

OPENING THE DOOR TO HEALTH CARE

Ordinary Mississippians weigh in on the complex, costly options to pay for care

BY MICHAELA GIBSON MORRIS
Daily Journal

Paying for health care coverage is one of the thorniest issues of our times.

Politicians, academics and experts have wrestled with creating a sustainable system that opens the door to health insurance to more people in the future.

As part of a national dialogue in this presidential election year, the Mississippi Health Advocacy Program has invited ordinary Mississippians into the conversation over the past month.

More than 100 Mississippians of all backgrounds were part of meetings in Tupelo, Biloxi and Greenville held to discuss what health care coverage could look like in 10 years.

Want to learn more?

■ Watch the Mississippi Health Advocacy Program Web site at www.mhap.org.

In very preliminary analysis of the results, it didn't matter if people were conservative or liberal, black or white, they recognized the barriers to health care that arise when people don't have insurance.

"Regardless, people say there should be health care for everybody," said Roy Mitchell, executive director of the Mississippi Health Advocacy Program. "How you get there is different - we're seeing a lot of diverse answers."

And after looking at four different scenarios for providing health insurance, many of them thought that state-based health insurance was the best way to get there. (Read the scenario synopsis to the right.)

"They were very open to some state involvement," said Heidi Gantwerk, who facilitated the dialogue at the Tupelo forum for Viewpoint Learning of San Diego.

For the facilitators, the biggest contrast between the Mississippi forums and those that have already taken place in Kansas and Ohio is the level of engagement.

"They were thrilled to be a part of the conversation," Gantwerk said. "There's a hunger for that in Mississippi."

Who was there?

The forums, which were sponsored by the Kellogg Foundation, weren't debates; they were collaborative dialogues designed to build on consensus.

They brought together regular folks with a mix of income and education levels and ethnicities for an eight-hour discussion on how to deliver health care insurance to legal Mississippi residents under the age of 65.

The group, she said, "was pretty representative. We recruited to look like the community."

Of the people who attended, 23 percent had no health insurance.

Of the 77 percent who had health insurance, most were covered through their employers. About a quarter of the people with coverage had Medicaid. Eight percent bought their own health insurance.

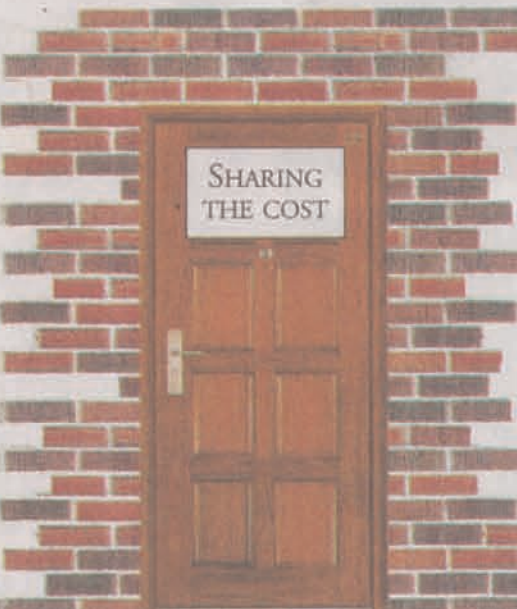
"These are people who don't usually sit down together," Gantwerk said.

The scenarios looked at options for strengthening the current employer-based system, a private, more individual focused system and two scenarios where the state became the health insurer.

The forums were conducted over eight hours on a Saturday, and the participants, who received stipends for their time, worked in small groups to identify the

A SNAPSHOT OF THE IDEAS

■ Here are the scenarios that regular Mississippians sorted through as they worked to envision what health care insurance will look like 10 years in the future:



SCENARIO NO. 1: SHARED RESPONSIBILITY; BUILDS ON EMPLOYER-BASED SYSTEM


- Employers will provide health care insurance or pay a tax to help fund coverage for those without it.
- Insurers will have limits on profits; will have to cover people regardless of medical history or pre-existing conditions.
- Doctors, hospitals will pay new fees to subsidize coverage, but payments for Medicaid would increase and more people would have insurance.
- A statewide "clearinghouse" will provide access to group rates for those who don't get insurance from their employers.
- Government will expand programs to cover low-income children and families.

PROS

- Covers more people without interfering with what is working in current system
- Gets all employers contributing to health coverage
- Makes insurance more affordable for those who can't afford to buy it
- Maintains market, provides range of policies at different prices
- Least disruptive, so it's the plan that will meet with the least resistance.

CONS

- Many employers and providers can't afford it. They could cut wages, reduce staff, relocate or go out of business.
- Makes system more complex and expensive without improving quality of care.
- Does not cover everyone.
- Cap on profits could drive insurers out of the state.
- Similar plans defeated in California and proving difficult in Massachusetts.



SCENARIO NO. 2: INCREASING PERSONAL RESPONSIBILITY

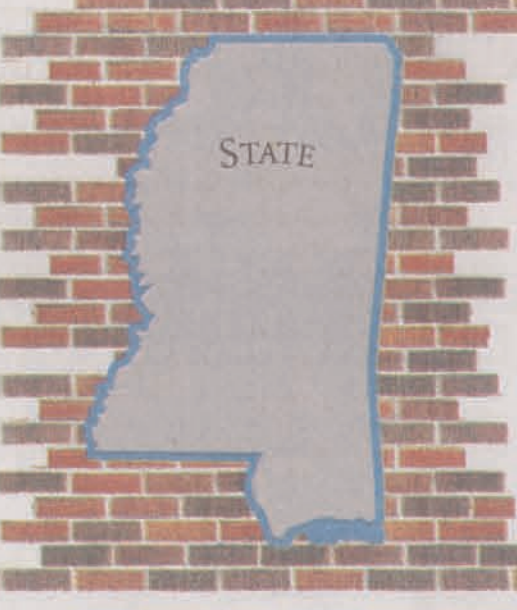
- Everyone would be required to have at least a high deductible plan to cover catastrophic medical problems and basic preventive care.
- Insurers would have to provide at least one high deductible plan. Health savings accounts would be encouraged.
- The state would subsidize low-income people who can't afford insurance and whose employers don't provide it.
- People with the most generous employer benefits will pay income tax on those benefits to help fund subsidies
- Plans and employers would provide incentives for healthy behaviors
- More information on quality and cost would let consumers be smarter health care shoppers. State would also provide more health education.

PROS

- Everyone has to be more responsible for insurance
- When people spend their own money, they are more careful and take better care of their own health
- Should lower premiums because risk will be spread across more people

CONS

- Doesn't solve the high cost of coverage.
- High deductible plans don't help if people avoid getting care when they are ill because of high upfront costs
- Still will not cover everyone. Many people still will not be able to afford coverage.
- Puts too much responsibility on individuals who are not doctors or insurance brokers to make complex decisions about health care.
- Health care is a basic human right, not a consumer product.



SCENARIO NO. 3: PUBLIC INSURANCE FOR ALL


- All Mississippians would get insurance through a single public insurance agency instead of many private insurers. Would provide comprehensive care, including doctors visits, drugs, hospital stays, tests and preventive care.
- No restrictions on which doctors and hospitals people can use.
- Independent commission of doctors would make decisions about what treatments are most effective and what will be covered. Decisions reviewed annually.
- No premiums, but still co-pays and deductibles.
- Would be paid through health care specific taxes for individuals and business.

PROS

- Everyone gets care they need, not just care they can afford
- Reduced costs for administration, marketing, profit; greater purchasing power for services and drugs.
- Evidence-based medicine uses resources more wisely.
- Countries with publicly run health care systems have better health and spend less per capita

CONS

- Unlinks care and employment, easing burdens on employers and making health insurance truly portable for workers.
- Very expensive and will strain state budget and individual taxpayers.
- With unlimited coverage, people will overuse the system.
- Doctors should decide treatment, not commission
- In countries with publicly run health care, sometimes there are waits for operations and special treatments.



SCENARIO NO. 4: COORDINATED WELLNESS SYSTEM

- All Mississippians would get insurance through a single public insurance agency instead of many private insurers.
- Every Mississippian will have a medical home - a primary care health provider who coordinates their care. People will be able to choose their doctor, but that choice will dictate the network of specialists they have access to.
- Medical ID card will carry medical history and prescription drug history.
- Paid for by dedicated health care tax on households and businesses
- Access to convenient clinic and round-the-clock phone advice, reducing demands on emergency rooms

PROS

- Everyone has health care
- Medical homes will give people better access to preventive care, smarter use of specialists
- Incentives for the physician networks
- Medical ID cards and electronic records can reduce errors and improve quality

CONS

- Eliminates a system working well for most. No proof it will make people healthier or reduce costs.
- Puts gatekeepers between patients and specialists.
- Not enough doctors and nurses in Mississippi to make this work, especially in rural areas
- Electronic record keeping can be expensive and creates privacy concerns
- Big changes for consumers and health care providers; bound to create resistance

Health care for all children among issues agreed on

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most important elements and how they could fund these systems.

Broad consensus on a few other health care coverage issues emerged in the preliminary analysis of the information from the three Mississippi forums:

- Importance of health care coverage that can't be canceled when people change or lose jobs.
- Essential to cover all children.
- Supported providing incentives for those with healthy lifestyles.
- Necessity of increasing the 18-cent state tobacco tax to help pay for medical care.

"A cigarette tax was the No. 1 response on the laundry list of how to pay for health care," Mitchell said.

The cigarette tax has been batted around in the Legislature for the last several sessions, generally finding support in the House but not making it past the Senate and Gov. Haley Barbour, who has opposed the legislation.

"They were not with the governor

on that," Grantwerk said.

Other sources identified in the forums included taxes on sales, incomes, businesses and liquor.

Although most people leaned toward the state insurance solutions, a vocal minority thought scenario No. 2 – with greater personal responsibility and more use of health savings accounts – was a better choice.

They tended to be younger, healthier adults who didn't feel they should pay a high cost for insurance they aren't using, Mitchell said.

The Mississippi groups were very sensitive to finding ways to lower costs for people with healthier lifestyles, more so than the groups in Kansas.

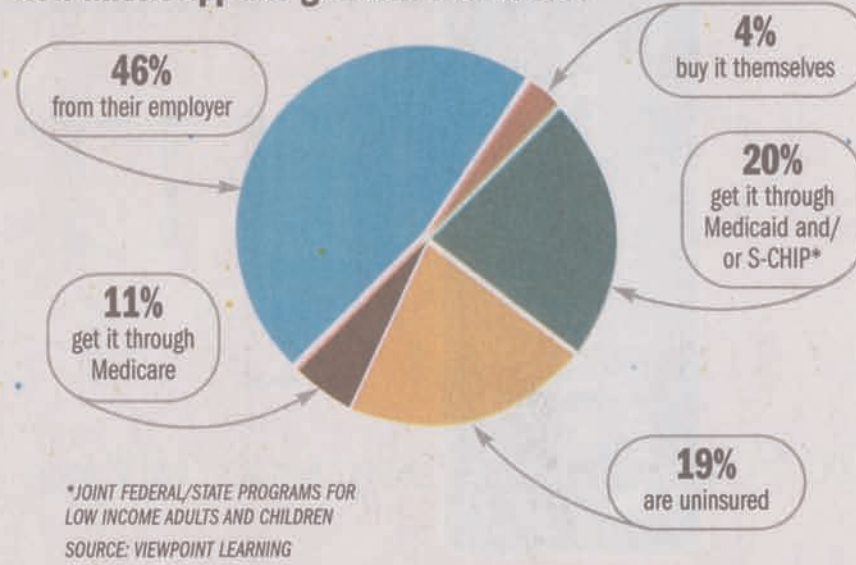
"They really wrestled with this," Gantwerk said.

The group in Greenville gave the most support for a state-run insurance program, Gantwerk said.

"People weren't afraid of government health," Gantwerk said. In the Greenville area, about 40 percent of people are covered by Medicaid.

The Tupelo forum was largely sup-

How Mississippians get their health care



portive of the state-run program, but there were some voices hoping for a private sector solution to emerge. The group in Biloxi raised the most concerns about a government-based system.

At the health care forums, some

people pointed fingers at insurers or drug company profits, but most understood that they will need to put more money in the system to get better coverage.

"There was an appreciation of how expensive health care is," Mitchell said.

What happens next

On May 13, Viewpoint Learning and Mississippi Health Advocacy Program, along with the Kellogg Foundation, which is funding the forums, will share a report and a video about the Mississippi forums.

The process will continue as the organizations are developing kits to allow people to have their own dialogues.

They are also creating a kit for a 2½ hour forum so that people can put together the dialogues in their own communities. Mississippi Health Advocacy Program will train facilitators to help churches, civic groups or anyone else who wants to join the conversation.

The dialogue soon will have an on-line presence as well, Gantwerk said.

The idea is to create a road map to share with lawmakers and others about what the people really want, not just special interest groups, Gantwerk said.

"This is definitely just the beginning," Mitchell said. "The public is not going to be complacent. People are suffering; people are dying."

BEING UNINSURED CAN BE HAZARDOUS TO YOUR HEALTH

BY MICHAELA GIBSON MORRIS

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Having health care insurance is not just a luxury. It can be a matter of life and death.

A National Institutes of Medicine report shows that 18,000 adults between 25 and 64 died in 2000 because they did not have health insurance. The Urban Institute estimates some 22,000 adults in that age group died in 2006 because they didn't have health insurance.

Using those two reports, Families USA developed state-level estimates earlier this month. Between 2000 and 2006, they estimated, nearly 2,600 Mississippians died because they did not have health insurance.

"Across the United States, in 2006, twice as many people died from lack of health insurance as died from homicide," Families USA said they found.

Why are people with access to health care dying? According to the studies,

they delay or do without health care because they can't pay for it.

"Uninsured adults are more likely to be diagnosed with a disease in an advance stage," the Families USA report stated.

Almost one in five people in Mississippi – more than half a million people – do not have any health insurance. Nationally it's 47 million people.

The trends aren't reassuring. In 2006, 54 percent of Mississippi employers offered insurance, down from 60 percent

in 2000, according to statistics provided by the Mississippi Health Advocacy Program and Viewpoint Learning.

The stereotypes about the uninsured don't necessarily hold.

■ Nearly eight out of 10 of the uninsured are part of families where someone is working.

■ A privately purchased policy for a family of four costs more than the annual pay for a minimum-wage worker.

■ Twenty-nine percent of Mississippians without health insurance are considered very low income – \$20,650 for a family of four; 25 percent are consid-

ered low income, earning less than \$41,300 for a family of four.

At the forums held in March 29 in Tupelo and April 5 in Biloxi and Greenville, there were tough illustrations of what it meant to go without health insurance, said Heidi Gantwerk of Viewpoint Learning, the forum's facilitator.

A woman in Biloxi had such problems paying for the care after suffering some small strokes that she didn't get treatment when she had more strokes, Gantwerk said.

"There were heartbreaking stories," she said.