Overview of Changing Health System
Issues: Where Are We Now?

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Strategic Alignment

*Triple-Layer Chess*
Health Reform

An overview of the impact of the Patient Protection and Affordable Care Act in the United States
Health Reform

1. Sources of coverage
more Georgians with health insurance coverage

Current Law
- Uninsured: 19%
- Medicaid/PeachCare: 12%
- Exchange: 0%
- Other: 8%
- Individual Private: 4%
- Employer: 57%

New Law
- Uninsured: 5%
- Medicaid/PeachCare: 17%
- Exchange: 14%
- Other: 8%
- Individual Private: 2%
- Employer: 54%
U.S. Coverage Scenarios

Baseline (Before Implementation) - 2014
- Employment-based Coverage: 59%
- Medicaid: 13%
- Uninsured: 18%
- Individual Private: 6%
- Other: 4%

Full Medicaid Expansion - 2019
- Employment-based Coverage: 56%
- Medicaid: 19%
- AHB Exchange: 9%
- Uninsured: 10%
- Individual Private: 2%
- Other: 4%

Partial Expansion of Medicaid - 2019
- Employment-based Coverage: 57%
- Medicaid: 16%
- AHB Exchange: 10%
- Uninsured: 11%
- Individual Private: 2%
- Other: 4%

No Expansion of Medicaid - 2019
- Employment-based Coverage: 59%
- Medicaid: 13%
- AHB Exchange: 9%
- Uninsured: 14%
- Individual Private: 1%
- Other: 4%
Health Reform

1. Sources of coverage
2. Financial Implications
funding and spending

Medicare Savings

~ 1 trillion

Fees, Taxes and Penalties

Medicaid

~ 1 trillion

Insurance Premium Subsidies

~ 1 trillion
Health Reform

1. Sources of coverage
2. Financial Implications
3. Major change components
Health Reform

1. Sources of coverage
2. Financial Implications
3. Major change components
4. Timeline
Coverage Expansions

Individual Mandates Enacted

Additional limits, fees, incentives
Health Reform

1. Sources of coverage
2. Financial Implications
3. Major change components
4. Timeline
Forces Shaping Health Care Reform

Legal

Legislative

Administrative

Financial

State

- Medicaid Program
- Health Insurance Exchange
- Essential Benefits
- Insurance Market Structure
Strategic System Changers Are Needed to Help Navigate Health Reform
Adaptive Challenges

- Influence decisions
- Educate others
- Strategically plan under uncertainty
- Stay abreast of new information that emerges
- Create new partnerships
- Build capacity: workforce, information technology, and care coordination
GHPC Sustainability Framework

Strategic Vision
Collaboration
Leadership
Relevance & Practicality
Evaluation/Return on Investment
Communication
Efficiency & Effectiveness
Capacity

Positioning for Sustainability
GHPC Sustainability Framework

Funding strategies

- Indirect funding
- Events
- Grants
- Earned income
- Contribution/sponsorships
- Government budgets
Joining Forces to Improve Health Outcomes in Metro Atlanta
Access Points – Community Assets
Hospitals, FQHCs, and Community Health Department Clinics
• Organizing Partners
  – Atlanta Regional Commission
  – United Way of Metropolitan Atlanta
  – Georgia Health Policy Center

• Core Funding
  – Centers for Disease Control and Prevention
  – Kaiser Permanente
  – St. Joseph’s Health System
• Atlanta Regional Commission
• Carter Center Mental Health Program
• Centers for Disease Control and Prevention
• DeKalb County Board of Health
• Fulton County Department of Health Services
• Georgia Association for Primary Health Care
• Georgia Department of Public Health
• Georgia Health Policy Center
• Georgia Hospital Association
• Grady Health System
• Kaiser Permanente
• Oakhurst Medical
• Philanthropic Collaborative for a Healthy Georgia
• Southside Medical Center
• St. Joseph’s Health System
• United Way of Metropolitan Atlanta
Multi-disciplinary Steering Committee formed and begins meeting to discuss the need for a more collaborative approach to addressing critical and systemic health needs in Atlanta region.

Decision is made to focus on Fulton and DeKalb counties initially, with a view to expanding the collaborative to incorporate other counties over time.

Steering Committee studies community benefit requirement of ACA and begins talks with Fulton and DeKalb hospitals to consider the potential of a single collaborative health assessment.

Steering Committee designs an engagement process and a series of stakeholder meetings that will focus on understanding health improvement opportunities in Metro Atlanta, and promote collective action.

July 2012: first stakeholder meeting – 40 health providers and community partners discuss the potential of a collaborative approach and reviewed the Re-Think Health simulation model to assist in the development of community health priorities, the allocation of limited resources and the methods for capturing savings.

September 2012: second stakeholder meeting—52 health providers and community partners review quantitative analysis of health status and health indicators in Fulton and DeKalb.

October 11, 2012: third stakeholder meeting—56 health providers and community partners review qualitative data on both the health of residents in Fulton and DeKalb and on successful collaborations in metro Atlanta.

November 14, 2012: fourth stakeholder meeting, providers and partners work together to develop consensus priorities around which a collective implementation and investment strategy can be developed.

ARCHI partners work together to develop collective implementation and investment strategy.
Preferred Scenario

- Healthier Behaviors
- Family Pathways
- Coordinated Care
- Global Payment
- Capture and Reinvest
- Expand Insurance
ReThink Health Model: Atlanta Transformation Scenario
Health Outcome Indicators

ReThink Health Model: Atlanta Transformation Scenario

Image of a graph showing death rate over time with two lines: a blue one labeled 'Base' and a red one labeled 'ATL transform best'.
Health Outcome Indicators

ReThink Health Model: Atlanta Transformation Scenario

Fraction of population with high risk behavior

Work-in-Progress

Model Version 2a: 11.20.12
Financial Indicators

ReThink Health Model: Atlanta Transformation Scenario
Financial Indicators

ReThink Health Model: Atlanta Transformation Scenario

Cost savings available to community

Work-in-Progress

Model Version 2a: 11.20.12
ARCHI Next Steps

• Share model with stakeholders
• Community focus groups
• Steering committee planning
• Meet again in February
Grady Health System
HEALTH CARE NEEDS OF THE UNINSURED

SAFETY NET PROVIDERS

FINANCING SOURCES

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Health Expenditures for the Uninsured by Type of Service (U.S.)

Office-Based 22%
Out-Patient 4%
Emergency Department 8%
In-Patient 22%
Rx Drugs 21%
Other 23%

Includes:
- Private Doctors’ Offices
- Non-Profit Clinics
- FQHCs
- Mental Health Clinics
- Public Health Clinics

E.g., Grady Hospital, with funds including:
- ICTF
- Counties
- Other

Includes:
- Dentist
- Orthodontist
- Optometrist
- Chiropractic
- Physical Therapy
- Equipment
- Home Health

Medical Expenditure Panel Survey 2007
Strategic Alignment

*Triple-Layer Chess*
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