

>> Welcome. You're listening to a UC Davis Center for Poverty Research conference podcast. I'm the center's director, Ann Stevens. In November 2013 the center hosted the conference The Affordable Care Act and Low Income Populations. Lessons from and challenges for research. The conference featured top healthcare experts from across the country to discuss the role out of the Affordable Care Act and what the new system means for poverty in the United States.

In this short introduction to our panel discussion on the implementation of the Affordable Care Act, Joy Melnikow talks about how health professionals and researchers can work together to improve healthcare. Melnikow is the director for the Center for Healthcare Policy and Research and a professor of family and community medicine at UC Davis.

>> I do want to thank Anne for organizing a really fantastic conference. Really interesting good mix of different kinds of, of people and expertise. And my interest in being involved in this was really to try to see how we could take the perspective from the people who are out there implementing, in one way or another, and use that to inform future research.

Cuz I really think that, that relationship is critical to, to conducting meaningful research, and so that's why we're here. And we're going to really try to move from a, from the individual level. I'm going to talk very briefly to the population perspective and then back down to the patient level and see if we can get some insights from that about the ACA implementation and where we, what we really need to know.

So, I'm gonna start by talking about a patient I was involved in his care about a year ago and just to tell you a story, and see if that will maybe help people to wake up a little bit 3 o'clock on a Friday afternoon. So this is a 20 year old a young Latino guy without insurance who came to our emergency room at UC Davidson and these dates aren't correct on purpose, but the intervals are correct.

So he came originally to the emergency room complaining of joint pains and he worked as a roofer and they diagnosed him with some arthritis and sent him home with some ibuprofen. Then a couple weeks later he came back and this time he told sort of more of his story.

Talked to, and he was really hurting in many joints. He had joint swelling. He had lost 40 pounds over the last several months, and he was admitted to the hospital. So, you might say, well why was he admitted to the hospital? Well, he had no primary, he had no insurance.

He had the safety net in Sacramento is probably one of the worst in the state. And he really had no access to primary care outside of the emergency room, which is why he was back. And so if, if they had sent him home from the emergency room they really had no place for him to go get evaluated for what seemed to be a very significant illness.

So that's why he got admitted to the hospital, not because he actually needed hospital level of care, so that's already an issue. And he wound up on our family medicine service. I'm actually not sure why, but we all share and we admit different kinds of complaints, and he was a little outside the usual, particular problems that we're supposed to get, but he was a very interesting and a nice young man.

So he spent three days in the hospital getting all kinds of tests, extensive testing, and after three days most of his tests weren't back yet and he was sent home with some information about applying for Medi-Cal, told he had probable rheumatoid arthritis and given more Ibuprofen and some Norco.

A couple weeks after that, he came back again to the emergency room with severe pain in his neck this time and he was sent home from the emergency room. Three days after that, he finally had at least had the process for applying for Medi-Cal started, and he came to the Family Practice Center where he still had this diffuse joint pain His tests, his key tests were finally back and he was it was discussed with rheumatology cuz getting an appointment with rheumatology takes months and they said, well it's, it's pretty clear that he has rheumatoid arthritis which for those of you who don't know this, it's a chronic, systemic disease that's not really curable.

But with good treatment it can be managed well, and can actually, the prog, the progression of it can now be slowed down by what's called Disease Modifying Therapy. So this guy, on the one hand was, you know, very young and had a really bad disease. On the other hand, he had a potentially good prognosis so if he could get the right kind of care.

So he was started on a, a not a disease-modifying agent. But one that would at least help seriously with his symptoms. Because the Norco and the, and ibuprofen were not doing it for him. So he was started on prednisone. Ten days after that he was finally approved for Medi-Cal.

And a month after that, roughly, he was first seen in rheumatology, and he had already stopped the Prednisone because of he didn't like the side effects of the Prednisone, but they started him on Methotrexate, which is a disease modifying agent. And so he had another visit, I think, in rheumatology after that, and a couple more visits in family medicine, and was continued on his medications until three months after he got on Medi-Cal.

When he lost his MediCal coverage again and that probably has to do with the requirements that people constantly reapply for Medi-Cal. He also applied for disability at that point. And there were, you know, all I could do was look in our. We do have an electronic health record, so I could look in our system to try to get an idea of what happened to him after that.

There are a couple of contacts with his primary care physician, who refilled his meds. There were no more visits to the rheumatologist, and then he disappeared from our system. So that's, that was the story of this guy, now my question is well, if we had, had full implementation of the Affordable Care Act, could we have put this guy on, on some form of, he, he probably, if he was still working maybe earned a little too much to be eligible for Medi-Cal before he got onto this sort of emergency for him.

But maybe he could have gone in a, into an insurance plan that would have covered his care, and he could have gotten sustained care and not lost his insurance in three months, and maybe it would have made a dec, a difference to his outcome. Of course, I don't know what happened to him, so I don't know what his outcome was.

But this is the kind of person that I think about when I think of why we need to change the s, the discombobulated system that we've had for so many years. So, on that bright note, I want to introduce our panelists. And I'm, Joy Melnikow, the Director of the Center for Healthcare Policy and Research at UC Davis and I'm really lucky to have this group with me today.

We're gonna really start at the, the state public health level at the 30,000 foot level with Dr. Ron Chapman who's the director and state health officer for the California Department of Public Health, of health, California Department of Health. Then we're gonna move a little closer to the ground with Dr. Neil Kowhatsu who is, the Medical Director for the California Department of Healthcare Services.

So, Medi-Cal, from that perspective. And then, we're gonna move into the level of the community health center with, Robin Affrime, who's the Chief Executive Officer of Communicare Health Centers, which are thoroughly qualified health centers here in Yolo County. And finally, Chris Srinivasan who works both on UC Davis and at CommuniCare and takes care of uninsured patients at CommuniCare all the time, is gonna talk about what the ACA means for his patients.

And then, we will wrap up and take some questions.

>> I'm Ann Steven the director of the Center for Poverty Research at UC Davis and I want to thank you for listening. The center is one of three Federally designated poverty research centers in the United States. Our mission is to facilitate non-partisan academic research on domestic poverty.

To disseminate this research. And to train the next generation of poverty scholars. Core funding comes from the US Department of Health and Human Services. For more information about the center, visit us online at [poverty.ucdavis.edu](http://poverty.ucdavis.edu).