BACKGROUND

• The Specialty Access for Uninsured Program (SAUP) is a Milwaukee County health system collaborative in which safety net primary care clinics are paired with hospital/health systems.

• Typically, primary care clinics provide primary care services, while hospitals provide a network of specialists.
  - Aurora Walker’s Point, a Free Clinic in Milwaukee, WI, is able to provide some specialty services at the clinic.

• Patients are referred for a single episode of care, and return to the primary care provider (PCP) for ongoing care management.

• All specialty services including usual and customary specialty consultation, testing, and treatment are “covered” under SAUP at no cost to patients.

PURPOSE

To examine the clinical, geodemographic, and referral pattern features of our SAUP patients and their journey to specialized care.

METHODS

• We prospectively identified and retrospectively reviewed patients ≥ 18 years of age residing in Milwaukee County that were enrolled in SAUP during 2017.

• To be eligible for SAUP patients must:
  - Be established patients of Aurora Walker’s Point Community Clinic
  - 200% at or below the Federal Poverty Level
  - Unable to secure public or private insurance.

• Statistics
  - Several variables of interest were retrospectively collected after initial SAUP enrollment.
  - Descriptive statistics were used to describe the overall characteristics of our 2017 SAUP cohort.
  - Regression was used to explore predictors of time from referral to specialty visit.

RESULTS

• Overall, 99 patients were enrolled in SAUP during 2017 with all SAUP patients having had contact with PCP prior to enrollment.

• Overall, SAUP enrolled patients were generally well, with 76.5% of patients having a modified Charlson comorbidity index score of zero.

• Figure 1 describes baseline patient demographics, clinical history, and managed care measures.

CONCLUSIONS

Patients in a managed care specialty access program coordinated through Aurora Walker’s Point were relatively young and healthy, with follow through percentages and wait times for specialty care at or better than national averages. Further research, including cost outcomes is warranted.

ACKNOWLEDGEMENTS

We would like to acknowledge all of those who have supported this study including Andy Anderson, MD, and Tracy Wymelenberg.

REFERENCES
