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 we estimate that over 540,000 are unauthorized and most residents. Over a third of NYC residents are immigrants, and we estimate that over 540,000 are unauthorized and

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.

**BACKGROUND**

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 Human Resources Administration)
- **General Barriers to Access** (led by the Mayor’s Office of Citywide Health Insurance Access)
- **Language Barriers to Access** (led by the Mayor’s Office of Immigration 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

**FINDINGS and RECOMMENDATIONS**

**Direct Access model has advantages over today’s system for the uninsured**

**Enrollment**

- No formal access programs

**Primary care**

- Patients use a range of hospital and community clinics. No sharing of patient records.

**Care coordination**

- No care coordination beyond what is offered in individual clinics or health center networks.

**Uninsured today**

- Assignment to a “primary care home”
- Assured continuity of care for individuals who later become eligible for a public health insurance program
- Enrollment for centralized eligibility system which first assesses eligibility for health insurance
- Patients provided with care coordination
- Point-of-service fees adjusted according to income

**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

**Barriers and Recommendations**

1. **Lack of effective and comprehensive health care coverage options available for immigrants**
2. **Lack of knowledge and understanding of immigrants’ access to health care services**
3. **Lack of access to high quality immigration services**
4. **Incredible cultural and linguistic competency among health care providers**

**State and local models for uninsured patients’ access to care**

**Direct Access model**

- Coordinated access to comprehensive health care services
- Restructured or expanded existing platform to offer an insurance product
- Voluntary networks based on coordination

**Policy/Insurance-Based Approaches**

- Most comprehensive coverage option
- Build on planned or existing insurance programs

**Coordinated Care Models**

- Requires lower financial investment by city/county
- Offers some level of access and coordination to primary care in absence of other options

**FINDINGS and RECOMMENDATIONS**

**Direct Access model has advantages over today’s system for the uninsured**

**Enrollment**

- No formal access programs

**Primary care**

- Patients use a range of hospital and community clinics. No sharing of patient records.

**Care coordination**

- No care coordination beyond what is offered in individual clinics or health center networks.

**Uninsured today**

- Assignment to a “primary care home”
- Assured continuity of care for individuals who later become eligible for a public health insurance program
- Enrollment for centralized eligibility system which first assesses eligibility for health insurance
- Patients provided with care coordination
- Point-of-service fees adjusted according to income

**The program will include:**

- An array of pre-determined preventive, primary, 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 care for individuals who later become eligible for a public health insurance program
- Enrollment for 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.