rise in uninsured patients.

*“The possible repeal of the Affordable Care Act will jeopardize community members who are on Medicaid, underinsured or uninsured.” – Lane County Safety Net Organization*

### Provider & Staff Recruitment

It is challenge for organizations to find providers and staff to serve the healthcare needs of the community. Some organizations also addressed concern for not having enough space to provide for staff and interns. One safety net organization mentioned the potential influx of patients if the ACA is repealed, and not having enough providers to serve this potential need in the community.

*“Staffing is an on-going challenge. There is a nation-wide shortage of primary care practitioners, nurses, and medical support staff.” – Lane County Safety Net Organization*

# Safety Net Clinic Data Analysis: Pre- vs. Post-ACA

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## Process

United Way of Lane County and the Safety Net Committee have been collecting data from the Safety Net Clinics since 2008, with data collection happening in the following years: 2008, 2009, 2010, 2013, and 2016. In the past, the data collection process was similar to the current method of data collection. United Way of Lane County initiated the data collection process and gathered all past data.

## Data Analysis

While data was collected for multiple years, this portion of data analysis will only include the 2010 and 2016 fiscal years. The purpose of this analysis is to determine any changes among the Safety Net Clinics pre- versus post-ACA implementation. The 2010 data collection year was chosen as the pre-ACA data point since it was the closest year to ACA implementation, and had the same number of participating clinics as the current year.

The data collection sheets in the past were similar to the current framework with a few exceptions. The data collection sheet in 2010 had the same information as the current data sheet except for the fields of dental, mental/behavioral health, and community/home visits. These three categories were new to the data collection process in 2016, and will not be included in the analysis as there is no pre-ACA data available.

The Community Health Intern compiled the past data into one format. The data was analyzed by examining category totals and proportions for each year. The results presented below include clinics that returned data for both 2010 and 2016 to make the data analysis comparable and consistent. Three clinics that formed after 2010 were also included, and their data is included in the post-ACA results. The following organizations are included in the results presented below:

- 4J School-Based Health Centers
- Bethel Health Center \*
- Community Health Centers of Lane County (CHCs)
- Orchid Health Clinic Oakridge\*
- Occupy Medical\*
- Planned Parenthood of Southwestern Oregon (PPSO)
- South Lane Mental Health
- Volunteers In Medicine (VIM)
- White Bird Dental Clinic
- White Bird Medical Clinic
- Willamette Family

\* 2016 data only

## Limitations

Limitations to the data analysis include:

- The data collection sheets had slight changes over time. This resulted in some data categories not being included in the data analysis.
- Response and nonresponse bias were limitations to the data analysis.
- Changes in number totals and proportions from 2010 to 2016 cannot be deemed significant as a statistical analysis was not completed.



## Key Findings

The following findings summarize the key findings from the analysis of pre- and post-ACA Safety Net Clinic data.

### Patients & Visits

There was an increase in unique patients served and adult primary care visits by the Safety Net Clinics post-ACA implementation.

There was a decrease in primary care visits for children and number of prescriptions filled by the Safety Net Clinics post-ACA.

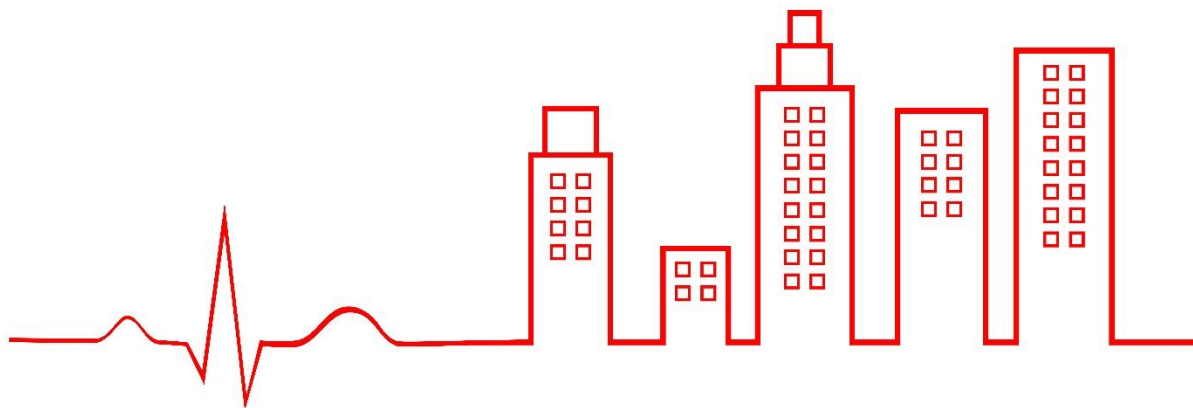
There was an increase in the no-show rate post-ACA.

### Insurance Status

There was a substantial change in insurance status among patients served by the Safety Net Clinics post-ACA. The proportion of patients with OHP increased from 31% in 2010 to 67% in 2016. There was also a substantial decrease in uninsured patients, from 68% in 2010 to 22% in 2016. This demonstrates that the many individuals gained health insurance under the ACA.

### Challenges

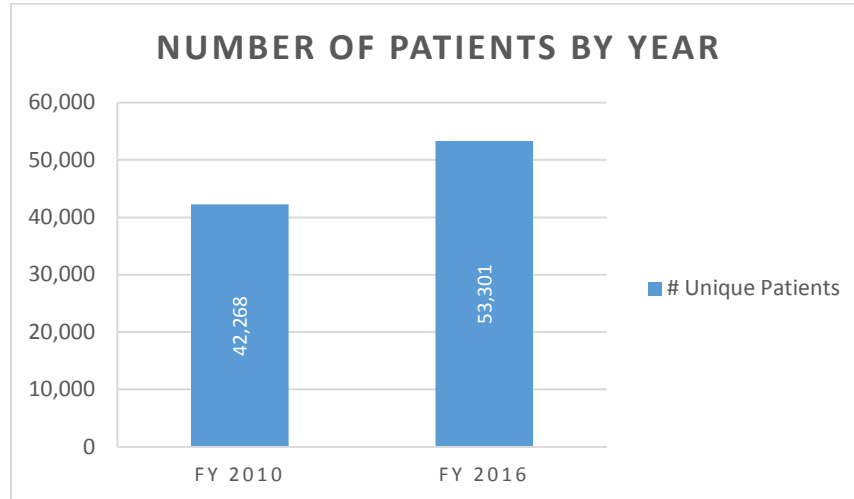
Pre- and post-ACA, the Safety Net Clinics reported provider recruitment as an issue. Despite the implementation of the ACA, the Safety Net Clinics are still challenged by provider recruitment. Before the ACA was implemented, the Safety Net Clinics were concerned about ACA implementation. In 2016, after the organizations adjusted to the implementation of the ACA, they are now concerned about the potential ACA repeal presented by the Trump Administration.



## Results

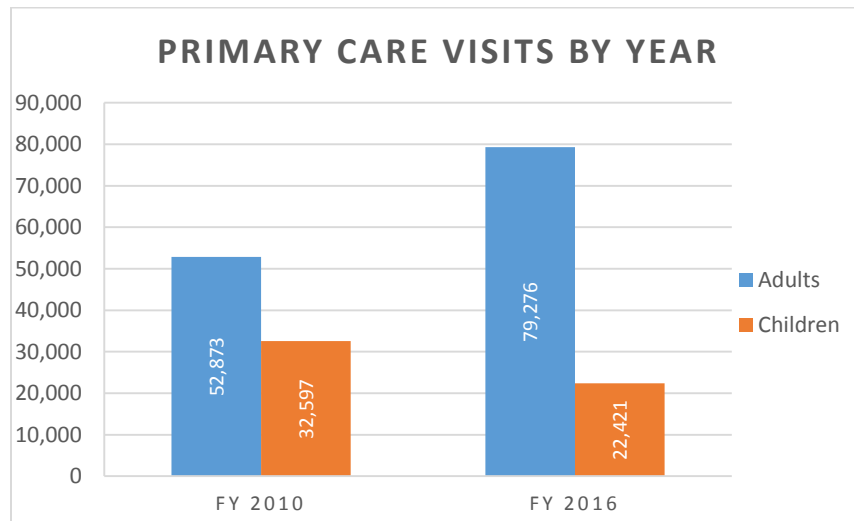
### Visits

#### Unique Patients by Year



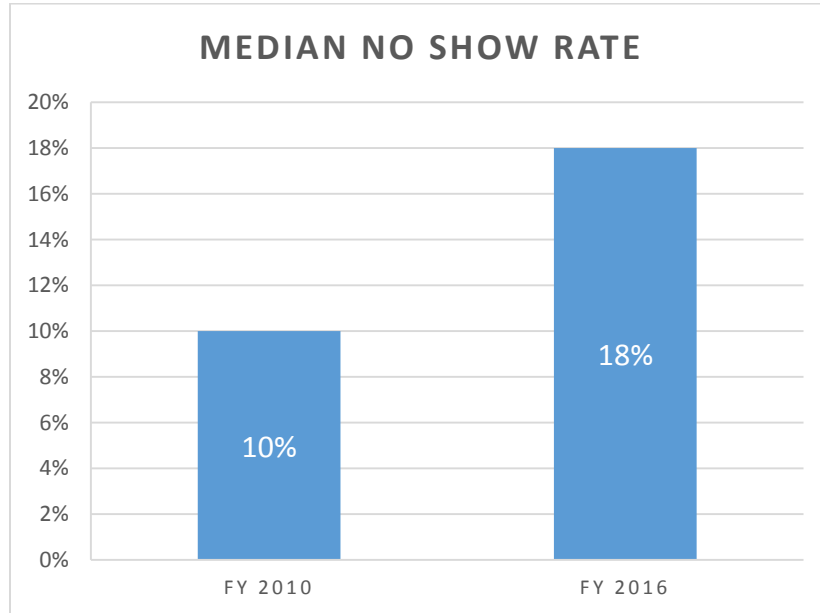
This graph shows the number of unique patients served by fiscal year. The Safety Net Clinics served 11,033 more patients in 2016. Eleven organizations provided data on unique patients served, three of which only provided data for 2016 because the organizations did not exist in 2010. There was an increase in unique patients served by the Safety Net Clinics post-ACA.

#### Primary Care Visits by Year



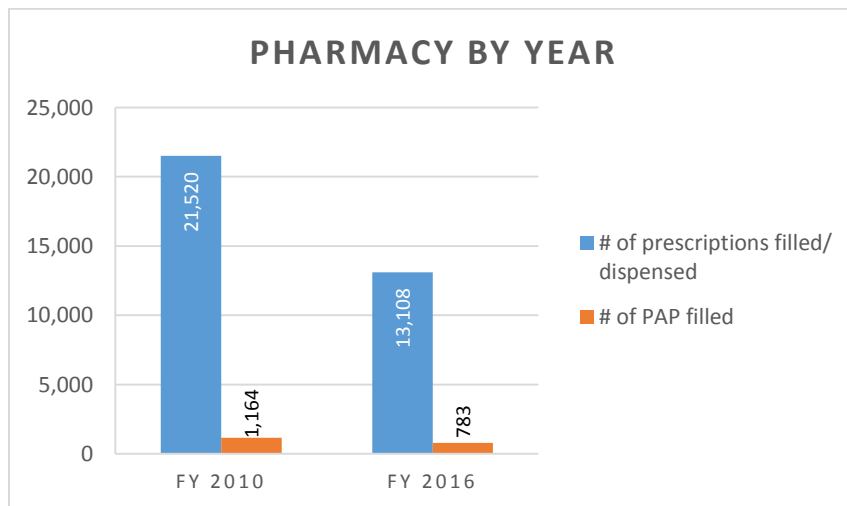
This graph represents the number of primary care visits for adults and children by year. Nine organizations provided data on primary care visits, three of which only provided data for 2016 because the organizations did not exist in 2010. There was an increase in primary care visits for adults and a decrease in primary care visits for children by the Safety Net Clinics post-ACA.

## No Show Rate



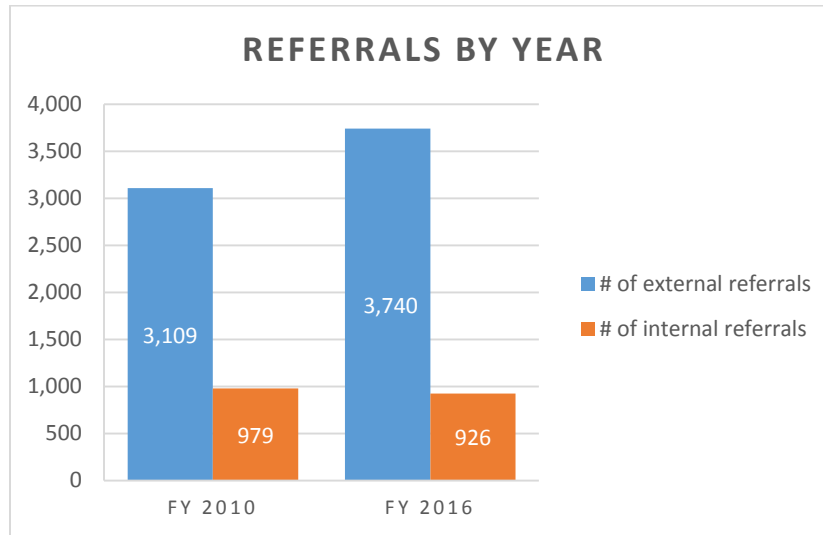
This graph shows the median no show rate by year. Six organizations provided data on no show rates for both years 2010 and 2016. There was a significant increase in the no-show rate post-ACA.

## Pharmacy



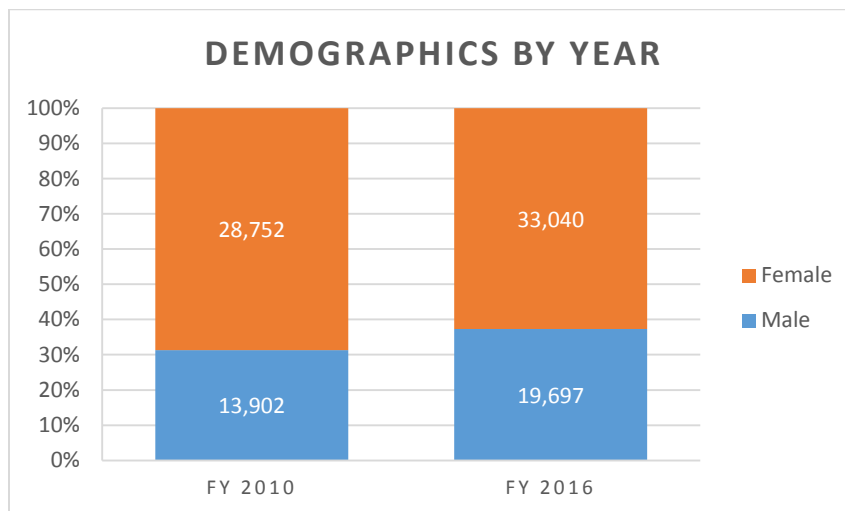
This graph represents the numbers of prescriptions and PAPs filled by year. Six organizations provided data on pharmacy, one of which only provided data in 2016 because the organization did not exist in 2010. The Safety Net Clinics provided fewer prescriptions and PAPs post-ACA.

## Referrals



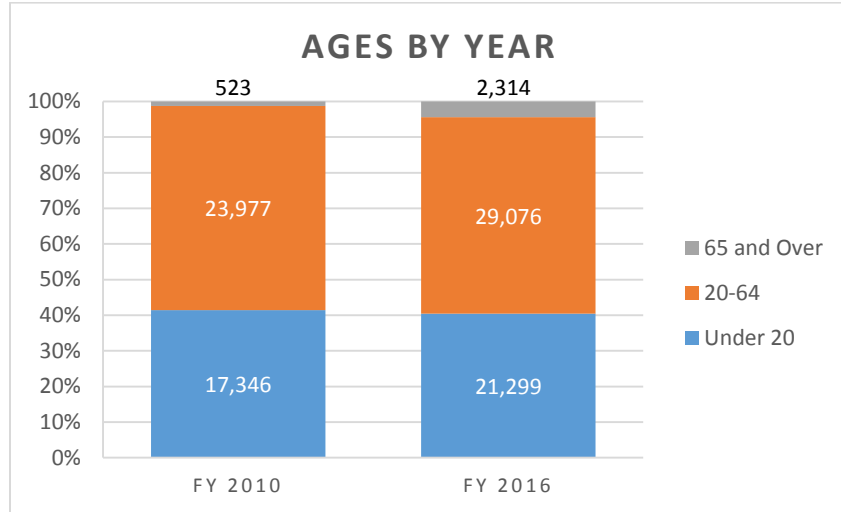
This graph shows the number of external and internal provider referrals by year. Five organizations provided data on referrals, one of which only provided data in 2016 because the organization did not exist in 2010. The number of internal and external referrals were similar for both years.

## Demographics



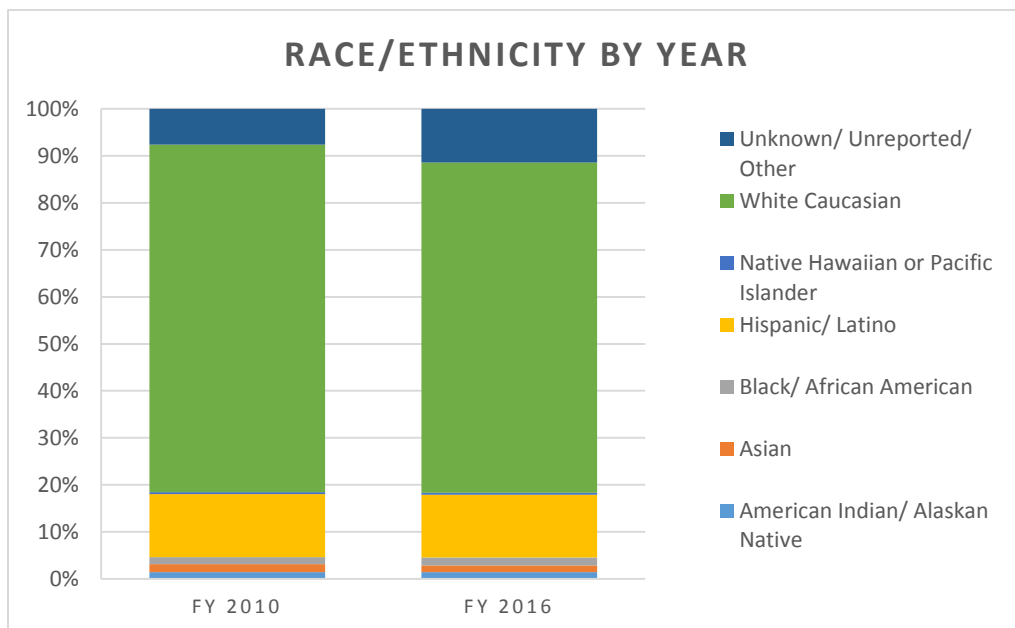
This graph shows the proportion of male and female patients by year. Eleven organizations provided data on demographics, three of which only provided data in 2016 because the organizations did not exist in 2010. The demographics were similar for both years, with more females being served by the Safety Net Clinics pre- and post-ACA. There was a slight increase in male patients post-ACA.

## Ages



This graph shows the proportions of patient age groups by year. Ten organizations provided data on age groups, two of which only provided data for 2016 because the organizations did not exist in 2010. The age demographics were similar for both years. The majority of patients served by the Safety Net Clinics are between the ages of 20 and 64 years old.

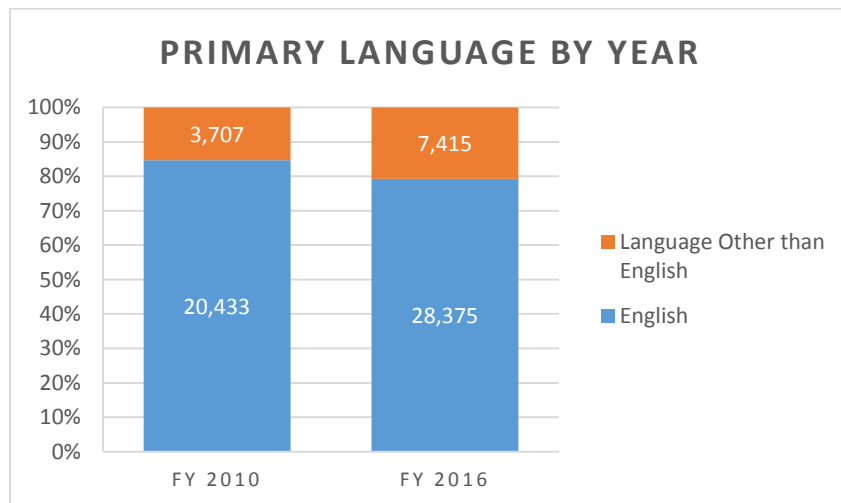
## Race/Ethnicity



Race/Ethnicity by Year	2010	2016
American Indian / Alaskan Native	1%	1%
Asian	2%	1%
Black / African American	2%	2%
Hispanic / Latino	13%	13%
Native Hawaiian or Pacific Islander	0%	1%
White Caucasian	74%	70%
Unknown / Unreported / Other	8%	12%

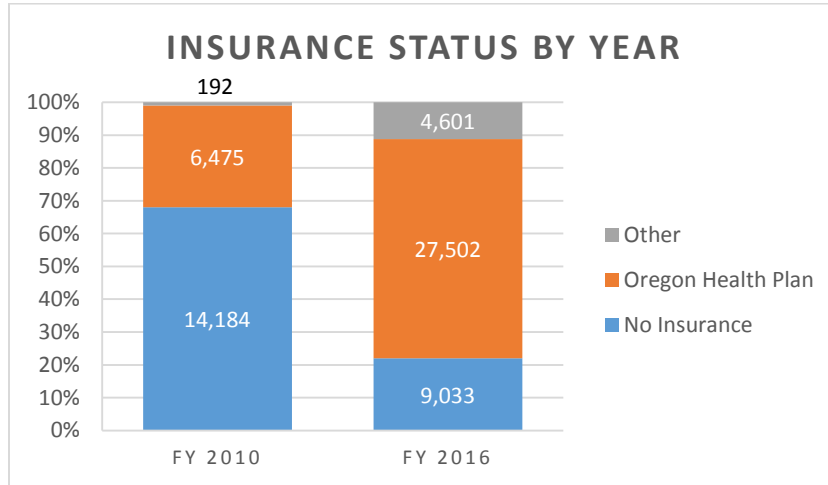
The graph above shows the proportions of patients' race/ethnicity by year. The chart shows the percentages for each race/ethnicity category by year. Ten organizations provided data on race/ethnicity, two of which only provided data for 2016 because the organizations did not exist in 2010. The race/ethnicity demographics are similar for both years.

### Primary Language



This graph shows the proportion of patients' primary language by year. Seven organizations provided data on primary language, two of which only provided data for 2016 because the organizations did not exist in 2010. The primary language demographics are similar for both years with a slight increase in patients' primary language in a language other than English in 2016.

## Insurance Status



This graph shows the proportion of patients' insurance status by year. Nine organizations provided data on insurance status, two of which only provided data for 2016 because the organizations did not exist in 2010. The insurance status demographics changed pre-ACA to post-ACA. The proportion of patients without health insurance served by the Safety Net Clinics in 2010 was 68%, with that proportion dropping to 22% in 2016. There was also an increase in the proportion of patients on OHP and other insurance post-ACA. The "Other" insurance category includes private, VA, and Medicare. This change in demographics would be expected with the implementation of the ACA and Medicaid Expansion in 2014.



## Challenges

The safety net organizations were not asked about their unique challenges in providing services in 2010, but they were asked for this information in 2013. The qualitative data points from 2013 will be used in analyzing the challenges pre- versus post-ACA. Only organizations that participated in 2013 and 2016, and newly formed organizations were included in this portion of data analysis.

In 2013, the safety net organizations were asked to list the following:

*Unique or specific challenges for your organization*

While each organization reported different challenges, there are two main themes among the Safety Net Clinics in 2013. The following are challenges discussed by multiple organizations: provider recruitment and ACA implementation.

### Provider Recruitment

Provider recruitment was a challenge for a few of the safety net organizations in 2013. Finding enough providers to meet their capacity was a challenge pre-ACA.

*“We operate on a model of utilizing NPs under the orders of a Medical Director, which allows us to deliver quality care at a lower cost. The limiting factor for significant growth is the lack of nurse practitioners available to hire. We have had two retirements in the last year and currently have two vacant NP positions.” – Lane County Safety Net Organization*

### ACA Implementation

In 2013, there were also concerns about ACA implementation including: using the health insurance portal, the increased number of patients gaining OHP, and losing patients due to contracting issues with CCOs.

*“The failure of the Cover Oregon portal and resulting chaos at the state level has hampered our ability to sign up new people for OHP and for the renewal of OHP for people who were already receiving it. Individuals and families are dropped out of OHP for no reason, and we cannot tell when someone will be eligible for OHP.” – Lane County Safety Net Organization*



## References

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- Kaiser Family Foundation (KFF, 2016). Key Facts about the Uninsured Population. Retrieved from <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>
- Nguyen, O. K., Makam, A. N., & Halm, E. A. (2016). National Use of Safety-Net Clinics for Primary Care among Adults with Non-Medicaid Insurance in the United States. *Plos One*, 11(3). doi:10.1371/journal.pone.0151610
- United States Census Bureau (2016). Quick Facts: Lane County, OR. Retrieved from <https://www.census.gov/quickfacts/table/PST045213/41039/embed/accessible>
- Live Healthy Lane (2016). *2015-2016 Lane County Regional Community Health Needs Assessment*. Springfield, OR: Heather Amrhein.