

# New York City's Task Force on Immigrant Health Care Access: a local response to address health needs of immigrants



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## BACKGROUND

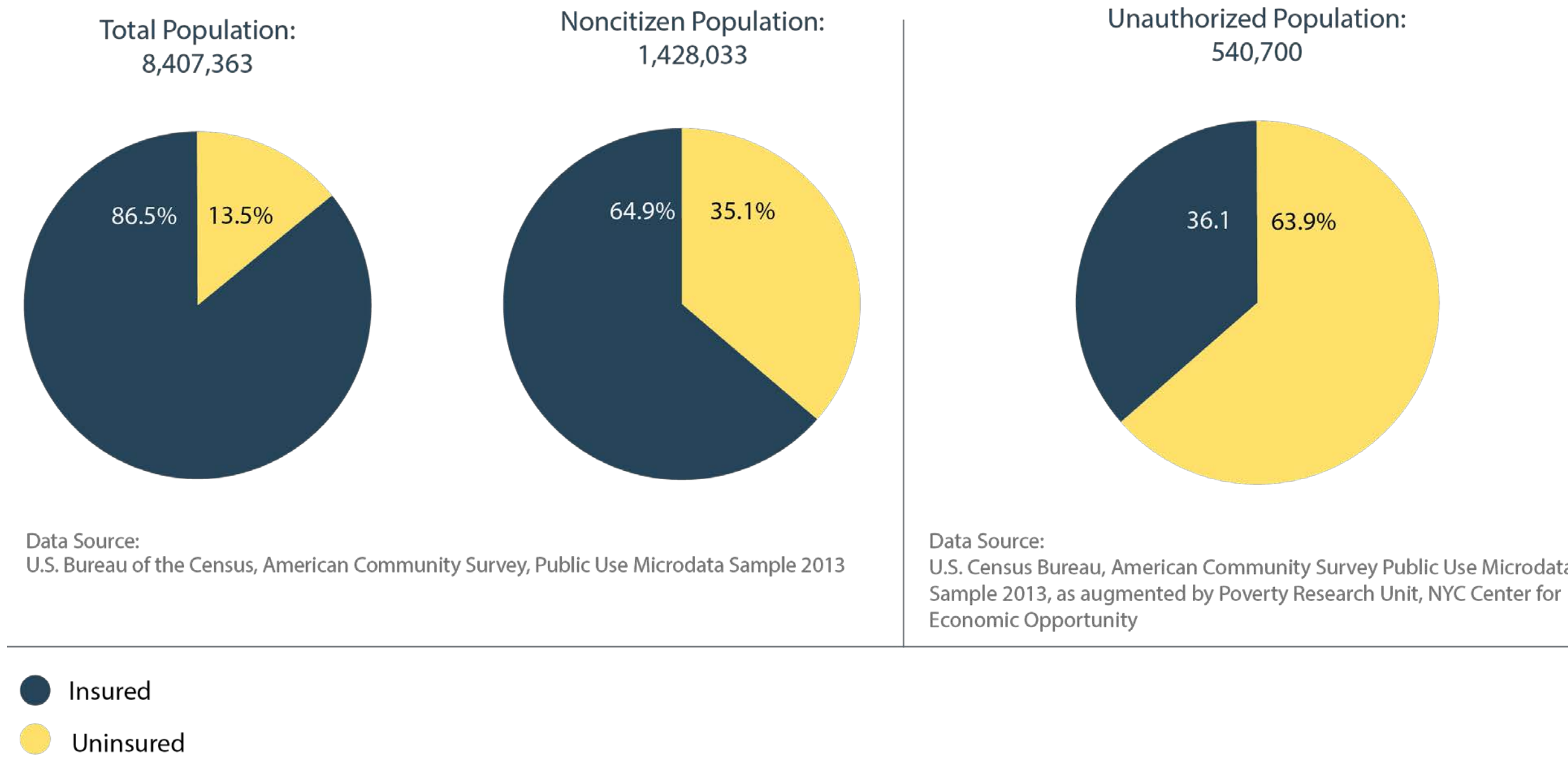
The Affordable Care Act (ACA) expanded health care access to millions of Americans through its expansion of public health insurance eligibility and the creation of health insurance Marketplaces. However, millions of Americans remain without adequate access to health care, including a significant number of foreign-born New York City (NYC) residents. Over a third of NYC residents are immigrants, and we estimate that over 540,000 are unauthorized and nearly 350,000 are unauthorized and uninsured.

Unauthorized immigrants were excluded from benefiting from the ACA, and so it became critical that localities create new and effective ways to improve access to health care for this population.

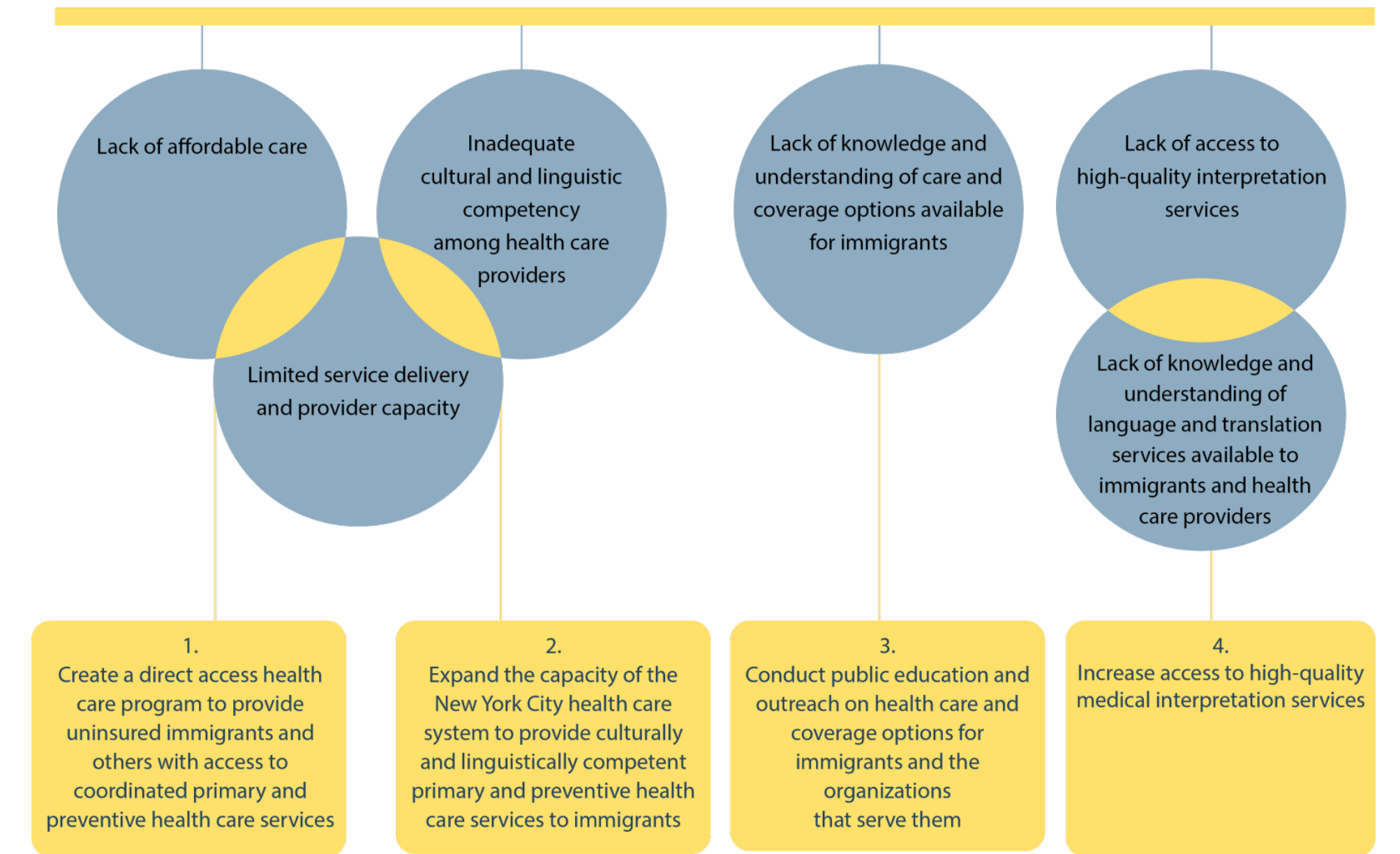
New York City Mayor Bill de Blasio created a Task Force on Immigrant Health Care Access to improve access to higher quality, coordinated, and more efficient health care services for this population. The Task Force included city agencies, advocates, health care providers, and immigration and public health experts.

## FINDINGS and RECOMMENDATIONS

### Health Insurance Coverage in NYC



### Barriers and Recommendations



## STRUCTURE

- The Task Force was comprised of 4 workgroups:
- Care and Coverage for the Uninsured (led by the Department of Health and Mental Hygiene)
  - Data Gaps (led by the Center for Innovation through Data Intelligence)
  - General Barriers to Access (led by the Human Resources Administration)
  - Language Barriers to Access (led by the Mayor's Office of Immigrant Affairs)

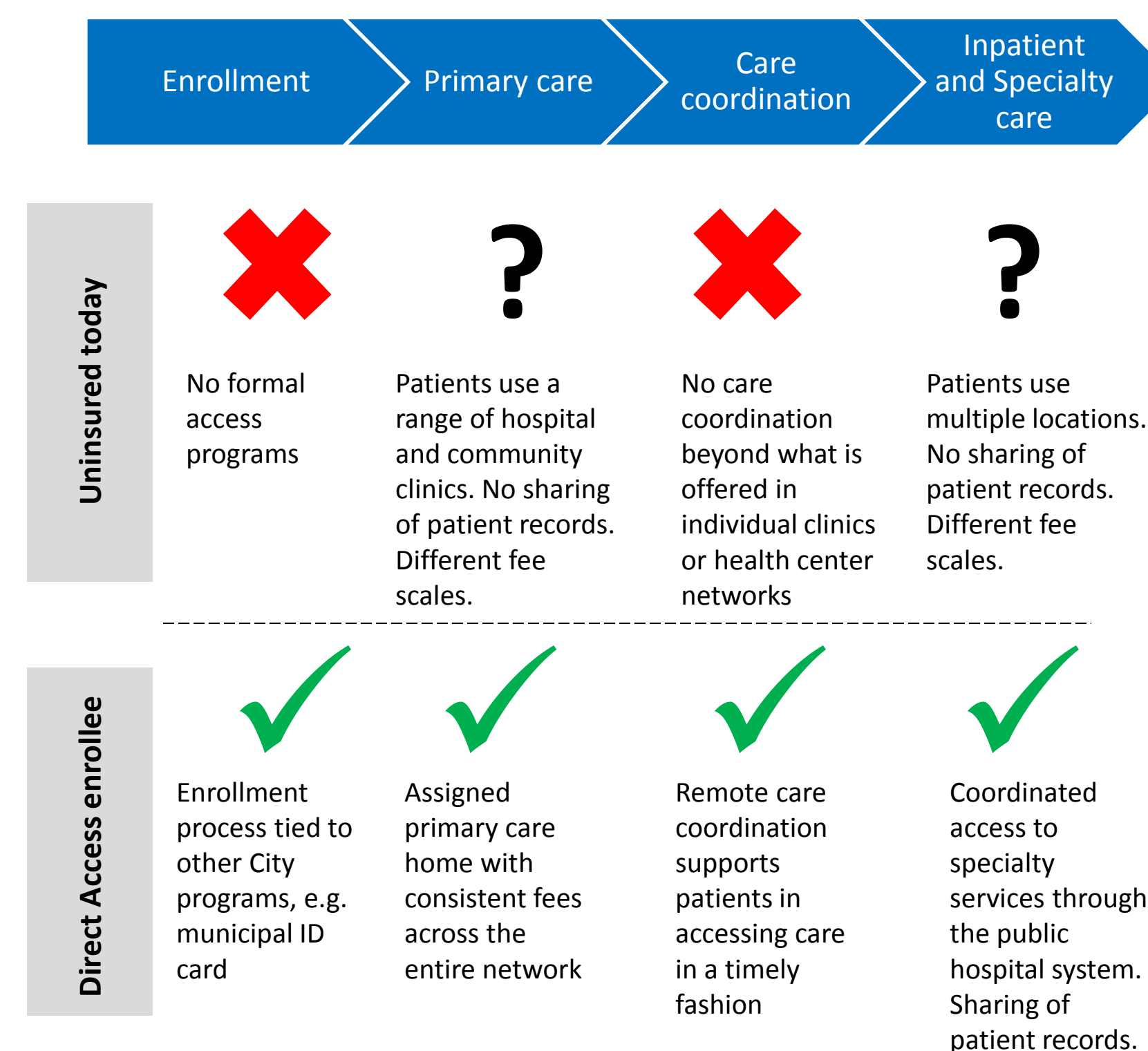
## APPROACH

- Study local health system capabilities and challenges faced by immigrants in accessing health care services
- Assess issues related to health care access for uninsured immigrants
- Research city, county, and state-based innovative models which increase access to care for vulnerable populations
- Analyze relevant data on immigrant populations and health service availability
- Prioritize key opportunities and create recommendations to reduce barriers to health care access

## State and local models for uninsured patients' access to care

Direct Access Models	Policy/Insurance-Based Approaches	Coordinated Care Models
<ul style="list-style-type: none"> <li>Coordinated access to comprehensive health care services</li> </ul>	<ul style="list-style-type: none"> <li>Restructured or expanded existing platform to offer an insurance product</li> </ul>	<ul style="list-style-type: none"> <li>Voluntary networks based on coordination</li> </ul>
<p><b>Advantages:</b></p> <ul style="list-style-type: none"> <li>Comprehensive services provided within a city/county</li> <li>Coordination of care and costs within a closed network</li> </ul> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>Geographic and network limitations – no out-of-network city/county coverage</li> <li>Requires local funds</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Access to Healthcare Nevada</li> <li>Healthy San Francisco</li> <li>myHealthLA (Los Angeles)</li> <li>Health Safety Net (Massachusetts)</li> <li>HealthPAC (Alameda County, CA)</li> <li>ACE (San Mateo, CA)</li> </ul>	<p><b>Advantages:</b></p> <ul style="list-style-type: none"> <li>Most comprehensive coverage option</li> <li>Build on planned or existing insurance programs</li> </ul> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>Requires state-driven funding and implementation</li> <li>Needs coordination at all levels of city and state</li> <li>Potentially higher costs than direct access</li> </ul> <p><b>Example:</b></p> <ul style="list-style-type: none"> <li>Washington, D.C. Healthcare Alliance</li> </ul>	<p><b>Advantages:</b></p> <ul style="list-style-type: none"> <li>Requires lower financial investment by city/county</li> <li>Offers some level of access and coordination to primary care in absence of other options</li> </ul> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>No coverage-based offering</li> <li>Limited network of providers (voluntary) and highly dependent on provider-based willingness and resources</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Voices of Detroit Initiative</li> <li>Toledo/Lucas County Care Net</li> </ul>

## Direct Access model has advantages over today's system for the uninsured



## NYC's Direct Access pilot program

### Goals:

- Improve health care access for uninsured individuals who are ineligible for public health insurance or financial assistance through the Marketplace due to their immigration status
- Provide coordinated access to primary and preventive care through a formal program
- Encourage efficient use of the health care system
- Improve patient satisfaction
- Evaluate the demonstration program to position the City to determine best mechanisms to expand the program citywide

### The program will include:

- An array of pre-determined preventive, primary care, and specialty services within a network of providers in NYC. No fees for recommended preventive services
- A network inclusive of community health centers and public hospitals
- Assignment to a "primary care home"
- Assured continuity of services for individuals who later become eligible for a public health insurance program
- Enrollment via a centralized eligibility system which first assesses eligibility for health insurance
- Patients provided with care coordination
- Point-of-service fees adjusted according to income

At the time of abstract acceptance, all authors were affiliated with the institutions as indicated above