

# The Milwaukee General Assistance Medical Program: Patient Perspectives on Primary Care in an Urban Safety Net

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## ABSTRACT

*Purpose:* The General Assistance Medical Program (GAMP) is a managed care model that provides a network of services through community-based clinics and area hospitals. An evaluation of the program included patient focus groups to determine the effectiveness of this safety net.

*Methods:* Focus groups were conducted with patients at various hospital and community-based clinics. Researchers identified patterns and themes that emerged from the data.

*Results:* The focus groups had the following themes: (1) eligibility and enrollment policies, (2) patient advocacy, (3) primary care access, and (4) patient recommendations for improving GAMP.

*Discussion:* Patient feedback allowed for several improvements in the GAMP system, including an overview seminar and health education materials for new enrollees. Future research could include studying similar safety nets and public insurance programs to compare to GAMP. GAMP still faces many challenges as the "safety net" providing care to these populations in Milwaukee.

## INTRODUCTION

In a society driven by a market-based economy, a health care safety net is a necessity due to deficits in

the current system. The health care system drives the changing nature of the safety net in the United States and new expectations for US citizens to care for their health. There is no standard definition, and the safety net can vary, depending on the community it serves. Core safety nets could include public hospitals, community health centers, and public health departments.<sup>1</sup> Baxter and Mechanic<sup>2</sup> describe the safety net as any institutions, programs, and professionals that devote considerable resources to serving the uninsured or socially disadvantaged. In the public sector, it can include health systems, public benefit corporations, state hospitals, and other federal facilities such as veterans' hospitals and Indian health facilities.<sup>3</sup>

Since 1835, Milwaukee County has provided care for the medically underserved. Despite Wisconsin's record for providing quality health care, over 10% of Milwaukee County residents are uninsured.<sup>4</sup> Health care for indigent populations in Milwaukee was traditionally provided by the county-owned and operated John L. Dooyne Hospital. The closing of this hospital in 1995 was driven principally by state and county fiscal policy and a philosophical shift toward reduced government services and taxes.<sup>5</sup> A 2-year "bridge contract" was developed to ensure that neighboring Froedtert Hospital would assume the bulk of the indigent care, allowing time for the county to develop a community-based approach to care. The result was the General Assistance Medical Program (GAMP), a new delivery system in which services are provided through affiliations, agreements, and referral arrangements between clinics, hospitals, and/or physicians. Community-based clinics serve as the central care coordinator and managers of patient care. Services include primary and specialty care, inpatient care, home health care, urgent care, and quality assessment.<sup>6</sup>

The goals of GAMP are to: (1) provide better health care to current and future GAMP clients, (2) emphasize preventive medicine for GAMP clients, and (3) provide

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more efficient primary and effective preventive health care in order to decrease overall health care costs and therefore serve more uninsured residents. GAMP clients must meet the following criteria: (1) be below specific income thresholds dependent on family size, (2) have no insurance or HMO coverage, (3) be a Milwaukee County resident for at least 60 days, and (4) be actively seeking health services. Since 1997, GAMP has grown to include all 13 hospitals in Milwaukee County, and 16 primary care clinics, 240 specialty care providers, and 25 pharmacies.

An evaluation of GAMP included focus groups of patients at various community- and hospital-based clinics. The goals of the focus groups were to address the following: (1) patient knowledge of GAMP services and access to care, (2) where patients obtained health care information and their confidence in self-care, (3) experiences of GAMP patients with re-enrollment and obtaining prescription services, and (4) patient recommendations for improving GAMP. This paper will concentrate on the patients' perspective on the structure of GAMP and its provision of primary health care. It represents a unique perspective by outlining how a local safety net is addressing the needs of the uninsured, as seen through the eyes of the patients it serves.

## METHODS

The Division of County Health Programs contracted with the Center for Healthy Communities in the Department of Family and Community Medicine at the Medical College of Wisconsin (MCW) in 2000 to conduct focus groups with GAMP patients at various Milwaukee clinics. Given the closure of the public hospital and construction of a new safety net for the uninsured, patient response was critical in determining its effectiveness. Another reason for the focus groups was quality assurance for the GAMP network of services.

The MCW Institutional Review Board approved the focus group protocols, including participant consent forms. The Division of County Health Programs identified contacts at each hospital- or community-based clinic to assist in patient recruitment. Flyers were posted at the GAMP clinics advertising the focus groups and encouraging participation. Clinic staff also contacted their GAMP patients.

Participants were asked how they first became aware of GAMP, the consistency with which they see their primary care provider, how they determine site of care (i.e. whether to go to the clinic or the emergency room), their confidence in maintaining their health, and their experiences with program re-enrollment. (See Appendix A for

## Appendix A. Focus Group Questions

1. How did you find out what services you were eligible for through GAMP?
2. How do you decide whether you need to see someone for your health and whether to go to the clinic or the emergency room?
3. Do you see the same provider each time you come to the clinic?
4. Where do you get your health care information?
5. How confident are you in your ability to take care of your health?
6. What do you think of the procedure for re-enrolling in the GAMP program?
7. What have your experiences been getting your prescriptions refilled?
8. If you have a question or concern about GAMP whom do you contact?
9. If you could tell the GAMP director one good thing about GAMP, what would it be?
10. If you could tell the GAMP director one bad thing about GAMP, what would it be?

the list of questions.) Focus groups were tape recorded after receiving permission from all the participants, and confidentiality was guaranteed. Focus group tapes were transcribed verbatim. Using inductive analysis, patterns and themes that emerged from the data were identified based on open-ended questions. This strategy allows important dimensions to emerge rather than hypothesizing before data collection begins.<sup>7</sup> Ethnograph, a qualitative software program, was used to code the data and link patterns and themes to single entries and across transcripts.<sup>8</sup>

## RESULTS

Between October 2000 and April 2001, 2 moderators conducted 7 focus groups with over 60 GAMP participants. Clinics that hosted the focus groups were located in various geographic areas of the city where GAMP patients reside. The focus groups varied in size from 4 to 13 participants per session and lasted from 1.5 to 2 hours. Focus group participants had various medical needs, including life-threatening illnesses, chronic medical conditions, injury-related conditions, and routine medical conditions.<sup>9</sup> Patients represented various racial, gender, and age groups. Following are common themes that emerged from the focus groups, related to the structure of GAMP and access to primary care.

### *GAMP Eligibility and Enrollment*

Focus group patients described how they became aware of GAMP and subsequently enrolled. The majority learned of the program through hospital emergency de-

partment visits. Typically a social worker or nurse notified them of possible program eligibility and guided them through the application process. Several patients reported finding out through family and friends who were also patients. In a few cases, patients signed up through local social service agencies.

GAMP patients are eligible for coverage for a 6-month period. At the end of that period, according to GAMP policy, patients are required to re-enroll in the program to continue coverage. The majority of the participants had to re-enroll at least once. While several patients reported having no problems re-enrolling, a common concern was the length of time for the approval process. Ideally, a patient would re-enroll in the last 2 weeks of eligibility, to avoid a gap in coverage. But for many participants there was a gap, which some attributed to a staff delay in processing the information. Some also reported needing to wait for an appointment just to re-apply. The primary concerns with any gaps in coverage were the resulting delays to see a primary care provider and the inability to obtain any prescription medications. Some patients found out from the pharmacy that they were no longer eligible and needed to re-enroll before receiving medications.

### *Patient Advocacy*

To ensure that patients utilize services, they must be fully aware of what services are available. Clinic staff plays a critical role in ensuring that GAMP patients have necessary information. In many cases, the on-site social worker informed patients of eligibility, services provided, and the re-enrollment process. Clinic advocates such as staff and social workers are instrumental in assisting patients, as is shown by the following quotes:

“I usually go to the receptionist downstairs, and if I have any questions or any concerns I can question her first...so far I haven’t had to call yet. She’ll say, ‘why don’t I call them and take care of this for you and then I’ll get back to you?’ They are very nice about it.”

“...you are never going to find a person so full of information, as charming and as lovely as [her]. Cause, any time you have a question, she is always available. She will have an answer for you. If she doesn’t she will tell you the person you need. If you have the information, you don’t have to call the doctor. So, when you call [her] and ask will GAMP cover something, if she doesn’t know she says, ‘I’ll call you...’ and she gets the information.”

Patients also discussed how they actively seek more information about GAMP. Many contacted the main GAMP office directly. Calls were primarily related to concerns about unpaid bills for covered services. Other patients reported obtaining their information through “trial and error.” Some focus group participants reported that they received no information about GAMP services after enrollment. One patient stated, “I’m really in the dark about that, I’m trying to get some answers about that.”

### *Access to Primary Care*

Patients discussed the availability of their primary care provider, which varied depending on the clinic where patients received care. At a smaller, community-based clinic, patients reported seeing the same provider each time they had an appointment, making them very pleased overall with the program.

Patients also had criticisms of their primary care providers, linked to their unavailability. At one of the larger clinics patients reported seeing several providers over time. One patient felt frustrated with having to see a different provider than the person she had a scheduled appointment with, calling the process “frustrating.” Other patient comments reflected frustration with being unable to consistently see their primary care provider.

“My doctor left early that day and he didn’t come back and I was really sick and I had no other choice but to come to see somebody. You have a regular doctor, it’s just that you don’t always get to see him.”

Patients also discussed how they make the decision between visiting the emergency department versus going to their primary care provider for health care. This decision was motivated by a feeling of limited choices. “Pain. Pain is what drives you,” stated one participant. If it is after clinic hours, and there is no ready access to one’s primary care provider, the emergency department is the only means for immediate treatment. Some patients reported having a number at their clinic to call in case of an emergency. One patient called her primary care doctor first and then received approval to go to the emergency department. For the majority of patients, there was nobody to call so going to the emergency department was the only alternative.

To address this concern, GAMP developed a 24-hour nurse help line to ensure that patients have an outside contact when their primary care provider is not available. The goal is to avoid unnecessary emergency department visits and hospitalizations. The nurse line is

available for any medical questions. Patients also discussed the availability of Spanish-speaking on-call staff after hours. One gentleman expressed concern that if he called with a medical question, the nurse would not understand him due to language barriers. Since the patient is unsure, he/she has to go to the emergency department. Stated the patient:

“It’s always in the middle of the night, they leave a person in emergency. If you call the person and you don’t know English, they say, ‘Well I don’t speak Spanish.’ How do you know if it’s an emergency? Well, how can I tell you if you don’t know Spanish? So, what you do is you go right away to the hospital because the person cannot answer the question for you.”

This statement points to an increasing need for bilingual clinic staff available for patient concerns and questions. An evaluation of the nurse line’s effectiveness was conducted and patients reported significant satisfaction with the service.<sup>10</sup>

### *Patient Recommendations*

Overall, focus group participants had very high praise for GAMP, stating that it was a “well-needed” program in Milwaukee and that others without insurance should be notified of its existence. Other benefits noted were the prescription coverage and having a primary care provider. While the program was strongly praised, patients did have specific recommendations for improvement.

### *Expansion of Covered Services*

Several patients recommended that GAMP staff and administration disseminate clearer information about its services. Patients stated that GAMP should have a more organized way of conveying information such as mailings, benefit brochures, and courtesy calls to notify of appointments and eligibility deadlines. Any existing written materials on GAMP should be better displayed at the clinics where GAMP is accepted.

Focus group participants recommended a patient booklet outlining the services, rules, and regulations of the GAMP program, including income requirements and length of eligibility. A clarification of what constituted urgent care versus emergency services was also recommended. Patients also wanted an identification card to notify hospital or clinic staff that they were eligible for services.

### *Continuing Education for Clinic Providers*

It was important to patients that clinic staff be kept cur-

rent on the benefits and requirements of GAMP. Some focus group participants reported receiving inconsistent or confusing information by staff that may not have been as familiar with the program as the GAMP social worker on site. A possible solution is a regular session with clinic staff and physicians to present basic information on the program and any changes to keep them current.

There were many patient recommendations regarding the re-enrollment process. “They should send you a reminder in the mail, letting you know that it’s almost time for you to reapply,” stated a patient. Such comments were a result of frustrations with the re-application process and information received from program staff. Some patients stated that the clinic staff was instrumental in ensuring their coverage did not lapse.

## **DISCUSSION**

The results of the focus groups allowed for several changes within the GAMP system. One common concern for patients was insufficient staff and patient knowledge about the program. In response to this, a “GAMP 101” seminar was created. Open to the community, this session outlines how to apply, covered services, eligibility criteria, and billing procedures. Patient education packets were developed to distribute to all new program enrollees. These packets include information on a 24-hour nurse phone line and program guidelines. Another concern was the lack of cards identifying patient eligibility. Currently a plan is in process to ensure that all patients have an identification card.

This study of the fraying safety net and Milwaukee County’s efforts to provide quality primary care to those without insurance introduces several options for future research. One is an opportunity to interview key administration at the community-based clinics that serve GAMP patients to determine the program’s effectiveness from their perspective. What is the quality of GAMP services compared to programs such as Medicare, Medicaid, or private insurance? Do clinic administrators think it is making an impact on the local health care safety net? The county GAMP system can serve as a national model of a safety net after a public hospital closure. As such, there is opportunity for replication and evaluation in communities developing similar safety nets. Specific areas to study include patient satisfaction, patient confidence in self-care, and any changes in emergency department visits since program implementation.

## CONCLUSION

Even though the health care safety net in Milwaukee is strained,<sup>11</sup> the success of GAMP in its relatively short existence is to be lauded. Going from a public hospital closure to a network of clinics and hospitals providing needed services speaks to the dedication of leaders in the health care community to not abandon their commitment to the uninsured. This transition had to occur with input from the health care sector and county and city government. Overall, patients were supportive of the program and gave constructive feedback for its improvement. Given this, GAMP is a system that, despite the challenges of providing primary care for the uninsured, is serving as an effective local health care safety net.

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