

# BOSTON HEALTHCARE ACCESS REPORT | 2017





# Executive Summary

As the local health department for the City of Boston, the Boston Public Health Commission (BPHC) plays an integral role in the overall healthcare system in Boston. Chief among these roles is to act as convener and coordinator on key public health issues such as access to healthcare. Working with its many partners, BPHC routinely engages its partners and stakeholders including healthcare and community leaders and residents.

In 2016, as part of its on-going efforts to become accredited through the Public Health Accreditation Board and in line with its Executive Director's strategic priority to strengthen its partnerships with healthcare system partners, the BPHC built on these efforts by engaging its key partners and stakeholders in a collaborative process to assess access to healthcare in Boston and identify recommendations to improve access to care for Boston residents.

## Process

To do this, BPHC:

- Conducted a preliminary review of existing data and city-wide efforts to assess healthcare access and capacity
- Convened partners from across the healthcare system including hospitals, health centers, insurers and state officials to gather feedback on data gaps, barriers to care, gaps in services and coverage, existing efforts, prioritization and recommendations.
- Conducted focus groups and surveys with vulnerable populations.

## Key Findings

Key findings from these efforts demonstrate that while the City of Boston has an abundance of healthcare resources and infrastructure, vulnerable populations continue to experience persistent barriers to care. Key groups include immigrants, as well as limited English proficiency and non-English speakers. The process identified dental care and behavioral health, including substance use, as service areas where Boston experiences gaps in coverage.

## Recommendations

To address identified gaps and barriers, participants identified and prioritized a number of recommendations to build capacity and improve access to care.

Specifically, participants felt that BPHC was well-positioned to convene on-going efforts related to:

- Improving data collection, standardization and sharing to better assess capacity and share best practices related to improving access to care;
- Identifying and organizing shared opportunities for access-related policy and budget advocacy;
- Increasing efforts related to workforce development that will build capacity as well as improve education of patients and providers on emerging and existing public health challenges.

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## Background

The City of Boston is home to one of the most robust healthcare systems in the United States and ranks among the highest in terms of number of individuals with health insurance due in large part to the Massachusetts Health Law passed in 2006. Despite this abundance of resources however barriers to accessing health and gaps in service persist particularly for vulnerable populations.

The Boston Public Health Commission (BPHC) is the local health department for the city of Boston. Its mission is to promote, protect and preserve the health and well-being of Boston residents- particularly the most vulnerable. One of the ways that BPHC has fulfilled this mission historically has been by partnering with the city's many healthcare institutions to assess and improve access to health.

In 2016, the BPHC Executive Director established the following priorities to guide the organization's work:

1. Treating and preventing Opioid use.
2. Strengthening the partnership between BPHC and the healthcare community to improve population health.
3. Advancing health equity.

These priorities, particularly strengthening partnerships between BPHC and the healthcare community to improve population health, are integral to BPHC's efforts to engage in a collaborative process to improve access to care.



## Introduction

BPHC has led and/or engaged in a number of efforts related to access to care over the past decade. Findings from these efforts are included in this report.

- BPHC partnered with the city's community health centers and hospitals in 2008, 2011 and 2013 to assess access to primary care, dental and mental health services.
- In 2012, BPHC conducted a local public health system assessment and follow up meeting with participation from over 118 partner agencies.
- Also in 2012, the BPHC partnered with Children's Hospital Boston to conduct the Boston Survey of Children's Health, a City-wide phone survey of 2100 Boston parents and caregivers.
- And in 2014, BPHC under the leadership of Mayor Martin J. Walsh, participated in a robust assessment of substance use needs in Boston led by the Blue Cross Blue Shield Foundation.

In addition to these assessment efforts, BPHC works with its many partners on an on-going basis to improve access to health services including: providing funding to local community health centers supporting their capacity to provide services and address community violence; participating in coalitions aimed at improving access to health including the Affordable Care Today (ACT) coalition and the Children's Behavioral Health coalition; and most recently partnering with Children's Hospital Boston to develop HelpSteps; a mobile application that can connect providers with healthcare resources.



# Overview of Process

Beginning in 2016, BPHC engaged in a collaborative process to build on these existing efforts in order to:

- Assess health service capacity and access to health services, and
- Identify and implement strategies to improve access to health services

## Process

To accomplish this, BPHC employed the following strategies:

- *Review of Preliminary Data*

The BPHC team with the assistance of a consultant conducted a review of available data and literature related to healthcare access in Boston, as well as other relevant data sources cited below in our review of preliminary data and existing efforts, and created a presentation of our preliminary findings to share with key partners and external stakeholders for discussion and input.

- *Meetings with External Partners and Key Stakeholders*

In March 2017, BPHC convened a meeting with key healthcare system partners to share the preliminary results of their data review and gather additional input and feedback for this report.

- *Focus Groups and Surveys with Vulnerable Populations*

In addition to meetings with key external stakeholders from the healthcare system, BPHC conducted focus groups with individuals from the homeless and recovery communities, as well as surveys of clients seeking resources and information through the BPHC's Mayor's Health Line, to get their feedback on possible barriers and gaps in service.

# Boston Healthcare Access/Preliminary Data Review

Beginning in 2016, BPHC engaged in a collaborative process to build on these existing efforts in order to:

- Assess health service capacity and access to health services, and
- Identify and implement strategies to improve access to health services

## Goals for Data Review

As mentioned above, BPHC with the assistance of a consultant conducted a review of available data in order to:

- Describe the current landscape of healthcare access in Boston,
- Assess current capacity and distribution,
- Begin to identify potential gaps, barriers and emerging issues, and
- Identify gaps in available data.

The findings from this data review were then shared with key healthcare system partners at BPHC's Healthcare Access Convening that took place in March 2017.

*For a complete set of slides from this meeting, see Appendix A.*

## Process

In December 2016, internal stakeholders from the BPHC met to identify existing collaborative efforts to collect and share data on healthcare access, gaps in service and barriers to care and create an inventory of existing data to share with key stakeholders.

## Preliminary Data Sources

Preliminary data sources include:

- BPHC's Health of Boston (2016-2017) and Health of Boston's Children (2013) reports
- BPHC Local Public Health Assessment (2012)
- NeighborCare capacity assessments (2008, 2011 and 2013)
- City of Boston Teaching Hospitals Report (2014)
- City of Boston Substance Use Treatment and Recovery Support Services Needs Assessment (2015)
- Data from the Massachusetts League of Community Health Centers and the Massachusetts Department of Public Health's (MDPH) Healthcare Workforce Center Division of Primary Care and Health Access.



## Limitations

While there is a large quantity of data being collected across multiple organizations and sectors, there are currently no formal, on-going mechanisms for sharing data across organizations and sectors. Additionally organizational data is often not standardized making comparisons across organizations and sectors challenging. This limitation was also raised and discussed at the meeting with key external stakeholders and has been addressed in the Recommendations section of this report.

## Key Findings

### *Boston Healthcare System and Infrastructure: The Overall Landscape*

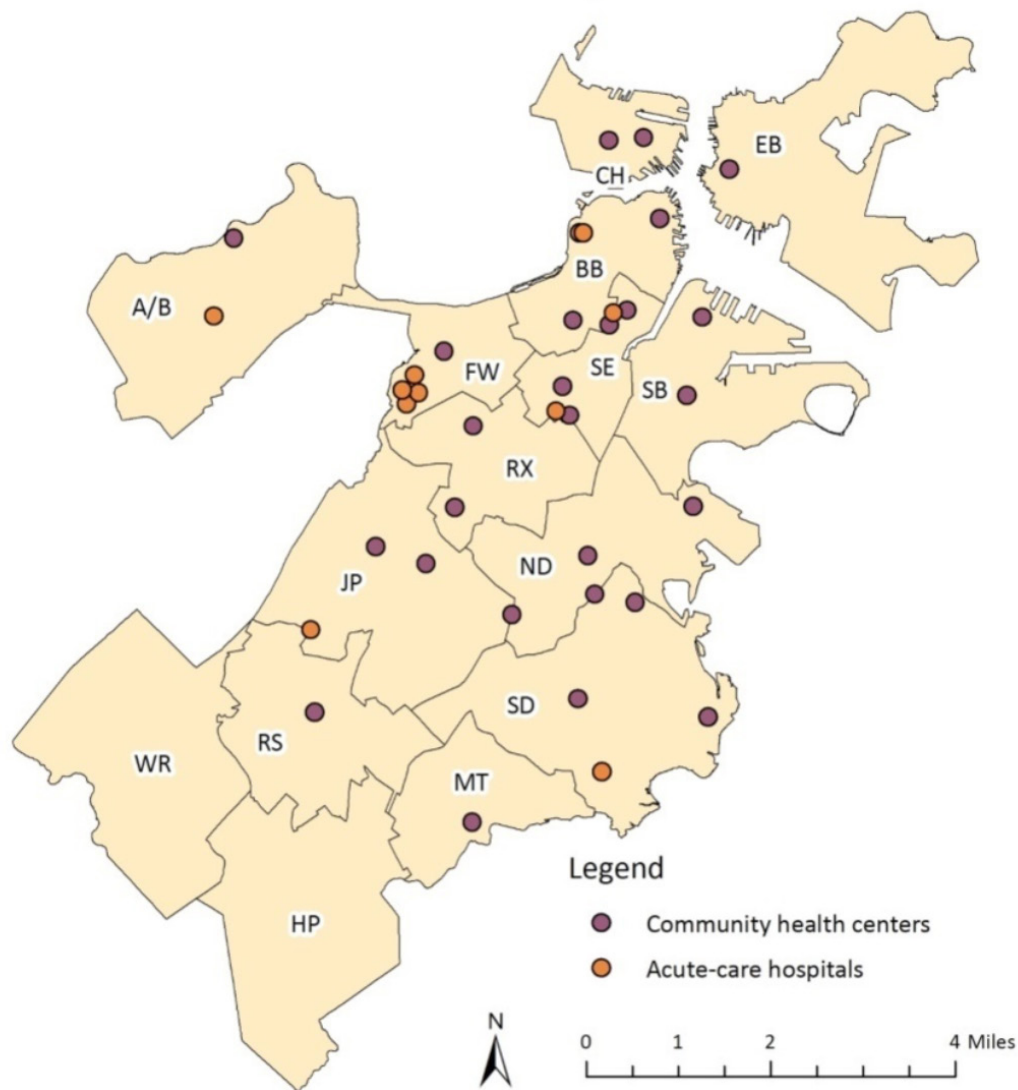
Boston has the highest density of hospitals and community health centers in Massachusetts.

### *Acute Care Hospitals*

Boston is home to 18 hospitals including 14 world class teaching hospitals. According to a 2014 Conference of Boston Teaching Hospital (COBTH) report, these hospitals combined have 5,501 beds, produce 692,116 emergency department visits and 6,225,139 outpatient visits. According to the same report, Massachusetts leads the nation in number of residents and fellows being trained per capita and ranks third for primary care training per capita – and up to 44% of those who train here stay here to practice.



## Community Health Centers (CHCs) and Acute-Care Hospitals



NOTE: South Boston Health/Seaport (CHC), which opened in late 2016, is included.

DATA SOURCE: CHCs - Massachusetts League of Community Health Centers, June 2016;  
Hospitals - Boston Health Equity Measure Set, Boston Public Health Commission, February 2017  
MAP CREATED BY: Boston Public Health Commission Research and Evaluation Office

### *Community-based Health Centers (CHCs)*

As mentioned above, Boston has one of the densest concentrations of community-based health centers; as well as the highest percentage of people served by CHCs in the country. The city of Boston's 22 CHCs make up almost half of the 53 community-based health centers available statewide.

According to the Massachusetts League of Community Health Center's 2016 report, these Boston-based community health centers serve over 340,000 individuals annually with more than half of their patients identifying as racial or ethnic minorities, 29% reporting that they can be best helped in language other than English and 88% of whom report incomes that fall below 200% of the federal poverty line. 35.7% of their patients are insured through MassHealth/Medicaid, 8.2% are insured through Medicare, 10% have another form of public health insurance and 19.5% have no insurance.

## Emergency Medical Services

Boston EMS, a bureau of the Boston Public Health Commission (BPHC) is the largest municipal emergency medical service in New England and a recognized leader in the field; employing 371 full-time uniformed emergency medical technicians, paramedics, supervisory and command personnel.

Boston EMS received an estimated 122,161 calls and conducted an estimated 85,487 transports in 2015 – up 16% and 14%, respectively, since 2008. In 2016, the Mayor announced that they had added an additional 24 recruits to their incoming class – the first such increase in seven years - in an effort to increase capacity and reduce response times. This additional capacity will allow for the deployment of an additional two ambulance.



### Substance Use Treatment Services

The city has a significantly higher density of treatment and recovery beds (detox, residential, transitional support services and Clinical Stabilization Service (CSS) per population than any other area of the state. Boston has 152 beds per 100,000 residents, while the next largest, Central Mass and Cape Cod, have approximately 42 beds per 100,000 residents. Additionally, all of Boston's community-based health centers offer outpatient behavioral health services including but not limited to substance use treatment.

### Provider Capacity and Distribution

According to the Massachusetts Department of Public Health's Healthcare Workforce Center Division of Primary Care and Health Access, Boston is home to a higher than the state average rate of physicians, primary care physicians, dentists, pediatricians, internal medicine physicians and OB/GYNs as shown in the table below. In fact, the only provider area in which Boston does not exceed the state average is in nursing. to practice.

|                      | <b>Boston</b> | <b>Providers per 1000</b> | <b>MA</b> | <b>Providers per 1000</b> |
|----------------------|---------------|---------------------------|-----------|---------------------------|
| <b>Physicians</b>    | 10,428        | 16.0                      | 27,845    | 4.2                       |
| <b>PCPs*</b>         | 1,931         | 3.0                       | 7,336     | 1.1                       |
| <b>Psychiatrists</b> | 496           | 0.8                       | 2,111     | 0.3                       |
| <b>RNs</b>           | 6,734         | 10.4                      | 103,162   | 15.4                      |
| <b>Dentists</b>      | 817           | 1.3                       | 5,655     | 0.8                       |
| <b>Psychologists</b> | 631           | 1.0                       | 5,059     | 0.8                       |

### Health Insurance Coverage

In 2015, 96% of Boston residents had health insurance. There were no significant differences by race/ethnicity in the percentage of the population without health insurance. A closer look at the 4% uninsured by selected indicators for the years 2011-2015 found:

- Higher percentages of uninsured residents occurred in the following groups:
- Unemployed residents (16%) compared to employed residents (5%)
- Residents with household income under \$25,000 (6%) or \$25,000-\$49,000 (6%) compared to those with an income of \$50,000 or more (4%)
- Residents born outside of the United States (9%) compared to residents born in the United States (3%)

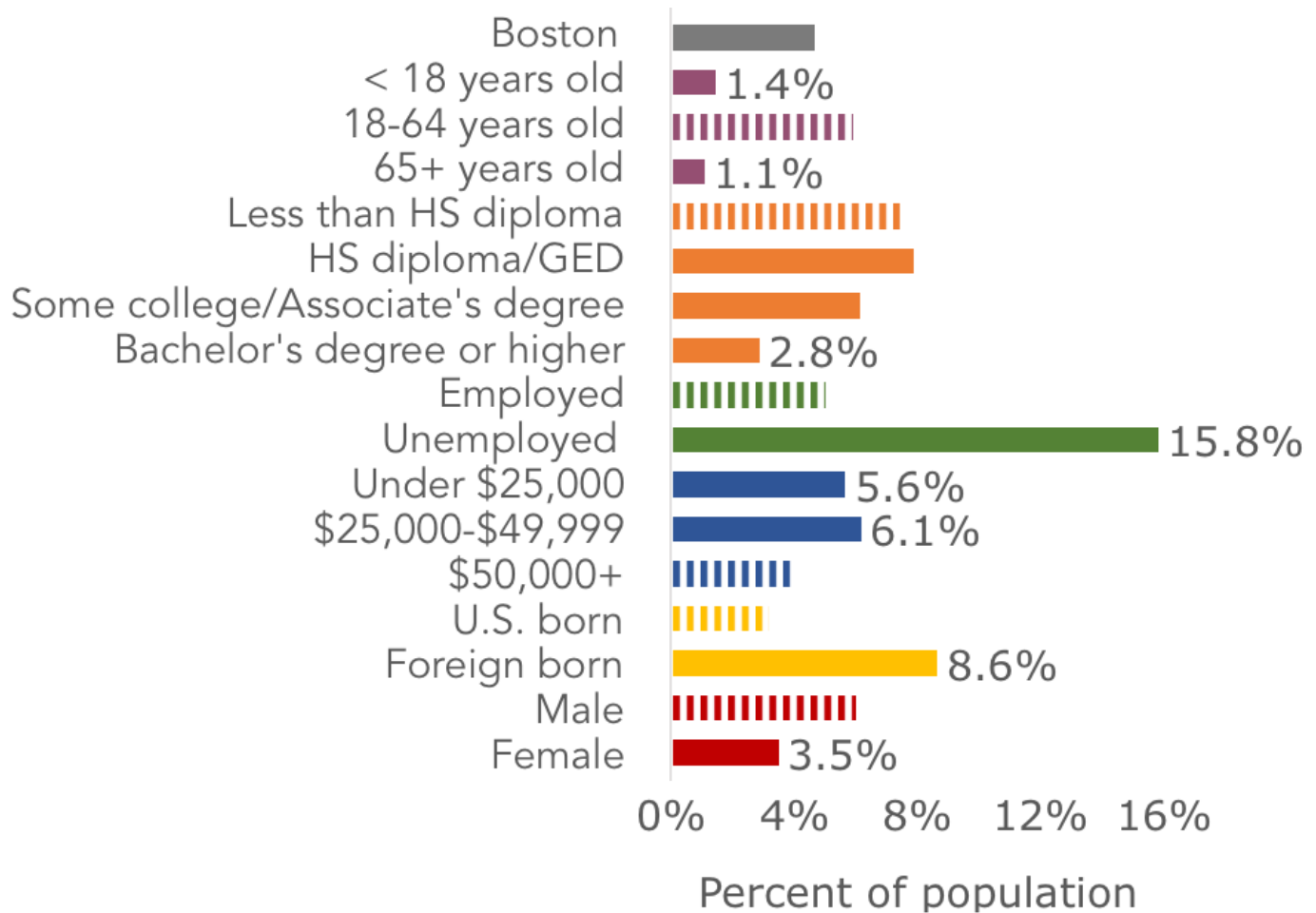
Additionally, lower percentages of uninsured residents occurred in the following groups:

Residents under age 18 (1%) and ages 65 and older (1%) compared to residents ages 18-64 (6%)

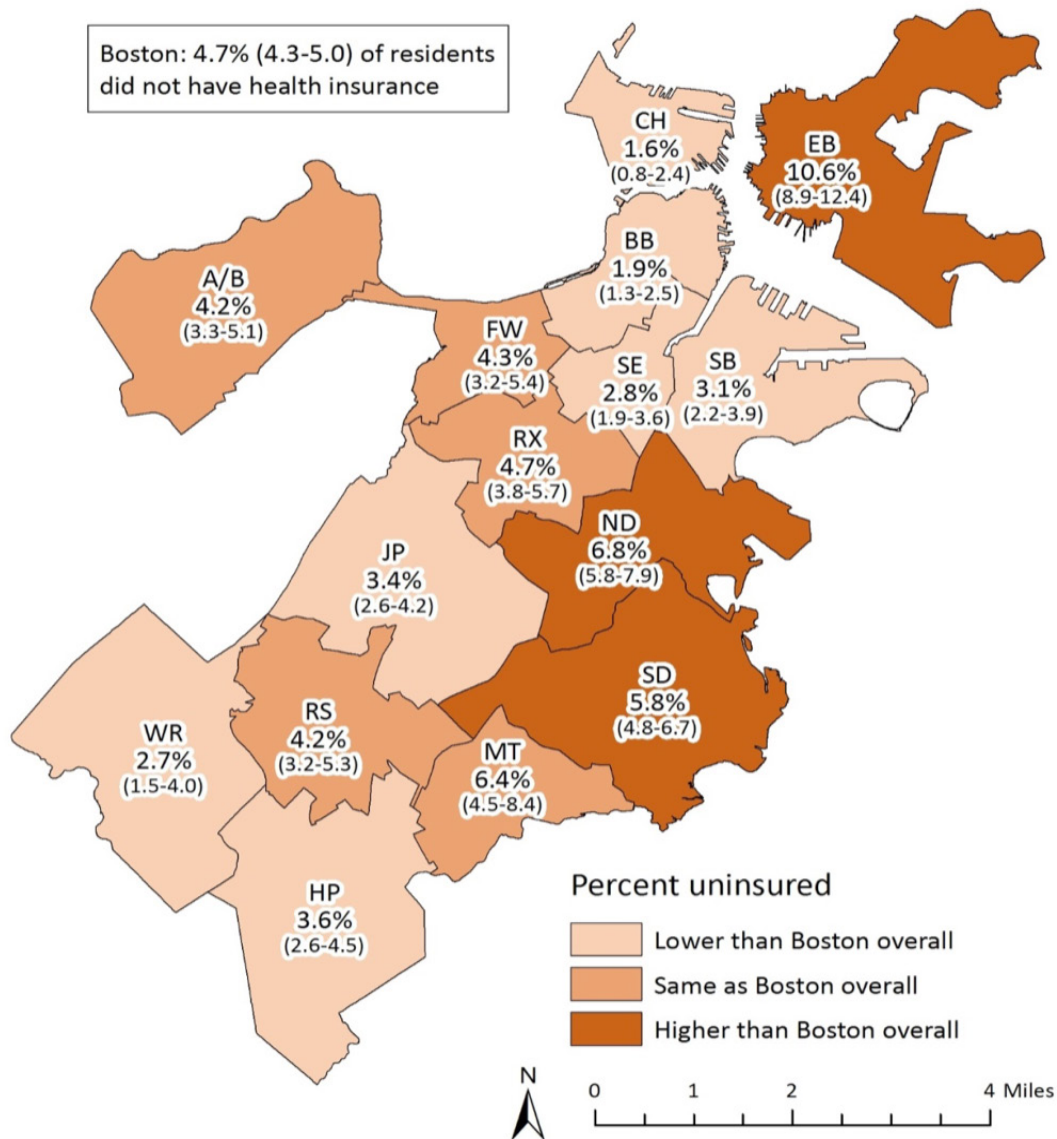
Residents with a Bachelor's degree or higher (3%) compared to those with less than a high school education (7%)

Female residents (4%) compared to male residents (6%)

### Uninsured by Selected Indicators, 2011-2015



# Uninsured by Neighborhood, 2011-2015



DATA SOURCE: American Community Survey, 2011-2015, U.S. Census Bureau  
 MAP CREATED BY: Boston Public Health Commission Research and Evaluation Office

## Rates of Uninsured by Neighborhood

During 2011-2015, Back Bay, Charlestown, Hyde Park, Jamaica Plain, South Boston, the South End, and West Roxbury had a lower percentage of uninsured residents compared to Boston overall. In the same time period, East Boston, North Dorchester, and South Dorchester had a higher percentage of residents without health insurance compared to Boston overall.

### *Access to Healthcare Services*

During 2013 and 2015 combined, 9% of Boston adult residents reported needing to see a doctor in the past 12 months but being unable to do so due to the cost.

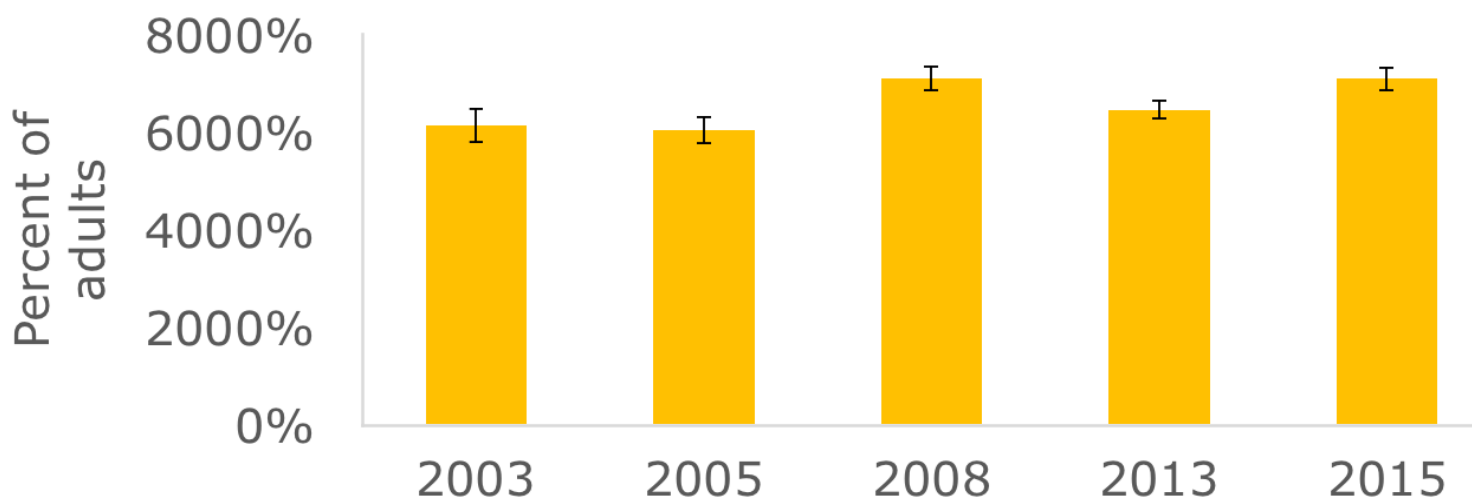
The percentage of adult residents who were unable to afford a doctor was higher for the following groups:

- Black (13%) and Latino (16%) residents compared with White residents (5%)
- Residents with less than a high school diploma (19%) or a high school diploma (10%) compared with residents with at least some college education (7%)
- Residents who were out of work (18%) compared with those who were employed (8%)
- Residents living in households with an annual income of less than \$25,000 (15%) or \$25,000-\$49,999 (14%) compared with residents living in households with an annual income of \$50,000 or more (4%)
- Residents living in BHA housing (14%), rental-assisted renters (17%), non-rental-assisted renters (10%), and those with other housing arrangements (12%) compared with home owners (5%)
- Foreign-born residents who lived in the United States for 10 years or less (13%) and foreign-born residents who lived in the United States for over 10 years (14%) compared with residents who have always lived in the United States (7%)

The percentage of adult residents who were unable to afford a doctor was lower for the following group: Resident ages 65 and older (5%) compared with residents ages 18-24 (10%)



## Dental Insurance by Year



\* Statistically significant change over time

DATA SOURCE: Boston Behavioral Risk Factor Survey (2003, 2005, 2008, 2013, 2015), Boston Public Health Commission

### *Dental Insurance Coverage and Dental Health*

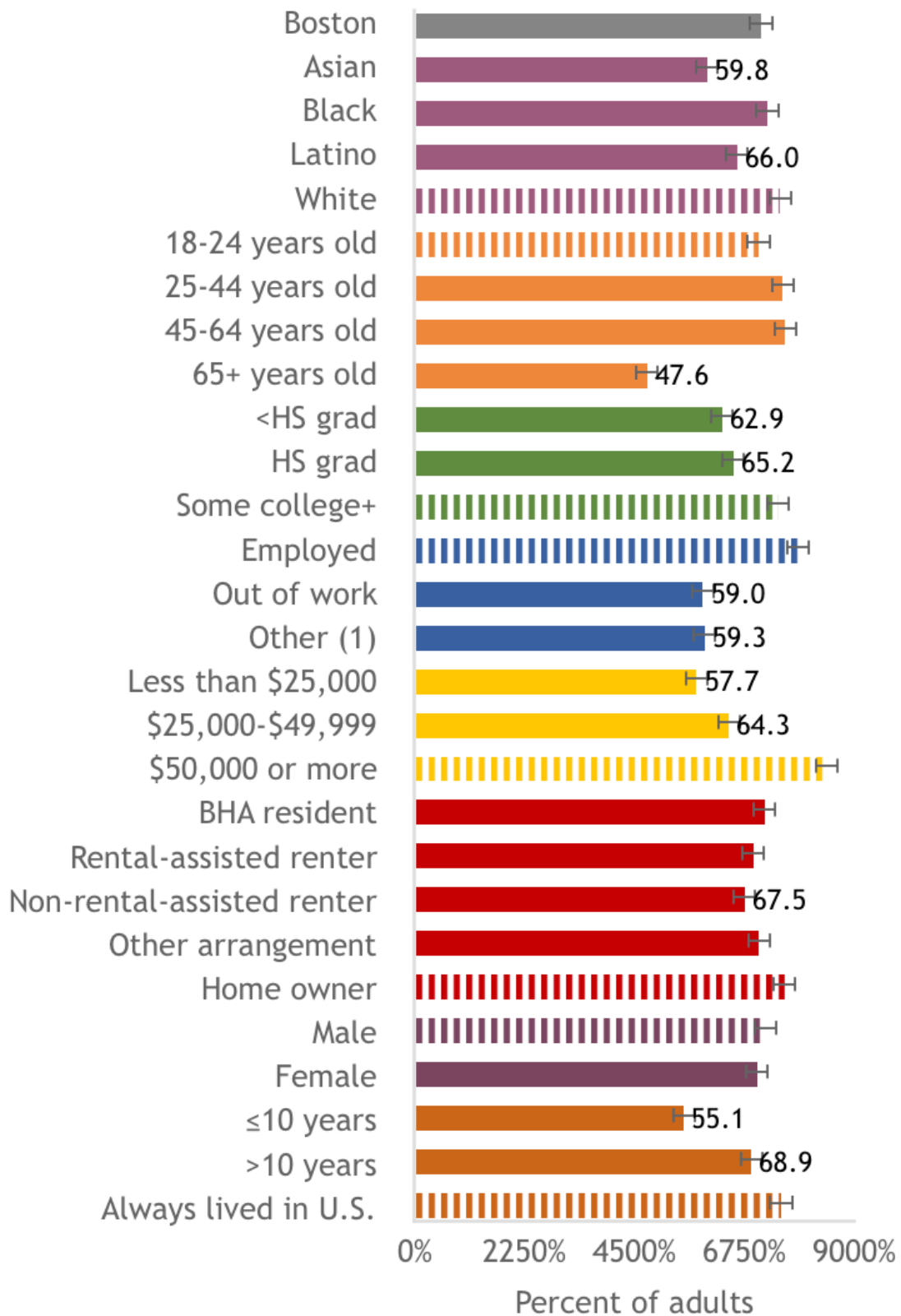
In 2015, 71% of Boston adult residents reported having insurance coverage that pays for routine dental care; increasing from 61% in 2003.

The percentage of adult residents with dental insurance was lower for the following groups:

- Asian (60%) and Latino (66%) residents compared with White residents (75%)
- Residents ages 65 and older (48%) compared with residents ages 18-24 (70%)
- Residents with less than a high school diploma (63%) or a high school diploma (65%) compared with residents with at least some college education (74%)
- Residents who were out of work (59%) and residents whose employment status was "other" (59%) compared with those who were employed (79%)
- Residents living in households with an annual income of less than \$25,000 (58%) or \$25,000-\$49,999 (64%) compared with residents living in households with an annual income of \$50,000 or more (84%)
- Non-rental-assisted renters (68%) compared with home owners (76%)
- Foreign-born residents who lived in the United States for 10 years or less (55%) and foreign-born residents who lived in the United States for over 10 years (69%) compared with residents who have always lived in the United States (75%)



## Dental Insurance by Selected Indicators, 2015



\* Statistically significant difference when compared to reference group

(1) Includes homemakers, students, retirees, and those unable to work

NOTE: Bars with patterns indicate the reference group within each selected indicator.

DATA SOURCE: Boston Behavioral Risk Factor Survey (2015), Boston Public Health Commission

In 2015, 33% of Boston adult residents reporting ever having one or more teeth removed due to tooth decay or gum disease.

- The percentage of adult residents who had teeth removed was higher for the following groups:
- Black (44%) and Latino (36%) residents compared with White residents (28%)
- Residents ages 25-44 (22%), 45-64 (51%), or 65 and older (69%) compared with residents ages 18-24 (12%)
- Residents with less than a high school diploma (57%) or a high school diploma (37%) compared with residents with at least some college education (28%)
- Residents who were out of work (51%) or whose employment status was “other” (45%) compared with those who were employed (26%)
- Residents living in households with an annual income of less than \$25,000 (45%) or \$25,000-\$49,999 (38%) compared with residents living in households with an annual income of \$50,000 or more (25%)
- Residents who were rental-assisted renters (50%) compared with home owners (35%)
- Foreign-born residents who lived in the United States for over 10 years (43%) compared with residents who have always lived in the United States (33%)
- The percentage of adult residents who had teeth removed was lower for the following groups:
- Residents who were non-rental-assisted renters (29%) and those with other housing arrangements (21%) compared with home owners (35%)
- Foreign-born residents who lived in the United States for 10 years or less (20%) compared with residents who have always lived in the United States (33%)



## Findings from Past Efforts to Assess and Improve Access to Care



### **Boston Survey of Children's Health**

In 2012, BPHC conducted a City-wide phone survey of 2100 Boston parents and caregivers as part of a three-part Boston Child Health Study collaboration between the Boston Public Health Commission and Boston Children's Hospital. The aim of the study is to provide information about child health that will inform policies and programs across the city.

Key access related findings from the survey include that while almost 93% of Boston children had at least one usual place of care and that a higher percentage of Boston children received preventive medical care than children living in the United States that disparities in access and experience exist based on race and socioeconomic status. Additionally, while insurance coverage for Boston children was higher than the national average it was lower than statewide percentage for Massachusetts and a higher percentages of children in lower-income families and Black and Latino children had parents or caregivers who reported problems paying their child's medical bills in the past year. Finally, a higher percentage of children who lived in lower-income households had parents or caregivers who frequently felt that doctors did not do everything they should for their child's medical care.

## **Local Public Health System Assessment**

Also in 2012, the BPHC along with 118 partner organizations conducted an in-depth local public health assessment (LPHSA) and follow up meeting. Key findings from this assessment related to access included an identified lack of coordination in assessing the system's capacity to provide health service and highlighted a lack of access to mental health services in particular.

## **NeighborCare Capacity Assessments**

In 2013, BPHC in collaboration with the Massachusetts League of Community Health Centers conducted a survey to better understand the capacity of the CHCs to provide access to various primary health functions including primary and urgent care, mental health, obstetrical, dental and pharmacy services for adult and pediatric patients. Twenty-one of the 23 Boston community health centers responded to the capacity assessment survey; a 91.3% response rate. This survey was an update to similar assessments carried out by BPHC in 2008 and 2011.

Key findings from this survey demonstrated that the majority of community health centers who responded reported that their providers were accepting new patients with appointment wait-times of less than two weeks. An even greater majority of community health centers reported no wait times for urgent care or sick care appointments. Most community health center obstetric providers were also accepting new patients.

However, in spite of the accessibility of primary care services, challenges remain. Longer wait times of two to four weeks were reported for most community health center behavioral health and dental appointments. Several health centers cited lack of space, lack of health providers and continual changes to MassHealth adult dental coverage as barriers to providing greater access to services.

According to the Massachusetts League of Community Health Centers, it is important to note though that since the most recent CHC capacity assessment many of the CHCs who participated have been awarded and implemented federal funds to increase capacity including hiring more providers and adding expanded hours of operation. If possible it would be great to add in the number of CHCs that received funds for expansion and the timeline of those grants.

## **Substance Use Treatment and Recovery Support Services Needs Assessment**

Substance use is a persistent public health challenge in Boston and access to treatment is a perennial challenge cited by residents and communities. In 2014, the Blue Cross Blue Shield of Massachusetts Foundation (BCBSMAF), under the direction of Mayor Martin Walsh and with participation from BPHC, conducted an assessment of needs related to addiction treatment and recovery services in the city of Boston.

Key access related findings from this assessment demonstrate that while Boston has a higher density of substance use treatment services than other areas of the State, there may be insufficient detox and residential treatment capacity for Boston residents given, the statewide nature of the treatment system. Much of Boston's capacity is used by individuals from outside the City of Boston, estimated to be as much as 50% of occupied beds. Wait times for residential placements averaged approximately 23 days in 2014. Detox programs in Boston are operating at 97% of capacity indicating the need for a greater number of detox beds to meet demand. Participants also report that fragmentation in care and lack of coordination creates barriers to entering and remaining in treatment.



## Emerging Issues

Massachusetts is home to a robust Medicaid program also known as MassHealth. In 2016, the state applied for, and received, a new waiver that preserved more than \$1 billion per year in funding for MassHealth and safety net care, which would have terminated on June 30, 2017, were the waiver not renegotiated.

This waiver will allow MassHealth to implement an Accountable Care Organizations (ACO) model. The model aims to improve service delivery and quality and better integrate care at all levels while containing costs through payment reform.

Some of the benefits associated with the waiver include:

- Preserves and maintains the stability of the safety net care pool
- Expands the number of safety net hospitals included in the waiver from 7 to 15
- Expands MassHealth covered services for Substance Use Disorders

Despite the many benefits, this transformation of the current delivery system into an ACO model will require a huge shift in service delivery representing the first fundamental change to the structure of the MassHealth program changed in 20 years.

In addition to this significant change in service delivery and associated payment reform, it is unknown at this time what the implications of the recent changes in governance at the state and federal level will have with regard to healthcare access in Boston.

While Massachusetts' own 2006 landmark healthcare legislation provides a level of protection from the potential repeal of the Affordable Care Act, a number of changes were made to the original state health legislation in order to comply with the federal Affordable Care Act that would need to be addressed should the federal law be repealed. These changes could potentially result in a loss of federal funding and loss of coverage for some individuals who were moved from the state's Medicaid program to the state connector programs.

Additionally, other changes in federal policy including current on-going changes to federal immigration policy are likely to have immediate and/or long lasting impacts on access for the city of Boston particularly for already vulnerable populations including undocumented immigrants.

# BPHC Healthcare Access Convening

In March 2017, BPHC convened a meeting with key partners and stakeholders from across the health system. For a full meeting agenda, see Appendix B.

The desired outcomes for this meeting were to:

- Develop a shared understanding of the current landscape of access to healthcare in Boston including gaps and barriers to access;
- Identify gaps in data and opportunities for additional data sharing;
- Agree on recommendations for how the local public health system can improve access to care in Boston.

## Participants

There were 57 participants representing over 30 different agencies including hospitals, health centers, insurers and local and state government. For a full list of attendees, see Appendix C.

## Process

The 57 meeting attendees were split into five small groups to brainstorm additional data that would be needed to accurately represent access to care in Boston, identified populations that experience the greatest barriers to care, and described current organizational and collective efforts to address access to care in Boston.

Groups were assigned so as to diversify the organizations represented across all five groups. Each group was assigned a facilitator and scribe who recorded notes from the small group discussion. The facilitators then shared a summary of their small group's discussions with the larger group via report backs. Notes from the meeting were later typed and summarized for the purpose of this report. For a copy of the complete facilitation guide for this meeting, see Appendix D

## Summary of Findings

This is a summary of findings from these discussions:

- **Incomplete Data on Provider Capacity:** While the available data seem to indicate a high ratio of providers to residents in Boston, participants noted that this did not account for conditions particular to the region, including the number of clinicians who are mainly in research settings, the number of providers with open panels, the number of providers that accept Mass Health and the number of clinicians who actually practice in Boston. Additionally, participants wanted to see more data on non-physician provider capacity including a more data on nurses, PAs, CHWs and dental hygienists including a more comprehensive breakdown of nurses (i.e. NPs vs.

RNs vs. LPNs)

- Updates to Measurement of System Capacity: Past survey efforts have gathered useful data on a core set of indicators such as same day appointments and hours of operation but do not account for current demands on the system, or more recently adopted practices at the organizational level to expand access. Participants suggested that future surveys measure language capacity, availability of night and weekend services, “third next available” appointments and first available appointments for specialty services.
- Gaps in Population-Level Data for Vulnerable Groups: While some institutions/practices have rich data on particularly vulnerable groups, there is a lack of population-level data on access for undocumented individuals, adolescents and young adults, LGBTQ individuals, and the homeless.
- Barriers to Access: Social determinants of health such as food and housing insecurity were identified as barriers to seeking care as were the complexity of the health care system and the system’s insufficient resources to address linguistic and cultural needs.
- Service and Coverage Gaps: Participants echoed the findings from the preliminary data review regarding a lack of capacity for dental care and behavioral health services. Vision services and treatment/resource options for people who have experienced violence and trauma were additional areas noted as areas needing more capacity by participants.
- Existing Efforts: Participants shared numerous efforts to improve access to care and highlighted the need to better communicate, coordinate and replicate these models.
- Priorities for the Boston Public Health Commission: Recognizing the unique role of the BPHC as the City’s health department, participants identified those populations and areas that BPHC should focus on. These included more resources and education regarding immigrant rights, more training on cultural competence and efforts to expand linguistic capacity, more training and resources regarding how to address substance users including pregnant and post-partum women and their children.





### *Meeting Evaluation*

Overall participants indicated that they appreciated the opportunity to discuss and share ideas with other stakeholders and that they felt the meeting was well organized and interesting. Additionally, participants indicated that they were interested in meeting more regularly in the future and that they felt the meeting at least partially achieved all of its desired outcomes. Suggestions for improvement included allowing more time overall and/or sending more materials to review prior to convening to save time.

Evaluation was administered via a short paper survey at the conclusion of the meeting. A copy of this form as well as a complete summary of evaluation results can be found in Appendices E and F, respectively



# Focus Groups and Surveys with Vulnerable Populations

## Focus Groups with Homeless Individuals and Individuals in Recovery

In addition to meeting with healthcare system partners, two focus groups with vulnerable populations including homeless individuals accessing services through BPHC's Homeless Services Bureau and individuals engaged in substance use treatment through BPHC's Bureau of Recovery Services were conducted.

### **Participants**

Two focus groups were held with 18 participants in total. Participants were recruited from BPHC's Bureaus of Homeless and Recovery Services.

### **Process**

In March 2017, clients at BPHC's Homeless and Recovery Services Bureaus were asked to participate in an hour long focus group to share their experiences regarding healthcare access. Focus group participants were asked a variety of questions regarding their access to health and dental care services. For a complete list of questions, please see Appendix G. Participants were compensated with a bag lunch.

### **Summary of Findings from Focus Groups**

While the majority of participants reported having health insurance through MassHealth, the state's Medicaid program, participants reported a lack of understanding and confusion about the different plan options and difference in coverage provided by different plans offered to them.

Additionally, while the majority of participants reported overall satisfaction with their coverage and care, there was a sense that you get what you pay for and that their care would be better if they had a greater ability to pay and/or afford a better plan. In particular, participants cited longer waiting times and concerns about the quality of dental care services available to them.

Finally, participants expressed some concern about the potential repeal of the Affordable Care Act and its potential impact on their access to care in the future.

## Survey of Mayor's Health Line Clients

In addition to these focus groups, BPHC administered a survey of individuals who were seeking support through the BPHC's Mayor's Health Line, a multi-lingual information and referral service for Boston residents.

### Participants

The survey was completed by 18 individuals seeking information and support through the BPHC's Mayor's Health Line.

### Process

Once a client resolved their inquiry with a Mayor's Health Line staff, they were asked if they would like to participate in a survey. Survey participants were asked a variety of questions regarding their access to health and dental care services. For a complete list of questions, please see Appendix H. Once they completed the survey, participants were mailed a \$10 Stop & Shop gift card to compensate for their time.

### Summary of Findings from Surveys

Survey participants were more likely to report having health insurance than dental insurance. Of those who did have health insurance, the majority reported having had their insurance for over a year and reported being somewhat or mostly satisfied with their insurance coverage. Individuals who did not have insurance reported a variety of reasons for this including now knowing how to sign up, having recently lost their job and recently moving here.

The majority of respondents reported having a usual place of care and indicated an overall level of satisfaction with their primary provider. The most reported place for usual care was a community health center or clinic followed by a hospital outpatient clinic.

When asked about problems accessing care in the past twelve months, over half of respondents cited lack of health insurance and/or inability to afford care as a barrier. Additionally, a number of respondents reported problems taking time off of work as a barrier. Interestingly, this was a challenge reported by both hourly wage workers, as well as young professionals, with one young professional explaining that while they technically have the time to take off, there was a sense that it was frowned upon and could have negative implications for your career.

With regard to dental health insurance and coverage, respondents cited inability to afford care as the

primary reason for not having insurance, as well as loss of coverage due to age and job loss as other reasons. Additionally respondents were less likely to report having accessed dental care services in the past twelve months.

Finally, while only a small number of respondents reported having children under age 18, of those who did, all reported that they had both health and dental insurance for their children; and none reported having any problems accessing medical care for their children in the past twelve months.








## Reccomendations

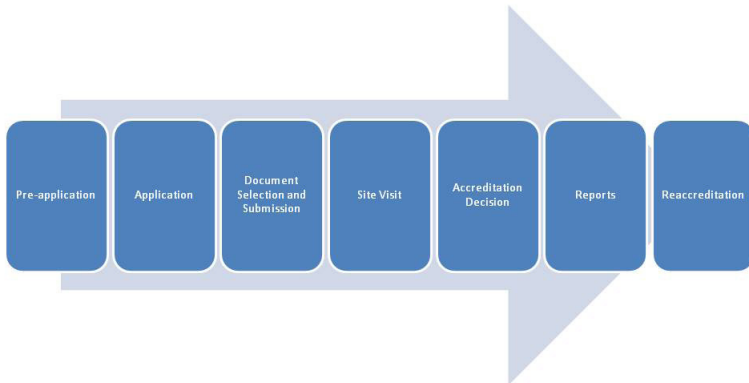
As a result of these findings and based on feedback from our key partners and stakeholders, we have identified the following areas for improvement and corresponding action items to be implemented.

| Identified Area for Improvement   | Proposed Recommendations   |
|---|--|
| <b>Data Standardization, Collection and Sharing</b>                                 | Increase collaboration with partners in developing and presenting Health of Boston report to better support healthcare system partner's data-related needs.  |
|   | Increase collaboration with MDPH on data collection and sharing.   |
|   | Conduct assessment and inventory of current data collection requirement and standards to: <ul style="list-style-type: none"> <li>• Identify what data are already being collected and by which institutions,</li> <li>• Identify opportunities to standardize/streamline data collection to reduce redundancy/replication, and</li> <li>• Develop a plan to fill gaps in existing data collection and sharing including how to better assess access for vulnerable and hard to reach populations.</li> </ul> |
|   | Identify opportunities to collect and share data on best practices and innovation particularly related to improving access and addressing social determinants of health.   |
|   | Provide increased support and guidance related to data collection, use of EMRs, etc.   |
| <b>Policy and Budget Advocacy</b>   | Engage partners in identifying opportunities for shared policy and budget advocacy at the local, state and federal level.  |
|   | Identify gaps in funding and resources and advocate for increased funding in priority areas.   |
| <b>Workforce Development, Recruitment and Retention</b>                             | Identify opportunities to support workforce development and capacity building including increased training for CHWs, advocacy for increased funding for loan re-payment and more training for healthcare workers on immigrant rights, substance use and behavioral health.   |
| <b>Opportunities to Advance Health Equity/Address Social Determinants of Health</b> | Identify opportunities to support partners in addressing social determinants of health including advocating for funding and support in providing non-billable services (e.g. care/case management)   |
| <b>Capacity Building/Coordinated Response to Emerging Public Health Issues</b>      | Increase opportunities to coordinate response and build capacity throughout the healthcare system to address emerging and on-going public health issues such as substance abuse, violence and trauma, and immigration.   |
| <b>Patient Education and Resources</b>  | Engage partners in developing public health campaigns and educational resources to address emerging and on-going public health challenges including use of emergency departments for non-emergent care and how to access health insurance.   |
| <b>Immigrant Rights Education for Staff</b>   | Identify opportunities to educate BPHC staff and partners on immigrant rights. For an example of an already planned event, see Appendix I.   |
| <b>Expand HelpSteps</b>   | Ensure that all client facing BPHC programs integrate HelpSteps into their workflow.   |
|   | Provide HelpSteps training to all new BPHC employees.  |
|   | Outreach all CHCs with information about HelpSteps.  |
|   | Provide HelpSteps trainings to 10 Community Based Organizations each year.   |
|   | Administer surveys to HelpSteps users to determine what about the tool needs to be improved, which will help to prioritize areas for improvement.  |
| <b>Health Insurance outreach event</b>  | Co-host 3 health insurance enrollment events with Community Based Organizations, in neighborhoods with the highest rates of uninsured.   |
|   | Support Boston-based Community Health Centers with their patient health insurance enrollment efforts.  |

# Appendix A- BPHC Healthcare Convening Slides

|   |   |
|---|---|
|  <h2>BPHC Healthcare Access Convening</h2> <p>Office of Accreditation and Quality Improvement – BPHC<br/>Monica Valdes Lupi, Executive Director<br/>March 6, 2017</p>   |  <h2>Welcome and Introductions</h2>  |
|  <h2>Background</h2> <ul style="list-style-type: none"><li>• BPHC is seeking accreditation through the Public Health Accreditation Board (PHAB)</li><li>• Goal of Accreditation<ul style="list-style-type: none"><li>– Improve and transform the quality and performance of our local public health system.</li></ul></li></ul> |  <h2>BPHC Strategic Priorities</h2> <p><b>Strategic Priority 1:</b><br/>Treating and preventing opioid abuse</p> <ul style="list-style-type: none"><li>– Prevention</li><li>– Treatment and recovery support</li><li>– Access to care</li></ul> <p><b>Strategic Priority 2:</b><br/>Advancing health equity</p> <ul style="list-style-type: none"><li>– Development of Health Equity plan with focus on taking a “health in all policies” approach that encourages working across sectors to implement policies that broadly affect health in a variety of ways</li><li>– Strengthen community capacity – implementation of Community Engagement Plan</li></ul> <p><b>Strategic Priority 3:</b><br/>Strengthening partnerships between BPHC and health care community to improve population health</p> <ul style="list-style-type: none"><li>– Public health integration</li><li>– Health transformation</li></ul> |
|  <h2>Overview of Accreditation Process and Healthcare Access Report</h2> <p>Office of Accreditation and Quality Improvement – BPHC<br/>Presented by: Rita Nieves, Deputy Director<br/>March 6, 2017</p>   |  <h2>What is PHAB?</h2> <ul style="list-style-type: none"><li>• Public Health Accreditation Board</li><li>• National nonprofit dedicated to advancing continuous QI of public health departments.</li><li>• Accreditation process requires a number of steps starting with a pre-application process.</li></ul>  |

## Accreditation Process



## Benefits of Accreditation

- Accreditation provides a framework for a health department to:
  - Identify opportunities for performance improvement so that we can provide the highest standard of public health service.
  - Strengthen out relationships with the larger healthcare community.

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### PHAB Domains

|           |   |
|-----------|---|
| Domain 1  | Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community |
| Domain 2  | Investigate Health Problems and Environmental Public Health Hazards to Protect the Community                          |
| Domain 3  | Inform and Educate about Public Health Issues and Functions   |
| Domain 4  | Engage with the Community to Identify and Address Health Problems   |
| Domain 5  | Develop Public Health Policies and Plans  |
| Domain 6  | Enforce Public Health Laws  |
| Domain 7  | Promote Strategies to Improve Access to Health Care   |
| Domain 8  | Maintain a Competent Public Health Workforce  |
| Domain 9  | Evaluate and Continuously Improve Processes, Programs, and Interventions  |
| Domain 10 | Contribute to and Apply the Evidence Base of Public Health  |
| Domain 11 | Maintain Administrative and Management Capacity   |
| Domain 12 | Maintain Capacity to Engage the Public Health Governing Entity  |

## Healthcare Access Report

### Domain 7: Promote Strategies to Improve Access to Health Care

- Standard 7.1
  - Assess Health Care Service Capacity and Access to Health Care Services
- Standard 7.2
  - Identify and Implement Strategies to Improve Access to Health Care Services

## Desired Outcomes

By the end fo this convening, we will:

- ✓ Develop a shared understanding of the current landscape of access to healthcare in Boston including gaps and barriers to access;
- ✓ Identify gaps in data and opportunities for additional data sharing;
- ✓ Agree on recommendations for how the local public health system can improve access to care in Boston.

## Review of Preliminary Data

Office of Accreditation and Quality Improvement – BPHC  
Presented by: Nicole Schmitt, Consultant  
March 6, 2017

## Goal of Data Review

- Review and analyze available data in order to:
  - Describe current landscape of healthcare access in Boston
  - Assess current capacity and distribution, and
  - Begin to identify potential gaps, barriers and emerging issues.
- Identify gaps in available data.

## Limitations

- Short timeline
  - Final report is due in March.
- Lack of formal, on-going mechanisms for sharing data across organizations and sectors
  - Lots of data being collected by different groups and organization but no centralized access or standardized methods for collecting.
  - Possible opportunity for collaboration moving forward?

## Preliminary Data Sources

Local Public Health Assessment, Feb. 2012

NeighborCare Capacity Assessments 2008, 2011, 2013

The City of Boston Substance Abuse Treatment and Recovery Support Services Needs Assessment, 2015

BPHC Health of Boston Report, 2016-2017

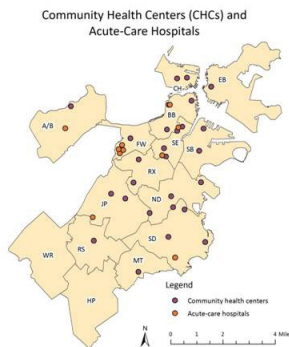
Boston EMS Webpage, 2016

City of Boston Teaching Hospitals Report, January 2014

Massachusetts League of Community Health Centers

MDPH Healthcare Workforce Center Division of Primary Care and Health Access

## Healthcare System and Infrastructure



## Boston is home to **16** hospitals including **13** teaching hospitals.



| COBTH BY THE NUMBERS        |           |
|-----------------------------|-----------|
| Employees Total             | 72,070    |
| Licensed beds               | 5,501     |
| Emergency Department Visits | 692,116   |
| Outpatient Visits           | 6,225,138 |
| Discharges                  | 266,523   |
| Deliveries                  | 23,373    |
| Active Clinical Trials      | 2,679     |

Source: City of Boston Teaching Hospitals The Future of Healthcare The Impact of Greater Boston's Teaching Hospitals, January 2014



Boston is also home to **22** **community-based health centers** located in 14 Boston neighborhoods.



| BOSTON CHCs BY THE NUMBERS                    |              |
|---|--------------|
| Employees                                     | Est. 6,200   |
| Total Patients Served                         | Over 340,000 |
| Black/AA                                      | 26%          |
| Hispanic                                      | 25%          |
| Asian   | 11%          |
| Best Served in language other than English    | 29%          |
| Fall below 200% of federal poverty guidelines | 88%          |

Source: Massachusetts League of Community Health Centers Boston Health Centers One Pager, 2016

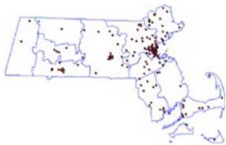
Boston is also home to the **largest municipal emergency medical service in New England.**



| BOSTON EMS BY THE NUMBERS        |         |
|----------------------------------|---------|
| Full time Employees Total        | 371*    |
| EMTs (Field/Dispatch)            | 259     |
| Paramedics                       | 53      |
| Supervisor/Command               | 39      |
| <b>System wide Call Volume</b>   |         |
| Total Clinical Incidents         | 122,161 |
| Total ALS and BLS Unit Responses | 144,711 |
| Total Transports                 | 85,487  |
| <b>Medical Response Time</b>     |         |
| Priority 1                       | 6.6 min |
| Priority 2                       | 8.7 min |
| Priority 3                       | 8.9 min |

Source: Boston EMS webpage. Vital Statistics, 2015

Boston also has the highest density of **substance abuse treatment providers** in Massachusetts



|                                      | Programs | Beds | statewide bed capacity (%) |
|--------------------------------------|----------|------|----------------------------|
| Detox                                | 5        | 153  | 18%                        |
| Transitional Support Services        | 2        | 71   | 18%                        |
| Clinical Stabilization Services      | 1        | 22   | 7%                         |
| Residential Treatment                |          |      |                            |
| Adolescent and Young Adult           | 3        | 45   | 31%                        |
| Adult                                | 23       | 690  | 30%                        |
| Family                               | 2        | 34   | 29%                        |
| Medication Management for Opiate Use | 29       | NA   | 24%                        |
| Outpatient Counseling                | 5        | NA   | 13%                        |

Source: Blue Cross Blue Shield City of Boston Substance Abuse Treatment and Recovery Support Services Needs Assessment, 2015

## Provider Distribution and Capacity

## Physicians

|                           | Boston | Providers per 1000* | MA     | Providers per 1000* |
|---------------------------|--------|---------------------|--------|---------------------|
| Total Licensed Physicians | 10,428 | 16.0                | 27,845 | 4.2                 |
| Primary Care Physicians*  | 1,931  | 3.0                 | 7,336  | 1.1                 |
| Psychiatrists             | 496    | 0.8                 | 2,111  | 0.3                 |

Source: Massachusetts Board of Registration in Medicine, October 2014

## Registered Nurses

|                   | Boston | Providers per 1000 | MA      | Providers per 1000 |
|-------------------|--------|--------------------|---------|--------------------|
| Registered Nurses | 6,734  | 10.4               | 103,162 | 15.4               |

Source: Massachusetts Board of Registration in Nursing, February 2017

## Dentists

|          | Boston | Providers per 1000 | MA    | Providers per 1000 |
|----------|--------|--------------------|-------|--------------------|
| Dentists | 817    | 1.3                | 5,655 | 0.8                |

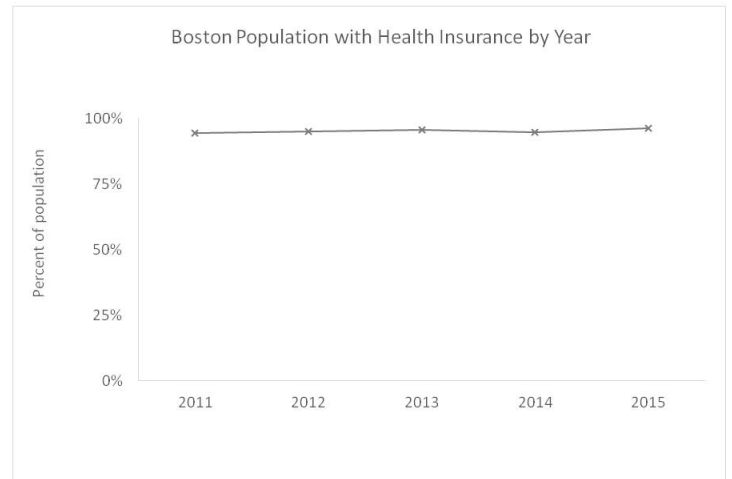
Source: Massachusetts Board of Registration in Dentistry, February 2017

## Psychologists

|               | Boston | Providers per 1000 | MA   | Providers per 1000 |
|---------------|--------|--------------------|------|--------------------|
| Psychologists | 631    | 1.0                | 5059 | 0.8                |

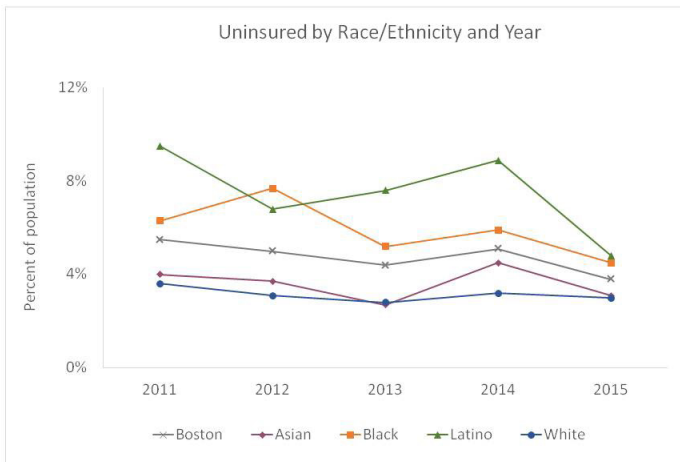
Source: Massachusetts Board of Registration in Psychology, February 2017

## Health Insurance Coverage and Utilization



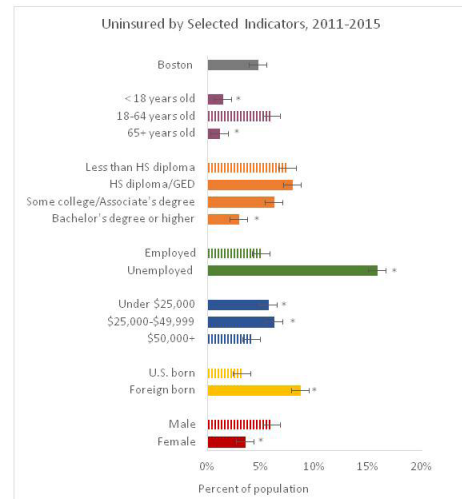
NOTE: See appendix for confidence intervals for point estimates.  
DATA SOURCE: American Community Surveys, 2011, 2012, 2013, 2014, 2015, U.S. Census Bureau

### Uninsured by Race/Ethnicity and Year



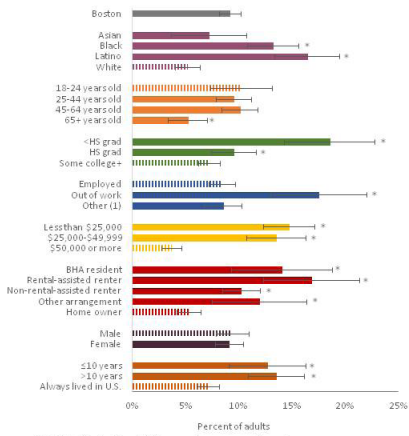
NOTE: See appendix for confidence intervals for point estimates.  
DATA SOURCE: American Community Surveys, 2011, 2012, 2013, 2014, 2015, U.S. Census Bureau

### Uninsured by Selected Indicators, 2011-2015



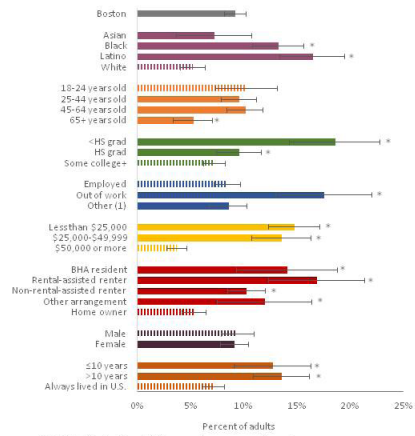
\* Statistically significant difference when compared to reference group  
NOTE: Bars with patterns indicate the reference group within each selected indicator.  
DATA SOURCE: American Community Surveys, 2011-2015, U.S. Census Bureau

Could Not Afford to See a Doctor in the Past 12 Months by Selected Indicators, 2013 and 2015 Combined



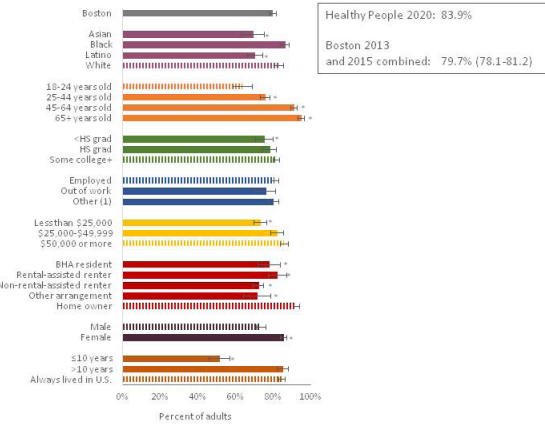
\* Statistically significant difference when compared to reference group  
 (1) Includes homemakers, students, retirees, and those unable to work  
 NOTE: Bars with patterns indicate the reference group within each selected indicator.  
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2013, 2015), Boston Public Health Commission

Could Not Afford to See a Doctor in the Past 12 Months by Selected Indicators, 2013 and 2015 Combined



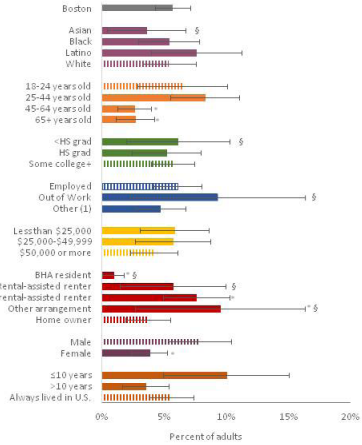
\* Statistically significant difference when compared to reference group  
 (1) Includes homemakers, students, retirees, and those unable to work  
 NOTE: Bars with patterns indicate the reference group within each selected indicator.  
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2013, 2015), Boston Public Health Commission

Has Personal Doctor or Health Care Provider by Selected Indicators, 2013 and 2015 Combined



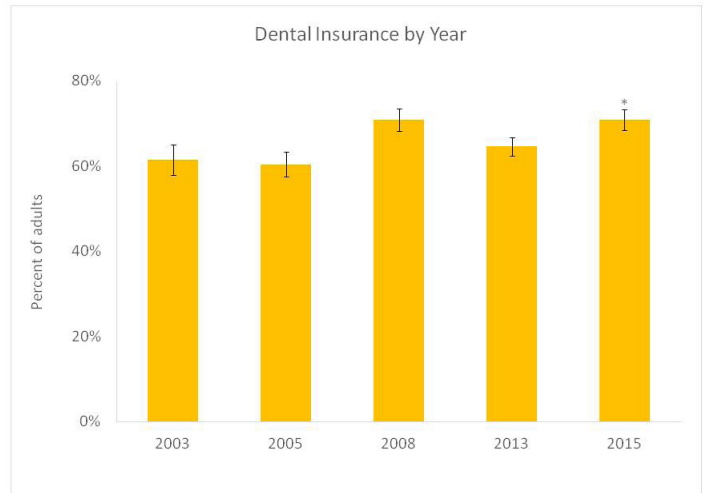
\* Statistically significant difference when compared to reference group  
 (1) Includes homemakers, students, retirees, and those unable to work  
 NOTE: Bars with patterns indicate the reference group within each selected indicator.  
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2013, 2015), Boston Public Health Commission

No Usual Place for Health Care by Selected Indicators, 2015

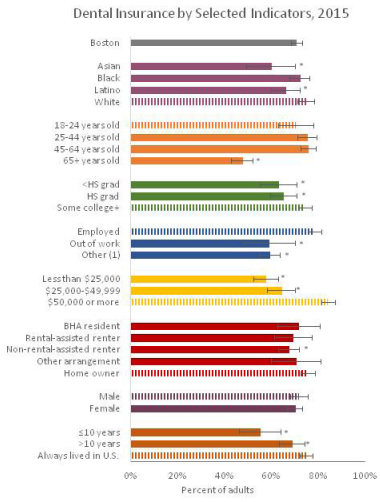


\* Statistically significant difference when compared to reference group  
 \$ Estimates have a coefficient of variation greater than or equal to 30% and should be interpreted with caution.  
 (1) Includes homemakers, students, retirees, and those unable to work  
 NOTE: Bars with patterns indicate the reference group within each selected indicator.  
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2015), Boston Public Health Commission

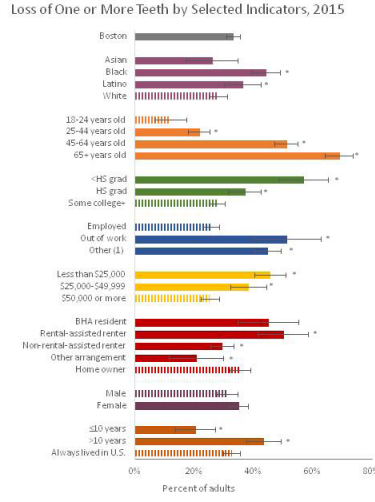
## Dental Insurance Coverage and Dental Health



\* Statistically significant change over time  
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2003, 2005, 2008, 2013, 2015), Boston Public Health Commission



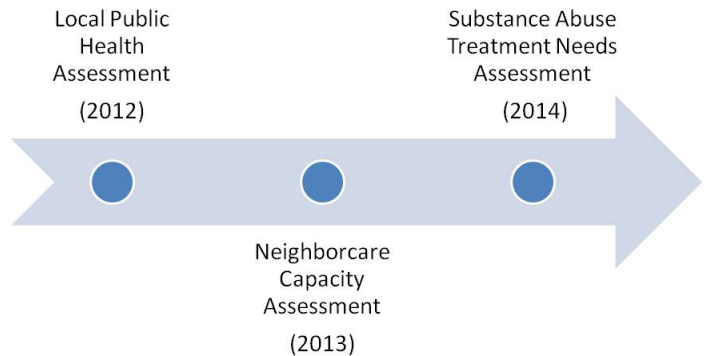
\* Statistically significant difference when compared to reference group  
 (1) Includes homemakers, students, retirees, and those unable to work.  
 NOTE: Bars with patterns indicate the reference group within each selected indicator.  
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2015), Boston Public Health Commission



\* Statistically significant difference when compared to reference group  
 (1) Includes homemakers, students, retirees, and those unable to work.  
 NOTE: Bars with patterns indicate the reference group within each selected indicator.  
 DATA SOURCE: Boston Behavioral Risk Factor Survey (2015), Boston Public Health Commission

## Recent Collaborative Efforts to Assess Health Care Access in Boston

## Timeline of Recent Efforts to Assess Healthcare Access



### Key Findings

|  |   |
|--|---|
| <b>LPHSA (2012)</b>                                      | <p>Identified lack of coordination in assessing the system's capacity to provide health service.</p> <p>Highlighted a lack of access to mental health services in particular.</p>   |
| <b>NeighborCare Capacity Assessment (2013)</b>           | <p>Majority of CHCs reported accepting new patients with primary care appointment wait-times of less than two weeks and no wait times for urgent care or sick care appointments.</p> <p>Longer wait times of two to four weeks were reported for most community health center behavioral health and dental appointments.</p> <p>Lack of space and lack of health care providers, as well as, continual changes to MassHealth adult dental coverage as barriers to providing greater access to services.</p> |
| <b>Substance Abuse Treatment Needs Assessment (2014)</b> | <p>Identified lack of sufficient detox and residential substance abuse treatment capacity for Boston residents.</p>   |

## Summary of Preliminary Findings

- Despite an abundance of resources, barriers to access and gaps in services persist particularly for vulnerable populations including:
  - Identified gaps in the availability of behavioral health and dental care services.
  - Persistent barriers to accessing health coverage and healthcare services for vulnerable populations.

|   |  |
|---|--|
| <p style="text-align: center;"><b>Summary of Preliminary Findings, Cont.</b></p> <ul style="list-style-type: none"> <li>• Additional challenges/barriers identified include: <ul style="list-style-type: none"> <li>– Fragmentation of services.</li> <li>– Lack of coordination/communication across providers.</li> <li>– Lack of space and staffing.</li> <li>– On-going changes to MassHealth adult dental coverage.</li> </ul> </li> </ul> | <p style="text-align: center;"><b>Emerging Issues to Consider</b></p> <ul style="list-style-type: none"> <li>• Medicaid Waiver <ul style="list-style-type: none"> <li>– Move towards ACO model; will result in payment reform.</li> <li>– First significant change to structure of MassHealth in 20 years</li> </ul> </li> <li>• Federal election <ul style="list-style-type: none"> <li>– Massachusetts landmark healthcare law minimizes impact of possible ACA repeal but will still feel impact</li> <li>– Uncertainty about impact of other proposed/potential policy changes on the healthcare system and access</li> </ul> </li> <li>• Others?</li> </ul> |
| <p style="text-align: center;"><b>Q&amp;A</b></p>   | <p style="text-align: center;"><b>Goals for Breakout Sessions</b></p> <ul style="list-style-type: none"> <li>• Identify gaps in data for healthcare access report and opportunities to strengthen partnerships related to data collection sharing.</li> <li>• Identify gaps and barriers related to healthcare access in Boston and opportunities to strengthen partnerships related to addressing identified gaps and barriers.</li> <li>• Identify existing efforts to improve access to healthcare in Boston and opportunities to strengthen partnerships to support these existing efforts.</li> </ul>   |

# APPENDIX B – BPHC HEALTHCARE ACCESS CONVENING MEETING AGENDA

Boston Public Health Commission

Healthcare Access Convening

March 6, 2017- 9:00AM-Noon

Hayes Conference Room, 1010 Massachusetts Avenue

## Desired Outcomes

By the end of this convening, we will:

- Develop a shared understanding of the current landscape of access to healthcare in Boston including gaps and barriers to access;
- Identify gaps in data and opportunities for additional data sharing;
- Agree on recommendations for how the local public health system can improve access to care in Boston.

| Time        | Topic   | Speaker/Facilitator          |
|-------------|---|------------------------------|
| 8:30-9:00   | Breakfast and Networking  |                              |
| 9:00-9:10   | Welcome, Opening Remarks and Overview of BPHC Priorities  | Monica Valdes Lupi, JD, MPH  |
| 9:10-9:20   | Overview of Accreditation Process and Healthcare Access Report  | Rita Nieves, MPH, MSW, LICSW |
| 9:20-9:45   | Review of Preliminary Data  | Nicole Schmitt, MPH          |
| 9:45-10:00  | BREAK   |                              |
| 10:00-11:15 | Breakout/Small Group Discussions  |                              |
| 11:15-11:45 | Small Group Report Backs  |                              |
| 11:45-Noon  | Closing <ul style="list-style-type: none"> <li>• Review Next Steps</li> <li>• Meeting evaluation</li> </ul> | Rita Nieves, MPH, MSW, LCSW  |

## APPENDIX C – HEALTHCARE CONVENING PARTICIPANT LIST

| Participant Name        | Organization  |
|-------------------------|---|
| Leslie Aldrich          | Massachusetts General Hospital                      |
| Rob Allan               | Harvard Pilgrim Healthcare                          |
| Beth Baker              | Boston Public Health Commission                     |
| Neelesh Batra           | Boston Public Health Commission                     |
| Kathy Betts             | Cambridge Health Alliance                           |
| Barry Bock              | Boston Healthcare for the Homeless                  |
| Dr. Steven Boswell      | Fenway Community Health Center                      |
| Maia BrodyField         | Boston Public Health Commission                     |
| Sarah Buonopane         | Massachusetts Health Connector                      |
| Sharon Callender        | Mattapan Community Health Center                    |
| Yailka Cardenas         | Boston Public Health Commission                     |
| Kevin Casey             | Neponset and Geiger Gibson Community Health Centers |
| Magnolia Contreras      | Dana-Farber Cancer Institute                        |
| Sandra Cotterell        | Codman Square Health Center                         |
| Sylvia Dodge            | Massachusetts Eye and Ear                           |
| Sherry Dong             | Tufts Medical Center                                |
| Osagie Ebeozien         | Boston Public Health Commission                     |
| Cheri Epps              | Boston Public Health Commission                     |
| Diana Erani             | Massachusetts League of Community Health Centers    |
| John Erwin              | Conference of Boston Teaching Hospitals             |
| Celi Esquivel           | Harvard Pilgrim Healthcare                          |
| Zoila Feldman           | North End Waterfront Health                         |
| Neeru Gurnani           | Steward Carney Hospital                             |
| Brook Hailu             | South Cove Community Health Center                  |
| Ann Henry               | Boston Public Health Commission                     |
| Margaret Jolliffe       | Brookside Community Health Center                   |
| Dr. Paul Kasuba         | Tufts Health Plan                                   |
| Katy Kehoe              | Charles River Community Health Center               |
| Hisham Kukhun           | Boston Public Health Commission                     |
| Phillomin Laptiste      | Bowdoin Street Health Center                        |
| Claudia Liranzo         | Harvard Street Neighborhood Health Center           |
| Dr. Edward Liston-Kraft | Brigham and Women’s Faulkner Hospital               |
| Elena Margolis          | Blue Cross Blue Shield                              |
| Wanda McClain           | Brigham and Women’s Hospital                        |
| Kaitlin McColgan        | Massachusetts League of Community Health Centers    |

| Participant Name          | Organization  |
|---------------------------|---|
| Patricia McMullin         | Beth Israel Deaconess Medical Center                |
| Dr. Myechia Minter-Jordan | Dimock Community Health Center                      |
| Mollie Morris             | Harvard Street Neighborhood Health Center           |
| Michelle Nadow            | DotHouse Health                                     |
| Dr. Huy Nguyen            | Boston Public Health Commission                     |
| Natalie Nguyen Durham     | Massachusetts Department of Public Health           |
| Rita Nieves               | Boston Public Health Commission                     |
| Angelica Recierdo         | Boston Public Health Commission                     |
| Craig Regis               | Boston Public Health Commission                     |
| Margaret Reid             | Boston Public Health Commission                     |
| Ryan Ribeiro              | Neponset and Geiger Gibson Community Health Centers |
| Nicole Schmitt            | BPHC Consultant                                     |
| Paulette Shaw-Querner     | Neighborhood Health Plan                            |
| Kevin Shea                | Boston Public Health Commission                     |
| Lilliana Silva            | East Boston Neighborhood Health Center              |
| Elena Simoncini           | VA Boston   |
| Sarah Stephany            | Blue Cross Blue Shield                              |
| Gerry Thomas              | Boston Public Health Commission                     |
| Stacy Walker              | Boston Children's Hospital                          |
| Marissa Woltmann          | Massachusetts Health Connector                      |



# APPENDIX D –HEALTHCARE CONVENING FACILITATOR GUIDE

## BPHC Healthcare Access Convening Facilitator’s Guide

| Groups  | Facilitator     | Scribes             |
|---------|-----------------|---------------------|
| Group 1 | Maia BrodyField | Ann Henry           |
| Group 2 | Beth Baker      | Hisham Kukhun       |
| Group 3 | Gerry Thomas    | Angelica Recierdo   |
| Group 4 | Margaret Reid   | Nicole Schmitt, MPH |
| Group 5 | Huy Nyugen      | Osagie Ebekozen     |

### Small Group Facilitation:

#### **Data** (10:00-10:20, 20')

Goal: To identify gaps in data for healthcare access report and identify opportunities to strengthen partnerships related to data collection sharing.

Materials: flip chart and markers

Facilitation: Ask your group:

1. What else do we need to know to accurately describe healthcare access in Boston?
2. How can BPHC best support your agency/organization in collecting and sharing data related to healthcare access?

#### **Gaps and Barriers** (10:20-10:40, 20')

Goal: To identify gaps and barriers related to healthcare access in Boston and identify opportunities to strengthen partnerships related to addressing identified gaps and barriers.

Materials: flip chart and markers

Facilitation: Ask your group

1. From the perspective of your agency/organization, which populations experience the greatest gaps and barriers to accessing healthcare in Boston?
2. How can BPHC best support healthcare partners in addressing gaps and barriers to healthcare access in Boston?

#### **Existing Efforts** (10:40-11:00, 20')

Goal: To identify existing efforts to improve access to healthcare in Boston and identify opportunities to strengthen partnerships to support these existing efforts.

Materials: flip chart and markers

Facilitation: Ask your team:

1. What are your organization’s current efforts to improve access to healthcare for populations you serve?
2. How can BPHC support your existing efforts to improve access to healthcare for populations you serve?

**Prioritization** (11:00-11:15, 15')

Goal: To gather feedback on prioritization of efforts to improve access to healthcare for Boston residents.

Materials: flip chart and markers

Facilitation: Ask your team:

1. From your organization's perspective, what should BPHC's priority be around improving access to health for the residents of Boston?

# APPENDIX E – HEALTHCARE CONVENING EVALUATION FORM

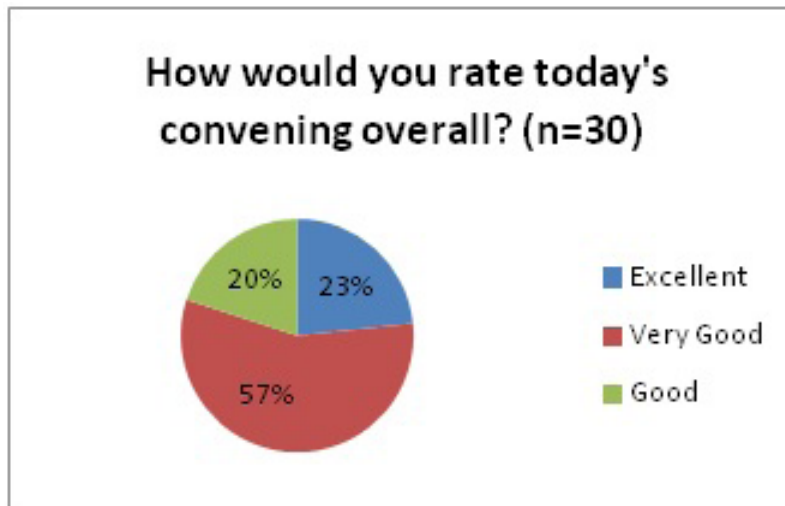
Boston Public Health Commission  
Healthcare Access Convening  
March 6, 2017- 9:00AM-Noon  
Hayes Conference Room, 1010 Massachusetts Avenue

## Meeting Evaluation Form

1. How would you rate today's convening overall?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
  
2. To what extent do you feel today's convening achieved the following desired outcomes:
  - A. Develop a shared understanding of the current landscape of access to healthcare in Boston including gaps and barriers to access
    - Not at all
    - Partially
    - Completely
  
  - B. Identify gaps in data and opportunities for additional data sharing
    - Not at all
    - Partially
    - Completely
  
  - C. Agree on recommendations for how the local public health system can improve access to care in Boston
    - Not at all
    - Partially
    - Completely
  
3. What, if any, feedback or suggestions do you have for how this or similar meetings in the future could be more useful to you/your organization?

# APPENDIX F – HEALTHCARE CONVENING EVALUATION SUMMARY

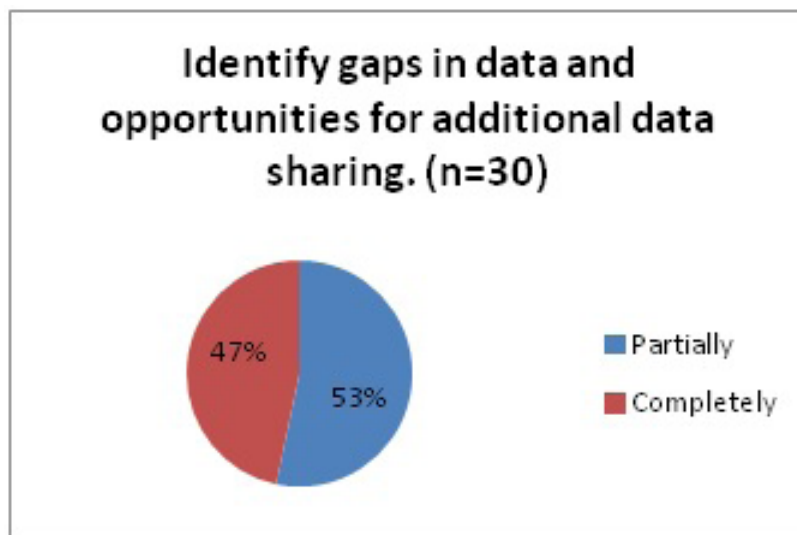
1. How would you rate today's convening overall?



Overall, 100% of participants rated the convening as good, very good or excellent with over 50% indicating that it was very good and nearly a quarter indicating that it was excellent.

2. To what extent do you feel today's convening achieved the following desired outcomes:

Overall 100% participants felt that we at least partially achieved our desired outcomes.



47% of participants indicated that we completely achieved our desired outcome to identify gaps in data and opportunities for additional data sharing.

**Develop a shared understanding  
of the current landscape of  
access to healthcare in Boston  
including gaps and barriers to  
access (n=30)**



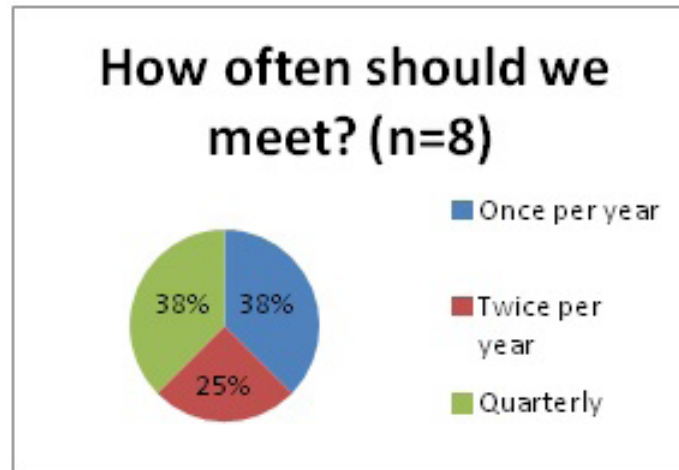
60% indicating that we completely achieved our desired outcome to develop a shared understanding of the healthcare access landscape in Boston include gaps in service and barriers to care.

**Agree on recommendations for  
how the local public health  
system can improve access to  
care in Boston. (n=30)**



47% of participants indicated that we completely achieved our desired outcome to agree on how the local public health system can improve access to care in Boston.

3. What, if any, feedback or suggestions do you have for how this or similar meetings in the future could be more useful to you/your organization?



Overall participants indicated that they appreciated the opportunity to meet with other partners and stakeholders to share ideas and feedback and felt like it was something that BPHC should do more often. They also felt the meeting was well organized and that the presentations were good, and appreciated our efforts to keep the meeting on time.

Suggestions for how to improve for future meetings included: allowing more time overall and/or sending out more information ahead of time for them to review to save time. Additionally, there were suggestions about possible missing partners to be included in the future such as BPS nurses. Additional comments included a request to re-convene the group specifically for discussions about emerging public health issues including changes to MassHealth and emerging disease outbreaks like Ebola, and requests to work together as a group on data collection, standardization and sharing for grant and reporting purposes.

In terms of how often the group should meet, of the participants who responded, 38% indicated that they would like to meet once per year, 38% indicated they would like to meet quarterly and 25% indicated that would like to meet twice per year.

# APPENDIX G – QUESTIONS FOR FOCUS GROUPS WITH VULNERABLE POPULATIONS

## PART 1: ACCESS TO HEALTH INSURANCE AND HEALTH SERVICES FOR ADULTS

1. How many of you currently have health insurance?
2. If you currently have health insurance, what type do you have (i.e. is it MassHealth, etc?)
3. If you currently have health insurance, are you satisfied with your current insurance? Why or why not?
4. If you do not currently have health insurance, what is the primary for this (cost, etc?)
5. If you do not currently have health insurance, did you have it in the past? If so, what caused you to lose it?
6. How many of you have a primary care provider or a doctor/usual source of care you see regularly for exams or when you're sick?
7. If you do have a primary care doctor of usual place of care, what kind of place is it (i.e. a doctor's office vs. hospital or health center?)
8. How many of you have visited a doctor in the past twelve months for any reason?
9. Have any of you had to delay or avoid medical treatment in the past twelve months for any reason? What was the reason?
10. If you have a primary care doctor or usual place of care, are you satisfied with your current provider? Why or why not?

## PART 2: ACCESS TO DENTAL INSURANCE AND DENTAL CARE SERVICES FOR ADULTS

1. How many of you currently have dental insurance?
2. If you don't have dental insurance, what is the primary reason for not having it (cost, etc?)
3. How many of you have been to the dentist for any reason in the past twelve months?
4. If you have not been to a dentist in the past twelve months, what is the primary reason for this?

## PART 3: ACCESS TO INSURANCE AND SERVICES FOR CHILDREN

1. How many of you have children under the age of 18 who are living with you?
2. Do your child(ren) currently have health insurance?
3. Have you child(ren) been seen by a doctor for any reason in the past twelve months?
4. Have you had to delay or avoid medical treatment for your child(ren) in the past twelve months for any reason? What was the reason?
5. Do your child(ren) currently have dental insurance?
6. Has your child(ren) been to the dentist in the past twelve months?
7. If you child(ren) has not been to the dentist in the twelve months, what is the primary reason for this?

# APPENDIX H – SURVEY OF MHL CLIENTS

BPHC HEALTHCARE ACCESS SURVEY  
FEBRUARY 2017

## PART 1: ACCESS TO HEALTH INSURANCE AND HEALTH SERVICES FOR ADULTS

1. Do you currently have health insurance coverage?

- (1) Yes
- (2) No

\*IF NO, SKIP TO QUESTION 5

2. If you have health insurance, what type of insurance do you have?

- (1) MassHealth/Medicaid
- (2) Medicare
- (3) Connectorcare
- (4) Other private insurance
- (5) don't know
- (6) refused

3. If you have health insurance, how long have you had your current insurance?

- (1) Less than 6 months
- (2) More than 6 months but less than a year
- (3) More than a year
- (4) don't know
- (5) refused

4. If yes, how satisfied are you with your current insurance?

- (1) Not satisfied at all
- (2) Somewhat satisfied
- (3) Very satisfied
- (4) don't know
- (5) refused

\*SKIP TO QUESTION 8

5. If you do not currently have insurance, what is the primary reason for this?

- (1) I can't afford it
- (2) MY EMPLOYER DOESN'T OFFER IT
- (3) I DON'T QUALIFY
- (4) I don't know how to sign up
- (5) I don't think I need it
- (6) I just haven't had time to sign up
- (7) other reason (please specify):
- (8) don't know
- (9) refused

6. If you do not currently have insurance, have you had insurance coverage in the past?

- (1) Yes
- (2) No
- (3) don't know
- (4) refused

\*IF NO, SKIP TO QUESTION 8



7. If you had insurance in the past, why did you lose your insurance?
- (1) I lost my job
  - (2) I NO LONGER QUALIFIED OR BECAME INELIGIBLE
  - (3) I was unable to or forgot to re-enroll
  - (4) DON'T KNOW
  - (5) REFUSED
8. Do you have a primary care provider or a doctor/usual source of care you see regularly for exams or when you're sick?
- (1) YES
  - (2) NO
  - (3) THERE IS MORE THAN ONE PLACE
  - (4) DON'T KNOW
  - (5) REFUSED
9. If yes, what kind of place is it?
- (1) Doctor's office
  - (2) Hospital emergency room
  - (3) Hospital outpatient department
  - (4) Clinic or health center
  - (5) Retail store clinic or "minute clinic"
  - (6) School (nurse, athletic trainer, etc.)
  - (7) Friend/relative
  - (8) Mexico/other locations out of U.S.
  - (9) Some other place ( PLEASE SPECIFY):
  - (10) Does not go to one place most often
  - (11) DON'T KNOW
  - (12) REFUSED
10. During the past 12 months did you see a doctor, nurse, or other health professional for any kind of medical care, including for sick care, physical exams, and hospitalizations?
- (1) YES
  - (2) NO
  - (3) DON'T KNOW
  - (4) REFUSED
11. Have any of the following been a problem for you when you needed medical care in the last 12 months?  
Choose all that apply.
- (1) Could not afford care
  - (2) Did not have insurance
  - (3) There was a problem with my health plan
  - (4) Could not find a doctor who accepts MY insurance
  - (5) Could not get transportation/Had difficulty getting to doctor's office
  - (6) Could not get or had difficulty getting an appointment
  - (7) Could not take the time off of work
  - (8) Was not satisfied with the doctor
  - (9) Did not know where to find care
  - (10) Did not know where to find a doctor who speaks the same language that I do
  - (11) Did not have a referral for a specialist

12. If you have a healthcare provider that you see regularly, how satisfied are you with your current provider?
- (1) Not satisfied at all
  - (2) Somewhat satisfied
  - (3) Very satisfied
  - (4) Don't know
  - (5) REFUSED

PART 2: ACCESS TO DENTAL INSURANCE AND DENTAL CARE SERVICES FOR ADULTS

1. Do you have dental insurance coverage?

- (1) YES
- (2) NO

\*IF YES, SKIP TO QUESTION 11

2. What is the primary reason you don't have dental insurance today?

- (1) I can't afford it
- (2) MY EMPLOYER DOESN'T OFFER IT
- (3) I DON'T QUALIFY
- (4) I don't know how to sign up
- (5) I don't think I need it
- (6) I just haven't had time to sign up
- (7) other reason (please specify):
- (8) don't know
- (9) refused

3. Have you ever had dental insurance in the past? If so, what happened to cause you to lose your insurance?

- (1) I lost my job
- (2) i NO LONGER QUALIFIED OR BECAME UNELIGIBLE
- (3) I was unable to or forgot to re-enroll
- (4) DON'T KNOW
- (5) REFUSED

4. During the past 12 months, did you see a dentist for any kind of dental care, including check-ups, dental cleanings, x-rays, extractions or filling cavities?

- (1) YES
- (2) NO
- (3) DON'T KNOW
- (4) REFUSED

5. During the past 12 months, how many times did you see a dentist for preventive dental care, such as check-ups and dental cleanings?

- \_\_\_ \_\_\_ \_\_\_ TIMES  
DON'T KNOW  
REFUSED

PART 3: ACCESS TO INSURANCE AND SERVICES FOR CHILDREN

\*ONLY COMPLETE THIS SECTION IF YOU HAVE CHILDREN LIVING WITH YOU/IN YOUR HOUSEHOLD

1. Do you have children under the age of 18 living in your household?
  - (1) YES
  - (2) NO
  
2. Do(es) your child(ren) currently have health insurance?
  - (1) YES
  - (2) NO
  
3. During the past 12 months did your child see a doctor, nurse, or other health professional for any kind of medical care, including sick-child care, well-child check-ups, physical exams, and hospitalizations?
  - (1) YES
  - (2) NO
  - (7) DON'T KNOW
  - (9) REFUSED
  
4. Have any of the following been a problem for you when your child needed medical care in the last 12 months? Check all that apply.
  - a. Could not afford care
  - b. Did not have insurance
  - c. There was a problem with my health plan
  - d. Could not find a doctor who accepts child's insurance
  - e. Could not get transportation/Had difficulty getting to doctor's office
  - f. Could not get or had difficulty getting an appointment
  - g. Could not take the time off of work
  - h. Was not satisfied with the doctor
  - i. Did not know where to find care
  - j. Did not know where to find a doctor who speaks the same language that I do
  - k. There was a vaccine shortage so my child could not get vaccinated
  - l. Did not have a referral for a specialist
  
5. Does your child currently have dental insurance?
  - (1) YES
  - (2) NO
  
6. During the past 12 months, did you see a dentist for any kind of dental care, including check-ups, dental cleanings, x-rays, or filling cavities?
  - (1) YES
  - (2) NO
  - (3) DON'T KNOW
  - (4) REFUSED



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