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A safety net for the safety net

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John Bartkowski knows a lot about safety nets. He runs one as chief executive officer of Sixteenth Street Community Health Center, one of three federally qualified community health centers in Milwaukee.

The 26-year-old center, which Bartkowski has managed since 1990, logged more than 72,000 patient visits in 1995, providing not only medical treatment but also social services, health education programs and preventive care in four languages.

Most of the center's clients have no health insurance or are covered by Medicaid, the federal-state health care program for the poor. The center charges fees based on ability to pay, but more than half of the center's support comes from state and federal funds, grants, private donations and the United Way.

For the past year, Bartkowski and officials from other community health centers and Froedtert Hospital have been working on a plan for a "private" safety net, one they hope can fill the void left by the closing of Milwaukee County's John L. Doyne Hospital. For more than a century, the hospital was the county's safety net for people in need of health care but with no means to pay for it.

The community health centers and Froedtert are developing what they call a community-based primary care initiative, which would use county and state funds to create a system of primary care and preventive medicine for the county's at-risk population. The proposal is one of several under review by a county task force assigned to figure out the county's short-term and long-term health care needs.

The task force is expected to make recommendations to county supervisors early next year. Still unknown is whether the county and state will continue financial support for the general assistance medical program after next year.

Of course, Milwaukee is not the only community searching for a new safety net. Other communities are closing their public hospitals because they no longer can afford to keep them open. The dilemma will worsen when welfare reform kicks in, Bartkowski said.

What the safety net should or would look like under welfare reform was the focus of a U.S. Department of Health and Social Services work group in Washington, D.C., earlier this month. Bartkowski was one of about two dozen people to participate in the discussion.

The work group focused on two themes: how to use managed care to contain Medicaid costs and how to cover people who lose their Medicaid benefits when they leave welfare.

"This issue is, what happens to people who leave the welfare rolls for low-paying jobs where the employer doesn't offer insurance, or where the health insurance premiums are so high the (former welfare recipient) can't afford to take the coverage?" Bartkowski said.

Bartkowski was invited to talk about his experience working with Medicaid-HMO initiative in Milwaukee. Since 1984, Milwaukee County residents who qualify for Medicaid coverage through Aid to Families with Dependent Children have been required to enroll in a health maintenance organization (HMO).

"Milwaukee is considered a leader on this," he said.

The state, which reimburses HMOs a set fee per member per month to provide health services to Medicaid recipients, has saved millions in Medicaid dollars by using HMOs.

Milwaukee may be used to managed care, but HMOs are still a novel idea elsewhere. Anyone hoping HMOs will go away, or that welfare reform will go away now that President Bill Clinton has been re-elected, is kidding himself, Bartkowski said.

Federal and state governments will rely even more on HMOs and other forms of managed care to reduce Medicaid costs, and still claim some kind of health care safety net exists for the working poor.

Bartkowski said he believes managed care can help reduce Medicaid costs. About 55 percent of Sixteenth Street's clients are enrolled in the Medicaid program. And even though the Medicaid-HMO program here has had its problems, Bartkowski thinks it has worked.

Key to making it work, though, is finding enough doctors, clinics and other medical providers in central cities and rural areas to take care of those patients. HMOs can enroll all the patients they want, but without providers in patients' neighborhoods, the program won't work.

Given the provider shortage in central cities and rural areas, Bartkowski said, the country's 800 federally qualified community health centers, like Sixteenth Street, will likely have a bigger role.

The Washington work group suggested some solutions to the safety net dilemma, but the work of Bartkowski and the community health centers has only just begun.