

Hillsborough County Florida (Tampa)

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“Hillsborough HealthCare is based on the belief that communities can control indigent health care costs by investing in a managed care model of service delivery that emphasizes prevention and early intervention” (Hillsborough Health Care Study Committee, 2005).

History

- In 1990 Tampa General Hospital was having financial difficulty – partly because of the indigent care load.
- A study group recommended funding indigent care with a health plan funded by a one-third cent sales tax. The Florida legislature refused to approve the sales tax.
- In 1991 a one-half cent sales tax was approved and the health plan began covering everyone at or below 150% of the federal poverty level.
- The plan was comprehensive and among other things covered inpatient admission to the hospital, ED visits, home health, dental, vision, hospice, medical equipment, outpatient lab and radiology, etc.
- The county was divided into four service zones. Each zone housed a neighborhood health center with a full array of primary health care services and a pharmacy.
- In 2005, the plan faced a \$6 million shortfall. A study group looked at Core Services, Management and Administration, and Compensation and Incentives. Changes were made to the plan to reduce costs, i.e. eligibility changed to 100% of federal poverty level.
- Goals of the changes:
 - Promoting efficient and effective access to health care services within the County.
 - Giving special emphasis to health education, prevention, early intervention, and disease and case management with measurable outcomes.
 - Promoting coordination among appropriate health and social service agencies.
 - Motivating and educating program participants to be responsible for their health.
 - Establishing information technology systems that support effective program management and the delivery of quality health care services.
 - Structuring reimbursement and other incentives to support achieving above goals.

Relevant Information

- Two-thirds of payments were for asthma, cardiovascular disease (hypertension, dyslipidemia, and coronary artery disease), and diabetes. A disease management program with case managers is used for these. Although technically not a disease, obesity and smoking are a common thread among these diseases. Weight-loss and smoking cessation are a part of the disease management program.
- A pilot “personal responsibility” diabetes disease management program was established focusing on behavior change. A “Play or Co-Pay” concept was used. Enrollment in the program would entitle participants to certain disease-linked benefits for which they would not otherwise be eligible (e.g., vision and dental coverage) if they comply with their treatment plans. Also, the co-payment was waived.
- Other patients case managed are those having difficulty following-through with treatment recommendations.
- Health care provider reimbursement linked to outcomes. Guaranteed base plus 10% increase the first year with incremental increases up to 24% at five years.
- A comprehensive, on-line information technology system is essential to the efficient and effective management of the health care program.
- Joined with USF College of Public Health to apply for a \$150,000 grant to test the effectiveness of various combinations of a master’s level social worker and one or more clinical and/or volunteer “lay health navigators” in using a holistic, multi-domain approach to help non-compliant members.
- Maintained overhead expenditures at 4.7% (plus 5% for case managers). According to the Florida Hospital Association’s HMO Indicators Report, the median administrative expense ratio is 10.9%