

Implementing Health Reform: An Informed Approach from Mississippi Leaders

MISSISSIPPI ROAD TO REFORM



MHAP
Mississippi Health Advocacy Program

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INTRODUCTION

With the passage of the Patient Protection and Affordable Care Act (ACA) in March 2010, states have the opportunity to increase the availability of health insurance coverage and drastically reduce the number of uninsured. According to the Kaiser Family Foundation, 19% of Mississippians do not have health insurance.¹

Research has shown that the lack of health insurance is associated with less medical care, less timely care and worse health outcomes.² In addition, the uninsured are sicker and are more apt to die prematurely than their insured counterparts.³ ACA gives states the ability to address the growing number of uninsured residents through the establishment of Health Insurance Exchanges and significant changes to Medicaid as a part of health reform.

In an effort to inform the implementation process of health reform in Mississippi, the Mississippi Health Advocacy Program (MHAP) has begun to actively engage community leaders and members as pivotal stakeholders in health reform implementation. MHAP is engaging communities throughout the state by hosting community dialogues. These dialogues led by Viewpoint Learning are designed with the goal of engaging the public, business community, and policy makers in finding ways to implement sustainable, consumer-focused health care reform in Mississippi.

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MHAP’s community engagement around health reform implementation was initiated through a Strategic Dialogue. This Strategic Dialogue was a deliberative process that engaged Mississippi leaders to develop several scenarios in regards to developing an efficient health system. This meeting brought together a diverse group of political, civic, business and health care leaders to create and discuss challenges, opportunities and barriers to health care reform implementation in the state. In this session, participants identified key trends shaping the health care situation both nationally and locally along with key certainties and uncertainties that will shape the future.

This brief summarizes the key discussions and conclusions from the Strategic Dialogue. Its purpose is to inform Mississippi policymakers and equip them with information necessary to make decisions about health reform implementation in the state of Mississippi.

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BACKGROUND

In March 2010, Congress passed the Patient Protection and Affordable Care Act.⁵ Congressional approval of ACA marked the most significant advance in health care policy since the passage of Medicare and Medicaid in 1965, essentially reforming our nation's health care system.

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The Affordable Care Act seeks to address the issues of access to care and rising costs of health care and insurance. The major components of the act include coverage expansion through public programs and the establishment of Health Insurance Exchanges, health insurance reform, health care delivery system changes and prevention/public health initiatives. While ACA is comprehensive health legislation, many states, including Mississippi, have focused their attention on the coverage expansion elements of the law.

The ACA reduces the number of uninsured Americans by expanding the eligibility requirements for Medicaid and establishing Health Insurance Exchanges.

Coverage expansion through Medicaid and Health Insurance Exchanges are aimed at people who cannot obtain or afford coverage through a workplace and is also aimed at people who cannot obtain coverage because they are unemployed or work for themselves. ACA requires that most individuals have health insurance beginning in 2014.

Medicaid eligibility changes under ACA include providing coverage for all individuals under the age of 65 up to 133% of the Federal poverty level (\$14,856 for an individual and \$30,656 for a family of four).⁶

It is estimated that 270,000 Mississippians will have access to health insurance through Medicaid. For those individuals newly eligible for Medicaid through health reform, the Federal government will cover 100% of health care expenditures for years 2014-2016.

Health Insurance Exchanges will serve as a marketplace for individuals and small businesses to purchase health insurance.

Exchanges are a basic concept to make it easier for individuals, families and small businesses to find affordable health care coverage and to compare health care coverage options. In Mississippi, it is expected that 275,000 people will be able to purchase insurance through the Exchange. Some individuals who purchase insurance through the Exchange will be eligible for tax credits and subsidies. It is expected 229,000 will be eligible for subsidized coverage.⁶

KEY FINDINGS

Below is a summary of the significant topics from the Strategic Dialogue. The outcomes of this dialogue will provide Mississippi policymakers with consumer input on implementing an effective health care system in Mississippi.

Assessing Health Care in Mississippi

The implementation of health reform is a complex process that involves a diverse group of stakeholders that must consider many challenges that exist in society and in the United States health care environment. Leaders from various organizations and sectors in Mississippi identified those challenges that exist in implementing health reform in Mississippi. Some of those challenges identified in Mississippi include:

Changing Mississippi Demographics

Mississippi is currently experiencing a shift in its demographics. The 2010 Census reports more children of color in Mississippi than white children; of the children of color, a majority are African American, nearly 93%.

Increasingly Poorer Health and Chronic Disease

Mississippi continues to lag behind the nation in health and health outcomes in most major health indicators. Out of the fifty states, Mississippi ranks 1st in heart disease death rate, 1st in obesity, 2nd in the diagnosis of diabetes, and 1st in the infant mortality rate.⁸

Growing Economic Inequality

Poverty has been cited as a major reason for poor health outcomes in the state by the Mississippi Department of Health. The 2010 Census Data shows that 48% of non-white children in Mississippi live in poverty, compared to 18% of white children.⁹ In addition, income disparity continues to be a problem that affects Mississippi. In the late 2000s, income for white households (\$46,799) was close to twice the median income for African American households (\$24, 838).¹⁰

Health Care Access

Access to health care in Mississippi is a huge problem. There is a shortage of providers and for those who have access there is a barrier of administrative issues (i.e. enrollment processes).

Shifting Health Care System

Rising costs and changes in the methods insurers use to reimburse health care providers has altered the health care system. In 2009, Mississippi spent over \$19 million on health care expenditures, including hospital care, physician services, nursing home care, etc.¹¹ Several advances in technology have also become available, making the health care system more efficient. Electronic health records (EHRs) have become more available. However, the use of EHRs has not been universally adopted.

Political Environment

The political divide is growing in Mississippi and throughout the nation. Many participants felt this new political extremism may negatively impact productive discussion and solutions in Mississippi. The political environment is extremely important considering the comprehensive nature of health reform.

Potential Benefits of ACA Implementation in Mississippi

While the implementation of the health reform law requires a strategic approach to overcome several challenges, participants in the dialogue offered their thoughts on the benefits and potential pitfalls that may exist when the health reform law is fully implemented. Some of the potential positive impacts in Mississippi from the full implementation of ACA have been outlined on the following pages.

Healthier Mississippi

With the implementation of ACA, participants were hopeful that Mississippi decreases the prevalence of those risk factors that cause chronic illness, including smoking, lack of physical activity, poor diet, high blood pressure and high cholesterol by emphasizing preventive care. Mississippi is ranked 8th in the nation with 19% of adults reporting no health care coverage. With increased access to health care and an emphasis on preventive care, Mississippians should experience better health, health care outcomes and a decrease in health disparities.

Increase in Mississippi Health Care Providers

By focusing more on health care, participants believe this will drive improvements in the quality of health care in Mississippi. In addition, participants believed that these improvements would create an atmosphere that attracts more providers to the state.

Patient-Centered Health Care

Implementation of ACA would serve as a tool to facilitate patient-centered care. Participants hoped to see better coordination between providers, insurers and Medicaid. Improved coordination would also help to establish a greater trust of the medical establishment and improve the public attitudes toward health care.

Fewer Administrative Barriers to Access

By reducing administrative barriers to access, participants felt that lower-income Mississippians would directly benefit. Participants hoped to see a simple, seamlessly coordinated enrollment process for health insurance coverage.

Reimbursement Reform

Through the implementation of the ACA, provider reimbursements would be based on service value and not volume.

Improvements in the Use of Technology

Because of the issues around access, ACA would hopefully bring a greater use of technology to the state, especially to more rural areas, such as the Mississippi Delta.

Potential Challenges of ACA Implementation in Mississippi

While participants noted the potential of ACA to drastically improve the health of Mississippians and how Mississippians access health care, participants also explored those challenges that may exist due to ACA implementation. Some of the challenges discussed by the participants are listed on the following pages.

Physician Shortage

A shortage of physicians was identified as the most important challenge. With more Mississippians insured, participants were concerned that the number of providers available to meet the need for primary and specialty care would be inadequate. In 2003, over half of the state's physicians (56%) practiced in four counties, and two out of three counties were officially designated health professional shortage areas. The most recent data (Feb. 2012) shows that 1,609,931 Mississippi residents are in a health professional shortage area and approximately 934,931 live in an un-served population area.¹² This means that roughly 58% of Mississippians are currently living in an un-served area.

Strain on Mississippi Health Care System

Many Mississippi residents currently do not receive routine health care. Therefore, those who begin to engage the health care system through ACA may have more acute health care conditions that would strain the system.

Persistent Access Issues in Rural Areas

Many participants feared that ACA does not address the challenges faced by rural areas that are currently underserved, specifically areas such as the Mississippi Delta.

Decrease in Physicians Treating Medicaid Recipients

Physicians may not be able or even be willing to treat the 270,000 newly eligible patients receiving Medicaid coverage under ACA unless reimbursement rates increase.

Struggle to Adopt a Focus on Preventive Care

There will be a need to shift our health care system from a model of treatment to a model that emphasizes preventive care. Rethinking how health care is delivered in Mississippi may cross the line into health care rationing.

CONCLUSION

The ACA offers the opportunity to reform our national health care system. The strategies of health reform are aimed at people who cannot obtain or afford coverage through a workplace and people who cannot obtain coverage because they work for themselves. These two strategies are important in providing health insurance coverage to Mississippians because of the socioeconomic status of the residents and the state's strong business market. While the implementation of ACA will be beneficial to many Mississippians, challenges do exist in implementing ACA in Mississippi.

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Participants in this dialogue identified several challenges that exist in implementing ACA in Mississippi. Many of these challenges can be overcome or minimized through coordinated strategic planning that includes consumers, health care providers, small businesses and health coverage experts. Most of the challenges identified by participants have been issues that have consistently plagued Mississippi's system of health care. Health reform in Mississippi provides the opportunity to reshape and rethink how health care is provided in Mississippi. ACA has several initiatives aimed at making quality health care more affordable:

- 1. Establishing Health Insurance Exchanges that will offer information on price and quality of insurance;**
- 2. Developing innovations to promote quality and reduce costs; and**
- 3. Providing prevention and public health funding to develop a variety of activities that promote healthy living.**

The success of implementing health reform, creating an atmosphere for better health and health outcomes, increasing the number of health care providers and reducing the number of uninsured Mississippians will require a shared effort from all stakeholders involved in Mississippi's health care system. More importantly, consumers in Mississippi must actively be engaged throughout the process of health reform implementation in Mississippi. This dialogue is one of a series of activities aimed at increasing the involvement of Mississippi consumers in the process of implementing health reform in Mississippi.

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ABOUT MHAP

The Mississippi Health Advocacy Program (MHAP) strives to be a strong, effective voice for improved health care for all throughout the state of Mississippi, especially those whose health is threatened by poverty, racism, malnutrition and violence. MHAP will work with communities to identify health needs and formulate strategies for change and will research, analyze, propose and promote policies that will enhance the health status of every person, regardless of financial status.

Research and Communication

MHAP researches health care and human services initiatives at the state and national levels and serves as an information clearinghouse for groups across the state. MHAP provides speakers for church and professional groups on health policy and advocacy. The program provides more detailed information on health policy and funding during the legislative session through special previews, action alerts, and updates and keeps the public informed by providing timely news links on issues of importance.

Collaboration

MHAP collaborates with religious groups, social workers, health providers, state agencies, advocates, lawmakers and community groups to build a network of support for health system change.

Legislative Advocacy

MHAP works with legislators, advocates, service providers and community leaders to make health and welfare policy and funding patterns more responsive to real health needs. MHAP provides data and policy information to lawmakers through testimony, position pages and informal discussions throughout the legislative process. MHAP develops and maintains legislative networks which articulate local concerns.

Providing Leadership

MHAP promotes health system change by developing innovative health and human services policy and monitoring implementation. The program also provides information and support to front-line workers and poor communities as they work to address problems at the local level. MHAP combines research, analysis and grass-roots organizing to improve health policies, practices and funding in Mississippi, especially in support of the state's poor and undeserved people.



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