

Issue Brief

October 2003

Georgia Health Care Access Forum

EXECUTIVE REPORT

On August 26 and 27, the Georgia Health Care Access Forum brought together local and state lawmakers and leaders from their communities to study the condition of Georgia's uninsured and to brainstorm about better ways to meet their health care needs.

The National Association of Counties (NACo) and the National Conference of State Legislatures (NCSL) created the idea for the meeting. The two groups first envisioned a national conference addressing America's uninsured, but soon realized that states face unique sets of health care challenges. NACo and NCSL decided to focus on a single state and selected Georgia because of the innovative networks already evolving there.

NACo and NCSL partnered with the Georgia Health Policy Center (GHPC) at Georgia State University and the Association of County Commissioners of Georgia. The organizations together hosted the two-day event in Atlanta. There were nearly 100 participants, including:

- state legislators
- county chairs and commissioners
- district health officers
- health network directors
- conference faculty
- representatives from NCSL
- representatives from Kaiser Permanente

Funding for the conference was provided by a grant from the Bureau of Primary Health Care at the U.S. Department of Health and Human Services and Kaiser Permanente.

The goals of the conference were three-fold:

- ▶ To educate legislators and community health partners about Georgia's uninsured, available state-level options for providing services and coverage for the uninsured, and solutions that are already working in Georgia and beyond.

- ▶ To build stronger working relationships among legislators and community leaders.
- ▶ To develop new policies to improve access to health care for all Georgians.

During Tuesday's opening session, two expert panels addressed the goal of educating lawmakers on the issues. They described successful and innovative health networks that are currently reaching underserved populations.

Regional groups gave priority to children and the working uninsured, favoring local collaborative teams, care management, and creative financing partnerships.

During the first panel, called "Models that Work Within Georgia", directors of several multi-county health care collaboratives described cost-effective health care delivery innovations. Participants were: Oliver Delk, Project Manager for Atlanta Community Access Coalition; Shannon T. Harvey, President and CEO of Community Health Works; and Frank Selgrath, Director of the Coastal Medical Access Project. Dr. Eric Baumgartner, Managing Member of Baumgartner Health in Louisiana, facilitated.

Shannon Harvey explained that Community Health Works functions as a "collaborative of providers, community leaders, and county governments with the collective mission of more effectively addressing the common problem of uncompensated care and

more effectively serving the uninsured." In practice, it is a tightly-focused, enrollment-based pilot program. It presently serves "uninsured residents 19 to 64 years old with incomes under 235% of the federal poverty level with hypertension, heart disease, diabetes or depression." These diseases were targeted because studies showed that their prevention and management among the uninsured could greatly reduce the burden of uncompensated health expenses, especially emergency room visits, in the Central Georgia region. Harvey treats her project as "a business with a social mission." And she summed up her goal, as well as the goal of the meeting, with the mantra: "Better health for more people at less cost."



During the second session, moderator Karen Minyard, Executive Director of the GHPC, presented data from Georgia Health Care Coverage Project. Through a State Planning Grant for the Uninsured from the Health Resources and Services Administration (HRSA), analysts from the GHPC were able to gather data about employee health bene-

fits, the insurance status of Georgians statewide, and individuals' attitudes about the ease and affordability of obtaining health insurance and care in Georgia.

Minyard noted that, "while small firm employees and their dependents make up 25% of the employed population, they comprise 57% of the working uninsured." In addition, she informed lawmakers that the uninsured miss work or school twice as often as their insured counterparts. The data revealed that lack of insurance is a statewide problem that affects Georgians of all income levels, ages, ethnicities, and employment situations. Findings from the project could prove vital for lawmakers' understanding of the health care access issue.

Beverly Tyler, Executive Director of Georgia Health Decisions, also presented public opinion data about the issue. She saw Georgians as concerned, across the board, about the rising costs of health care and that they were open to considering a wider range of options.

William Custer, PhD, of the Center for Risk Management and Insurance at Georgia State, discussed the

costs of maintaining the status quo and gave examples of options for increasing coverage including who would be covered and how much it would cost. He also identified trade offs that come into play when considering coverage options. He said that expansion of a public insurance program could negatively affect private coverage. He also noted that any "voluntary system will always leave some uninsured."

After dinner that evening, author and inspirational speaker Doug Krug met with attendees in the conference hall, urging participants to become enlightened leaders. "We need to stop creating it the way it was and create it the way we want it," he said. After his speech, the room buzzed as legislators, county commissioners, and health network directors chatted, exchanged business cards, and discussed ideas from earlier sessions.

The conference also presented working models from outside Georgia. Wednesday morning's panel included Vicki Gates of the Robert Wood Johnson Foundation; Phyllis Busansky of the Hudson Institute; and Vondie Woodbury, Director of the Muskegon Community Health Project in Michigan.



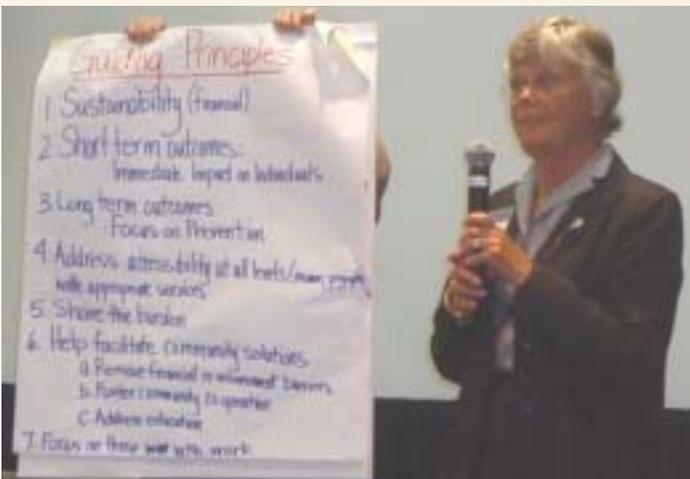
In her talk, "Expanding Coverage: State Innovation and Creativity in Tough Times", Vicki Gates introduced Georgia decision makers to the wide array of coverage initiatives being implemented in other states. These included expanded enrollment through Medicaid, SCHIP programs, creation of high-risk pools, and premium assistance programs. She also gave an overview of current concerns and a forecast of issues policy makers may face in the future.

Busansky coached participants in the methods of building successful coalitions for change. She recommended that coalitions be created with a broad leadership base, including reformers from both the private and public

sectors. With this broad base must come "reciprocal accountability." She says that every reform movement eventually reaches a point at which "members of the coalition either protect their turf or recognize they're all standing on the same turf." In truly effective systems, members recognize their shared purpose as a healthy community and strive to achieve it together.

Vondie Woodbury directs such a collaborative effort in Muskegon, Michigan. Her ground-breaking program, Access Health, served over 500 businesses and 1,200 employees last year. A local, state, and national collaboration helps Muskegon businesses, which employ predominately low wage workers, provide health care coverage to their employees. Employers, employees, and the government collaboration each contribute approximately one third of the cost of coverage.

The break out sessions on Wednesday afternoon created the most tangible work of the conference. Legislators, county commissioners, and local community leaders broke into small groups based on region in order to develop action plans for their areas. Each group was charged to establish a set of guiding principles, to select a top-priority uninsured cohort, and to propose strategies for expanding coverage to that cohort.



Break Out Session Executive Summary

The break out sessions provided state and local lawmakers and health care experts the opportunity to collaborate and discuss ideas regarding health care coverage. Regional groups consisting of community leaders and their local and state elected officials gave insurance coverage priority to children and the working uninsured. They favored multiple community

strategies including local collaborative teams, care management, and creative financing partnerships supported by state level options. These state level options make it easier for small business to offer insurance, strengthen Georgia's PeachCare program, and provide incentives for local collaboration.

Participants were asked to assimilate and digest information that was presented to aid their work in developing regional plans to cover the medically uninsured. Using current state and community models, members were divided into groups to grapple with possible options to provide the best health care. In an attempt to facilitate the most effective conversations, participants were divided into regional groups:

- Atlanta,
- Southern Georgia,
- Northwest Georgia,
- East Georgia,
- and Central Georgia.

During these break out sessions, policy makers and health care community leaders were able to establish a dialogue, discussing guiding principles, state, and local options, and the populations they thought were the most important to reach.

Guiding Principles. Groups were asked to decide on the guiding principles they would use in making a viable health care plan for the uninsured. While each group had a different constituency that they were keeping in mind, there were overriding themes that began to emerge:

- ▶ Increased accessibility, whether that meant increased locations, doctors, or services.
- ▶ Collaboration among state and community agencies, including shared responsibilities among providers and communities, to produce the best access while sharing the burden of cost.
- ▶ Increased education and prevention programs through personal contact and collaborative care management.

Allowing elected officials and community health care leaders to openly discuss guiding principles encouraged the frank discussion required to create a viable health plan for the uninsured at the community level.

Target Populations. Groups then discussed a target population for whom they would emphasize services.

All groups overwhelmingly felt that children and the working uninsured were the first priorities for coverage. That sentiment was followed by insurance for high risk populations with severe illness. The target population was kept in mind when discussing the next step of deciding on strategies to increase health care coverage.

Strategies to Increase Health Care Coverage. With guiding principles and target population in mind, groups then discussed viable state and community strategies to increase health care coverage. Again, common themes were heard throughout the regional conversations.

State options included:

- ▶ support to small businesses/employers,
- ▶ expanding PeachCare,
- ▶ and monetary incentives for local or regional collaboration.

Support for small businesses was considered by many groups to be essential since studies state that small businesses employ a large number of Georgia residents. Providing tax credits or other support like the strategy in Muskegon, Michigan, to small businesses might enable them to offer insurance to their employees. The bottom line is to make insurance more affordable to small businesses and their employees.

Community options included:

- ▶ collaborative integrated delivery systems,
- ▶ access strategies such as pharmacy assistance,
- ▶ organizing physician volunteerism, and investments by other health and human service providers,
- ▶ creative financing collaboratives involving local government, businesses, individuals and philanthropy,
- ▶ integrated physical, mental, social and spiritual care for those who have the most complex health needs,
- ▶ and best practice modeling to replicate what works.

Sharing best practices allows networks to learn what did and did not work. State, local, and community leaders came together to create plans they thought would be the most feasible both politically and financially for the residents of Georgia.

What Was Left Out. Groups were divided on the issue of providing individual tax deductions. Some were worried that the target populations would not be helped by this solution, but that instead it would help those who could already afford health care coverage. Also excluded from consideration were Medicaid expansions. Many groups felt that this option was too expensive in the current economic environment. While constituencies differed, rural and metropolitan health networks, overall, chose the same strategies to create greater coverage for Georgia's uninsured.



What Next After the Forum

Helping the working uninsured has surfaced in multiple state forums, including Georgia's forum, as a priority and was certainly a headline from this conference. The Georgia Health Care Coverage Project will use the insights gained from local leaders and their elected officials to refine the models related to small business support. Information from the conference will be shared with the House task force HR 588, which is chaired by Representative Pat Gardner, regarding health insurance options for small businesses and the working uninsured. Vondie Woodbury from Michigan will return in December to address the Legislative task force, speak with small business representatives, and meet with communities who want more detail about a model that helps small businesses offer insurance. In addition, options will be explored that combine the power of local communities with supportive state policy.