Consumer Health Challenges in Georgia

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Access to care
Georgians face challenges when accessing health care

- 3-4th highest uninsured rate in the U.S.
  - Children: 8.2% (↑)
  - Adults, ages 19-64: 20.3% (↑)
- 6 rural hospital closures in 6 years
- Provider shortage
  - 9 counties with no doctor
  - 64 counties with no pediatricians
  - 79 counties with no OBGYN
- Narrowest private insurance networks in the U.S.
- Physicians not representative of Georgia’s diversity
Pathways to coverage

- Employer-based coverage
  - Individual/non-group (healthcare.gov)
  - (Coverage Gap)
  - Public health insurance coverage
    - Medicare
    - Medicaid
    - TriCare (Veterans)
    - Kids: PeachCare/Medicaid
Medicaid provides coverage for almost 2 million Georgians

People who qualify for Medicaid:

- Children (up to age 19)
- Women who:
  - Are pregnant
  - Have breast, cervical cancer
- Aged, blind, disabled (very low income)
- Very low-income parents (Ex: must earn less than $7600/year for family of three)
- People in long-term care (nursing homes)
Coverage expansion is necessary first step to improving access to care

- 240,000 uninsured Georgians
- Ineligible for Medicaid and do not earn enough to get financial help thru the ACA
- Incomes less than $12,140 for an individual or $25,000 for a family of four
Coverage expansion: two pathways

- Medicaid expansion or 1115 waiver
  - Traditional expansion thru state plan amendment
  - 1115 waiver: state-based demonstration of innovation/reform
    - Can provide delivery system reform opportunities
    - Currently being used to impose costly, administrative barriers to coverage

- Georgia Coverage Solution waiver proposal
  - Grady & Mercy Care
  - Delivery system reform, not full coverage expansion
Georgia’s Health Insurance Marketplace

- Enrolled: ~480,000
- Eligible but un-enrolled: 375,000 + 429,000
- Recent federal policy changes undercut Marketplace
  - Consumer outreach & enrollment cuts
  - Allowance of short-term health plans
  - Re-consideration of anti-discrimination provisions
- GA Dept. of Insurance: antagonistic or laissez-faire approach thus far
## Policy changes can make a difference for Georgia’s Marketplace

<table>
<thead>
<tr>
<th>Concerns</th>
<th>State-level policy solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer confusion</td>
<td>Consumer outreach &amp; enrollment</td>
</tr>
<tr>
<td>Affordability for consumers w/out financial help</td>
<td>Re-insurance program</td>
</tr>
<tr>
<td>Network adequacy</td>
<td>Quantitative standards</td>
</tr>
<tr>
<td>Surprise out-of-network medical bills</td>
<td>Ban on surprise bills in certain situations; mediation process; consumers taken out of the middle</td>
</tr>
<tr>
<td>Anti-discrimination protections</td>
<td>State-level anti-discrimination legislation</td>
</tr>
</tbody>
</table>
Risks & opportunities remain

- Results of 2018 & 2020 elections will matter

<table>
<thead>
<tr>
<th></th>
<th>Risks</th>
<th>Opportunities</th>
</tr>
</thead>
</table>
| **Federal**  | 1. Dismantling of Medicaid  
               2. Repeal of the ACA  
               3. Barriers to coverage cemented | 1. Medicaid remains intact  
                                             2. ACA: Status quo or strengthened  
                                             3. Address affordability (ex: drug costs) |
| **State**    | 1. State budget risked by changes to Medicaid  
               2. Barriers to coverage expanded  
               3. (Status quo)                     | 1. Marketplace stabilization  
                                             2. Medicaid expansion  
                                             3. Consumer protections (surprise billing, network adequacy) |

- 2020 Census
Tom Andrews
Safety-Net Provider Perspective

Mercy Care
• Nearly 60,000 total clinic patients
• 92% below 150% FPL
• 79% uninsured
• $7 million – annual bad debt write-off
• 70% homeless
• Behavioral health (mental health & AD) fastest growing service – Over 12,000 visits
• Largest provider of dental services to the uninsured
• New clinic in Chamblee – continued focus on the immigrant population and new focus on children and low income seniors
Coverage and access challenges

✓ ACA impact
  • 93% uninsured in 2014; 88% in 2015; 83% in 2016; 79% in 2017 – Marketplace & Medicaid
  • Continued funding for enrollment navigators

✓ If Medicaid covered Mercy Care patients who fall in the coverage gap—those who make too much to qualify for Medicaid ($25,000 a year for a family of 4) but too little to get financial help to buy health insurance—our uninsured rate would have been approximately 13% in 2017.

✓ Continued challenges accessing specialty services; Grady’s long wait for certain services & non-Fulton/DeKalb residents

✓ Continued reliance on volunteer specialists
Behavioral health and addiction

• Fully integrated primary care and behavioral health model – efficient, effective and nationally recognized
  o Integrated services within a primary care setting (assessment, counseling, medication management).
  o Three psychiatrists and one psychiatric nurse practitioner providing psychiatry services in four main clinic sites (includes one psychiatrist that services children/adolescents and one that is an addiction psychiatrist working with substance abuse team).
  o Primary care providers trained and supported to treat routine behavioral health conditions
  o Nine licensed therapists providing behavioral health services in all fixed clinics and some mobile sites
  o Three certified substance abuse counselors providing group and individual services.
  o Two certified peer specialists working alongside substance abuse program for additional engagement and support.
  o A six-month intensive psychosocial rehabilitation program led by a certified peer specialist offering group educational experiences and outings.
  o Recently expanded behavioral health services to provide children and adolescents with individual counseling, psychiatry and case management.
  o Use of telemedicine to increase efficiencies
  o Bottom-line: significantly underfunded as the model does not fit into the DBHDD or Medicaid funding structures.
Provider Burnout & Continued Shortages

- Significant challenges in recruiting primary care, behavioral health and dental providers (HPSA)
- Behavioral Health providers - highly competitive
- Medicaid reimbursement continues to be well under the cost to provide services & does not cover BH providers

- Provider burnout
  - Colleague engagement scores
  - A common story
  - 2019 focus – Advocacy (handout)
Social Determinants of Health & Chronic disease management

EMR data collected:

- Food insecurity
- Transportation
- Housing status & living situation: bugs, mold, lack of heat, etc.
- Difficulty paying for basic needs: utilities, medicine, clothing, etc.
- Someone to call if help was needed
- Regularity of being threatened, physically hurt, etc.
- Healthy behaviors
Current areas of focus

- 79% struggle to pay for the basics – food, housing, heating and medications
- 62% experiencing food insecurity
- 40% report feeling high level of stress and unable to sleep
- 29% often feel isolated or lonely
- 22% reported they have no one to call if they needed help
- 11% screened positive for exposure to violence
Collaborations

- Westside Health Collaborative – Community Health Workers
- AHA blood pressure program
- High utilizer program – Grady and Partners for HOME
- Mercy Housing – Housing & Health
- CHOA – Chamblee and behavioral health focus
- Grady – Advocacy and 1115 Waiver
  - Transformational care delivery & care coordination
  - Payment reform
  - Bipartisan support
- City of Refuge – Recuperative Care for women
- ARCHI
  - Parkland Center of Clinical Innovation (PCCI)
  - Chronic disease focus (Grady, WellStar, Mercy Care)
Beth Stephens
Senior Director of Public Policy & Advocacy, Georgia Watch

Our vision: Equity and Justice for Georgia Consumers

Our mission: To protect and inform consumers so that all Georgians prosper and communities thrive

- Nonprofit Hospital Accountability
- Healthcare Cost & Quality
- Industry Transparency
- Patient Safety
- Medical Bills & Debt
- Affordable Care Act
- Medicaid Expansion
Solutions for Provider Shortages
- Nurse Practitioner Scope of Practice

Georgia Watch Policy Recommendations:

- Grant APRNs full practice authority
  - Includes Schedule II prescriptive authority
  - Radiographic imaging test orders
- Fair and impartial regulatory board oversight
- Mandate 3rd party coverage of APRN care
  - Improves access & enables patient choice in providers
- Enable more graduate-level education and clinical training opportunities for nurses
Solutions for Provider Shortages - CHW Certification

COMMUNITY HEALTH WORKER

CHWs help address the many non-clinical factors that influence a person’s health, such as housing, education, literacy, low income, limited English proficiency, and discrimination. They serve as a bridge between their communities and the health care and social service systems.
Challenges for Privately Insured

- Surprise Out-of-Network Bills
- Insurance Plan Network Adequacy
Policy Recommendations for Network Adequacy

- Multi-stakeholder process focused on consumer priorities
- Adopt NAIC Model Act with Georgia-specific modifications
- Department of Insurance enforcement
- Senate Bill 302

Quantitative Standards
- Time distance standards
- Provider-to-enrollee ratios
- Maximum appt. wait times
- Right to go out of network
- Culturally competent care
- Essential community providers
Consumer Education

GEORGIA CONSUMER GUIDE FOR MEDICAL BILLS AND DEBT

ACCESSING AFFORDABLE HEALTHCARE: A GUIDE FOR THE UNINSURED

Healthcare is expensive. To make matters worse, many Georgians fall into the “coverage gap,” which means they make too much money to qualify for Medicaid but too

I NEED HELP WITH...

SEARCH THIS SITE...

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STAY CONNECTED

My Health Insurance User’s Manual
Helen Robinson, Director of Advocacy

- We are a non-partisan nonprofit organization that advocates for a multi-issue, state-level policy agenda to improve the health & safety, and the economic empowerment, of women and girls in Georgia.
- We encourage more women to get involved in the policy process, as a strategic pathway to creating better public policy.
Key Health & Safety Challenges for Georgia Women

- access to care
- affordable health insurance
- coverage for pre-existing conditions and essential health benefits
- maternal health
- family violence
- sexual assault
Maternal health

- Georgia has one of the, if not the, highest maternal mortality rates in the country
- Systemic issues include lack of health insurance and access to prenatal care, OB/GYNs, hospitals, mental health care
- This year, the state budget included $2 million to implement Georgia Maternal Mortality Review Committee recommendations
- HB 909 allows the State Department of Public Health to define and designate Perinatal Facilities – hospitals, clinics, or birthing centers that provide maternal or neonatal healthcare services
Violence against women

Recent state legislation includes:

- HB 834 allows family violence victims to terminate a lease early without financial penalty, so survivors can move themselves and their children to safety.
- HB 732 expands the offense of trafficking of persons for sexual servitude to include “patronizing an individual to perform sexually explicit conduct”.
- SB 401 requires age-appropriate sexual abuse and assault education for students in K-9th grades.
On the horizon: patient safety

- AJC investigative series on doctor sexual misconduct
- Georgia is one of only 8 states that does not require criminal background checks for physicians
- Need increased transparency, greater consumer focus