

**Improving Health Status in
Genesee County by Covering
the Uninsured:**

**Seven Years of Success
through Genesee Health Plan**

Session Description Part One: How We Covered Uninsured Adults

- **Information on Genesee Health Plan**
- **Key elements of coverage, membership, design**
- **State and philanthropic roles**
- **Successes**
- **Roles in Sustainability**

Session Description Part Two: How Your Community Can Cover Uninsured Adults

“Speed Dating”

- **Each speaker will travel to each table for 5 minutes, to answer your questions about their components of GHP’s success and how you can transfer to your community**
- **Prepare your questions as the speakers present their information**

Speakers & Topics

Linda Hamacher, Executive Director, Genesee Health Plan	A description of GHP's key elements and philosophy
Janet Olszewski, Director, Michigan Department of Community Health	State of Michigan's role in GHP development
Anthony Artis, Program Officer, Ruth Mott Foundation and former GHP member	A member's experience and the role of philanthropy in GHP development
Trissa Torres MD, MSPH, FACPM Genesys Health System	The role of health providers in collaborative self-management of disease
Donna Strugar-Fritsch, Project Manager, GHP Impact Analysis	Quantifying GHP success
Robert M. Pestronk, Health Officer, Genesee County	Making GHP sustainable: Tax-based funding

- **Community-based initiative to provide healthcare coverage for low-income uninsured persons not eligible for mainstream medical assistance programs**
- **Covers over 26,000 uninsured adults**
- **Located in Genesee County (Flint) Michigan – 35% poverty level**

Philosophy Behind the Plan

- **It is better to prevent disease or treat it early**
- **A medical home and access to high quality affordable health care makes economic sense**
- **At a time when solutions to our nation's healthcare crisis are sorely needed, communities can step up and serve as an example**
- **It's the right thing to do**

Key Theories

- **If uninsured adults are provided medical homes, they will learn to use them, and their use of health services will mirror the insured**
- **Inappropriate use of Emergency Room services will decrease**
- **Covering the county's uninsured adults will benefit the community at large**

Pathway to providing access to care for uninsured adults

- **Community and state investment**
- **Access: Medical home**
- **Structure and leadership**
- **Data gathering and reporting**
- **Quality monitoring**
- **Collaboration/partnership**
- **Medical/social care management**
- **Advocacy**

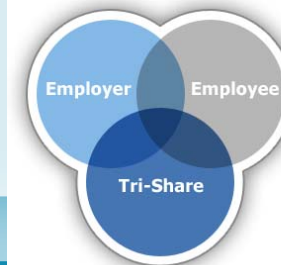
The Model

- **Non-profit corporation (2001)**
- **Large contracted provider network**
- **Basic outpatient benefit package (office visits, diagnostics, prescription drugs)**
- **Managed care approach**
- **Unduplicated services (don't pay for what is already available)**



Coverage Programs

- **Plan A – Adult Benefit Waiver** overs county residents up to 35% FPL – funded through contract with MDCH
- **Plan B - Low-income uninsured adults**
- **TriShare (Third-Share) – small businesses, low-income employees, and the plan each pay one-third of a low-cost insurance premium**



**The
Tri-ShareSM
Program**
*Sharing in the Solution
for the Uninsured.*

GHP Medical Home

- **Community-wide network – same as everyone uses**
- **Including 5 clinics and private practices: 192 Primary Care and 289 specialists**
- **GHP supports physicians to manage needy population**
- **Members select primary care physician as medical home, PCP refers for specialty care**
- **Fee-for-service payment (114% Medicaid rates)**



State's Role in GHP Development



- **Fostering the creation of Community Health Plans can be traced back to 1987**
- **The state and Wayne County, Michigan's most populated county, combined their resources to create a managed care program for low-income residents not served by Medicaid**
- **By 1999 two more county health plans had been established in the state**

State's Role in GHP Development

Seed and Development Money

- **Grants of up to \$50,000 per county made available from the state's tobacco settlement funds for seed and development of community-based initiatives**
- **Some of these funds also were made available for operational purposes**
- **This fostered the development of more county health plans**

State's Role in GHP Development

Gave county health plans responsibility for the Adult Benefit Waiver program

- **Funded coverage through medical homes for a very vulnerable population**
- **This subsequently enabled the development of a county health plan's infrastructure**

State's Role in GHP Development

Quality oversight and accountability

- **The state's contract with the county plans includes data reporting and quality oversight as well as accountability for the services they provide**
- **The development of reporting and quality tools can then be applied to services for other populations**

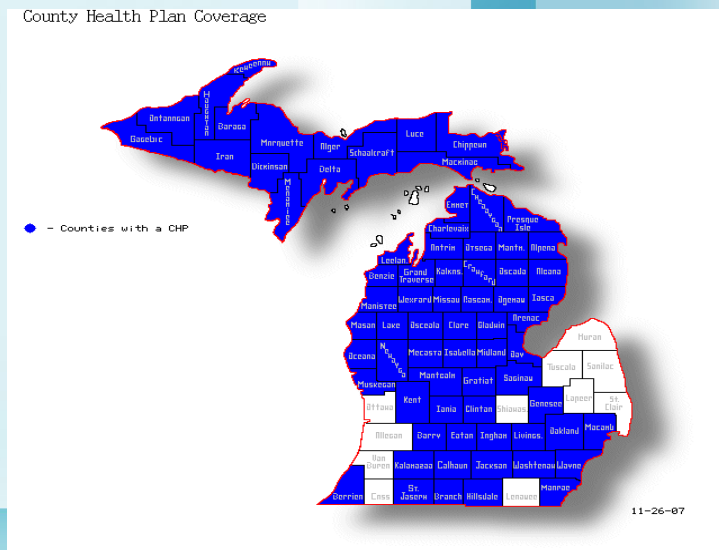
State's Role in GHP Development

Incentives for hospitals

- **Hospitals have access to more Special Medicaid DSH payments if they have a relationship with county health plans**

State's Role in GHP Development

- In Fiscal Year 2005 the state had 24 county health plans covering 67 counties
- Michigan now is home to 27 plans that cover 72 of Michigan's 83 counties



The Experience - Uninsured

- **Becoming uninsured - it can happen to anyone**
- **April 13, 2001**
- **Middle income to “life below the poverty line” is a short step**

The Experience – Going Without

- **COBRA – not an affordable option**
- **It's a family experience – healthy or not**
- **Making poor health decisions based solely on the ability to pay**

And then....

- **A little help goes a long way**
- **Healthy and productive**
- **A better quality of life**

Role of the Philanthropic Community

- **Ruth Mott Foundation –
*“Cultivating Community
Vitality, Nurturing Hope
and Pride”***
- **One of three large
foundations located in
Genesee County**

Role of the Philanthropic Community

- **Early partners – recognizing potential**
- **Ruth Mott funded Genesee Health Plan's Provider Cultural Sensitivity Program (03-04)**
- **Disease/care management programs (03)**

Role of the Philanthropic Community

**\$1.7 million in grants from
C.S. Mott Foundation, Ruth
Mott Foundation, Community
Foundation of Greater Flint
(04-07)**

- Infrastructure Expansion
- Outreach
- Expand disease management
- Research for long term sustainability

A Community Partnership

- **A public, private, and philanthropic partnership**
- **Chance to join forces to make a real difference**
- **Opportunity to gather data**
- **Measurable outcomes**

GHP Collaborative Self Management

Adopting and maintaining healthy behaviors is not easy for any patient with or at risk for chronic disease, particularly a patient who is simultaneously dealing with the multiple life stressors associated with low income status.

Additional follow up and support are necessary to identify and reduce barriers to adherence.

Medical/Social Care Management

- **Disease management programs support self-management of diabetes, asthma, and chronic pain with a focus on lifestyle improvements**
- **Care management programs help with non-covered services, social barriers to care, coordination with other agencies**
- **Prescription assistance programs for non-covered drugs (\$4.6 million in free medications)**
- **Mental health program for less serious mental illness**

GHP Collaborative Self Management Approach for All

Key elements:

- **Support: “*Someone Cares*”, “*I want to help*”**
- **Emphasis on healthy lifestyles**
- **Emphasis on self care**
- **Physician engagement**
- **Referral to available services**
- **Support in accessing those services**

Patients we have helped

Were high risk at baseline and have demonstrated significant improvement at 6 months

- **254/481 (53%) of patients who did not do any regular physical activity, now do!**
- **310/540 (57%) of patients who did not get adequate amounts of fruits and vegetables, now do!**
- **255/470 (54%) patients who did not regularly choose low fat foods, now do!**
- **55/368 (15%) smokers QUIT!**



Patients we have helped

Were high risk at baseline and have demonstrated significant improvement at 6 months

- **474/493 (96%)** nonsmokers
- **308/388 (79%)** who were physically active
- **235/317 (74%)** of patients who were regularly eating fruits and vegetables
- **292/388 (75%)** who regularly chose low fat foods
- **111/132 (84%)** of diabetics who were regularly checking their blood sugar
- **147/157 (94%)** of diabetics who were checking their feet regularly

...All maintained these healthy activities

GHP Disease Management

Additional Improvements in Self-Management in Patients with Diabetes (n=441)

Behavior or Service	Compliance at Baseline Assessment	Compliance at 6 Month Follow Up
Checks blood sugar regularly	50%	77%*
Checks feet daily	64%	89%*
Has attended formal diabetes education	39%	66%*
Has received eye exam within the past 1 year	41%	66%*

*=significant at $p < .05$, Wilcoxon Signed Rank Test for Paired Data

In a recent sub-analysis of 34 diabetics in the program, each positive health behavior change was associated with a ~0.8 improvement in HgbA1C!

Learnings from our experience:

In addition to payment for health care services,

- **Genesee Health Plan patients need support**
- **GHP providers need support**

Our disease managers are able to successfully develop and strengthen relationships to provide that support

Quantifying GHP Success

WHY COLLECT DATA?

- **To use with partners and GHP board in planning coverage expansion**
- **To identify areas for partnerships to better coordinate community resources**
- **To inform public about plan's impact**

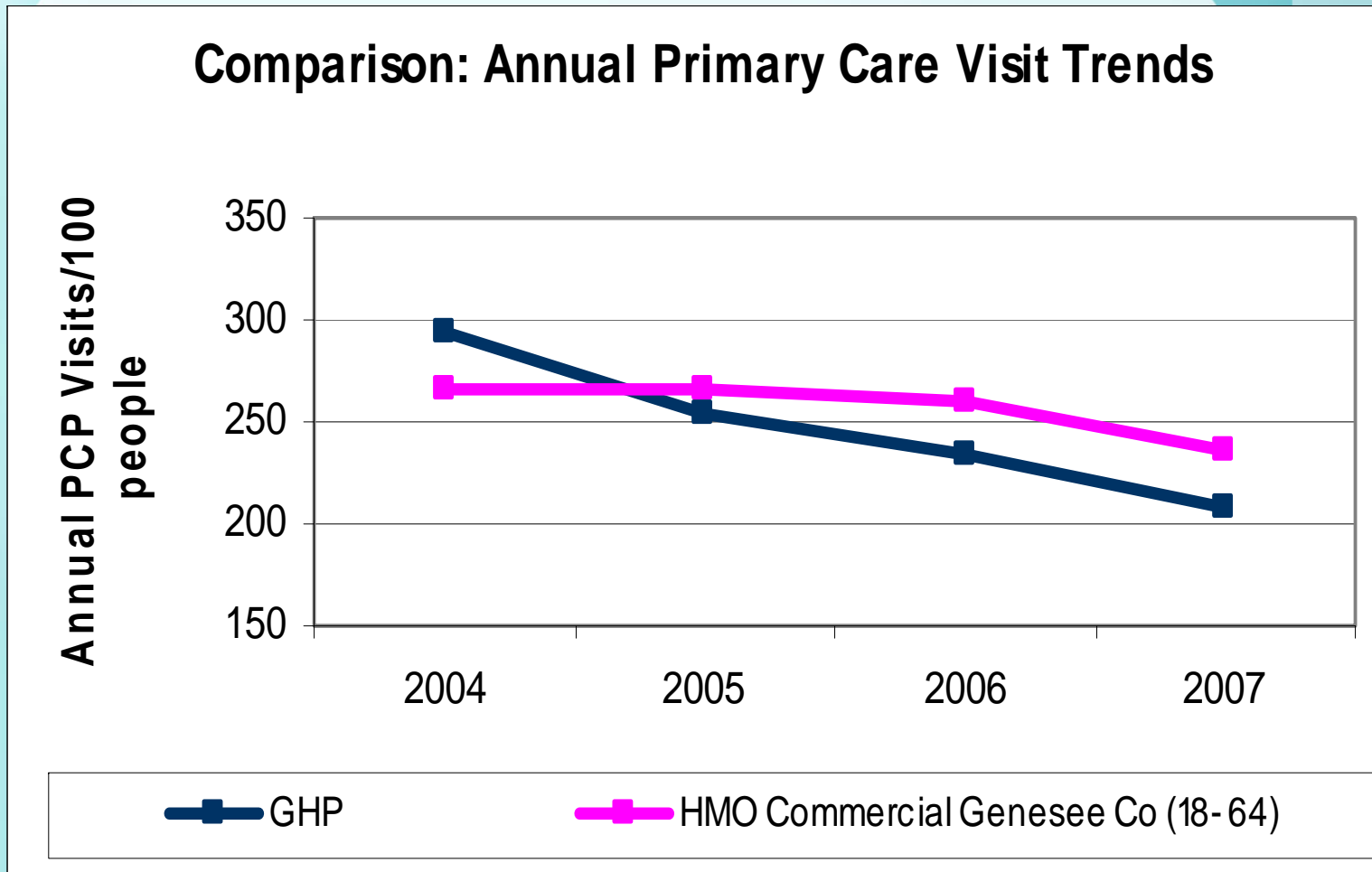
Quantifying GHP Success

WHAT DATA COLLECTED?

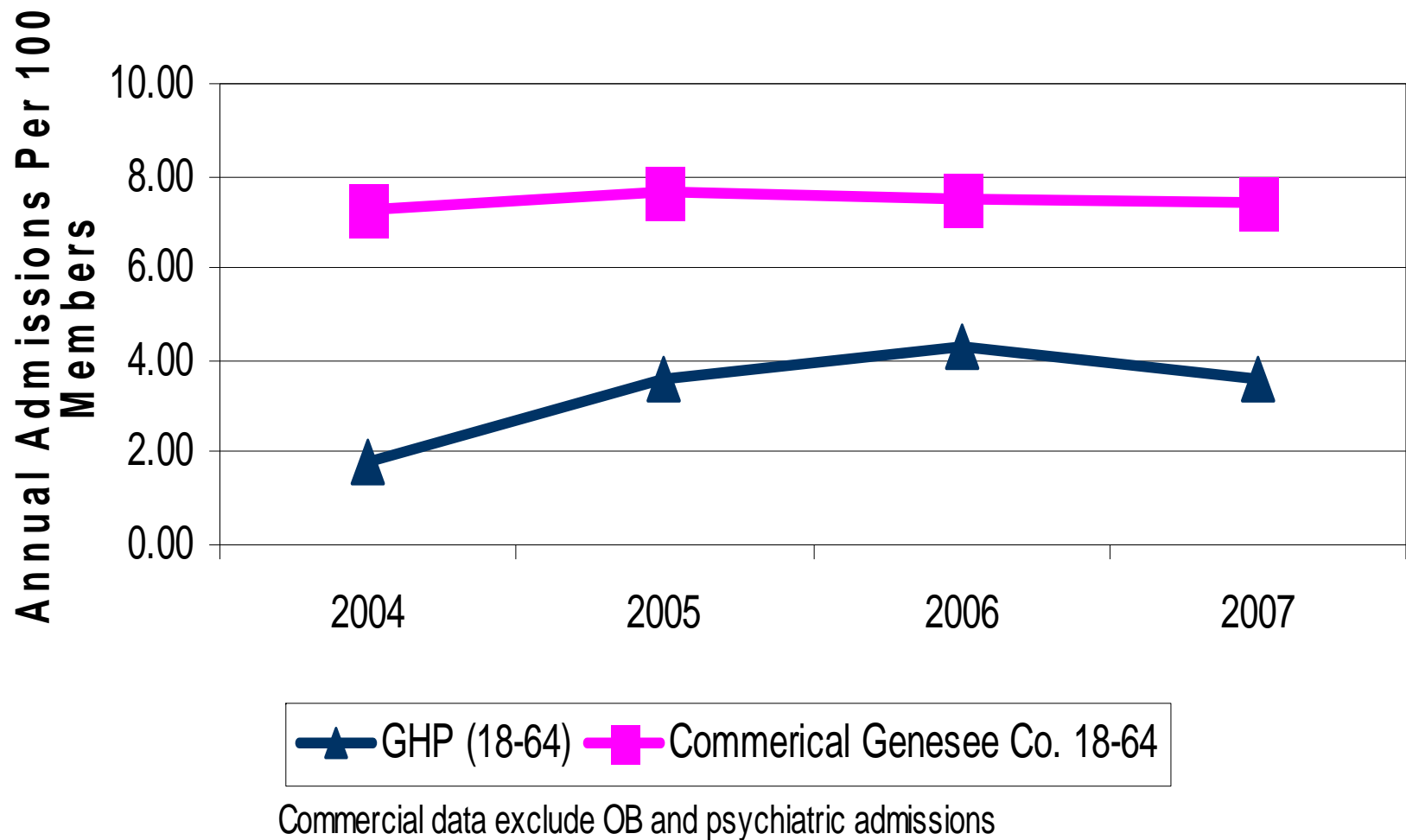
- **Member use of services over time and compared to commercially insured**
- **Impact on FQHC, Free Clinic, hospitals**
- **Impact on access to primary care and specialty services for other residents of the county, insured and uninsured**
- **Financial impact on business community**

GHP Members Had 196,000 PCP Visits 2002 - 2007

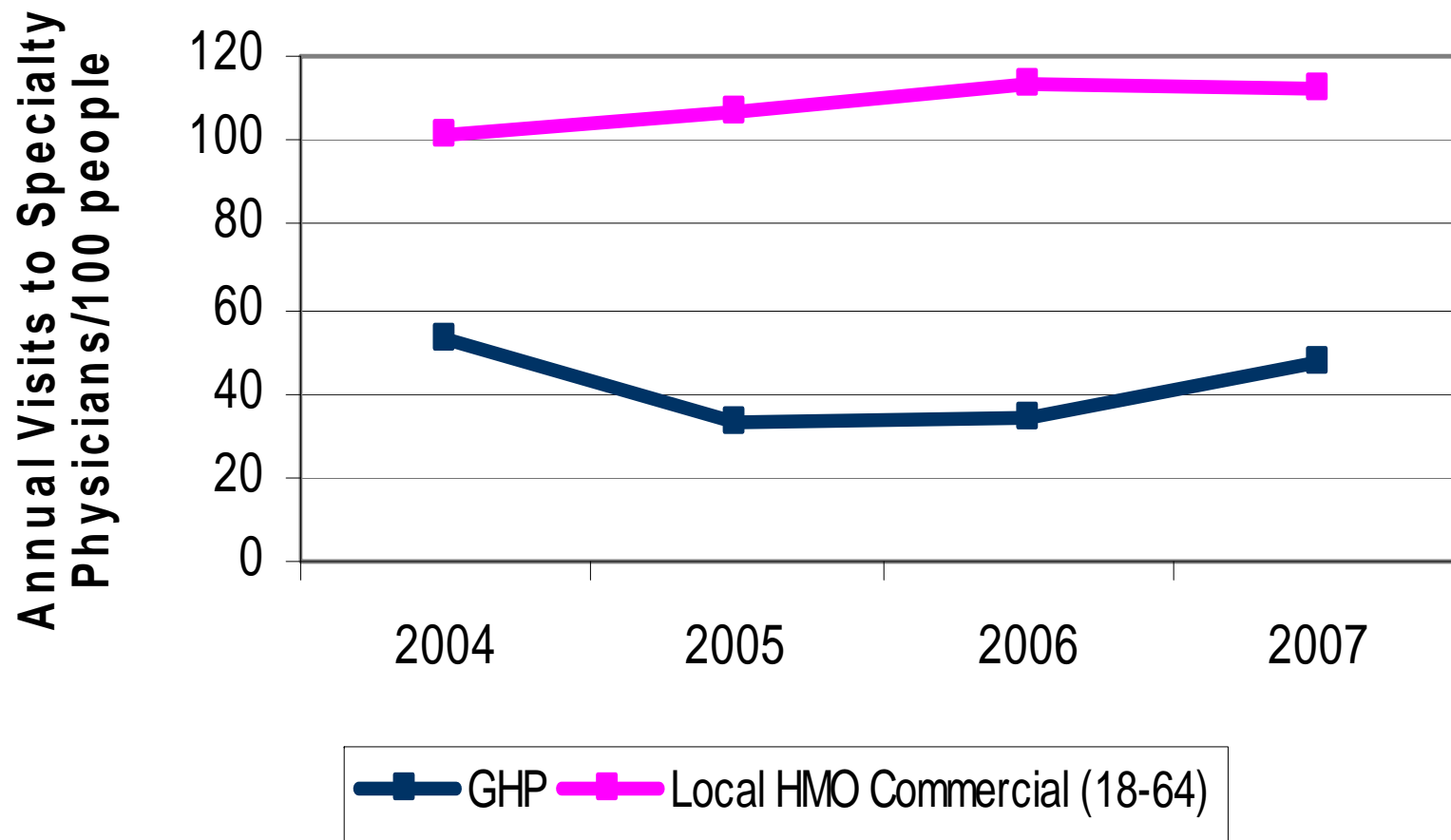
Comparison: Annual Primary Care Visit Trends



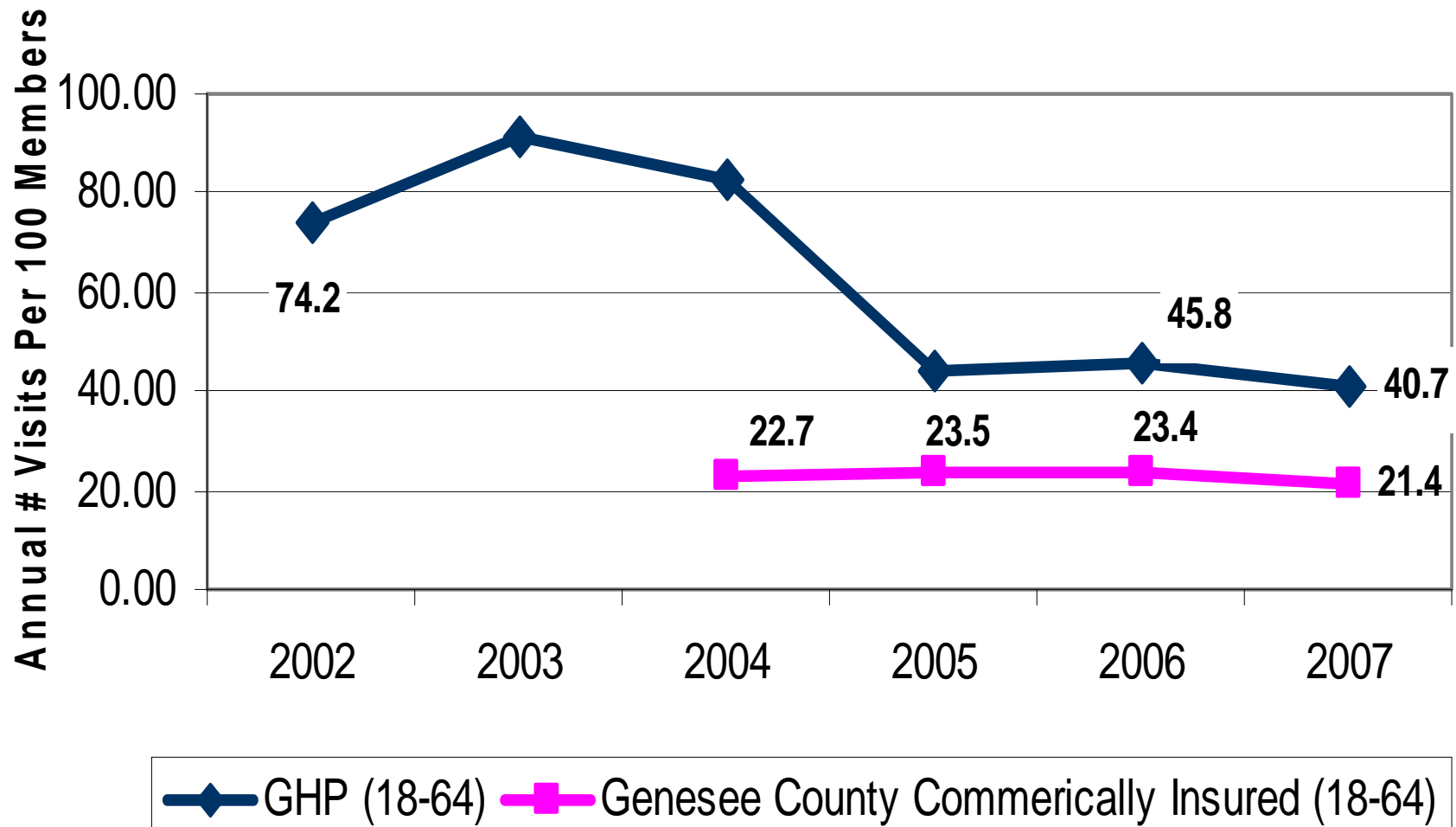
Comparison: Annual Inpatient Hospitalizations



Comparison: Annual Specialty Care Visit Trends

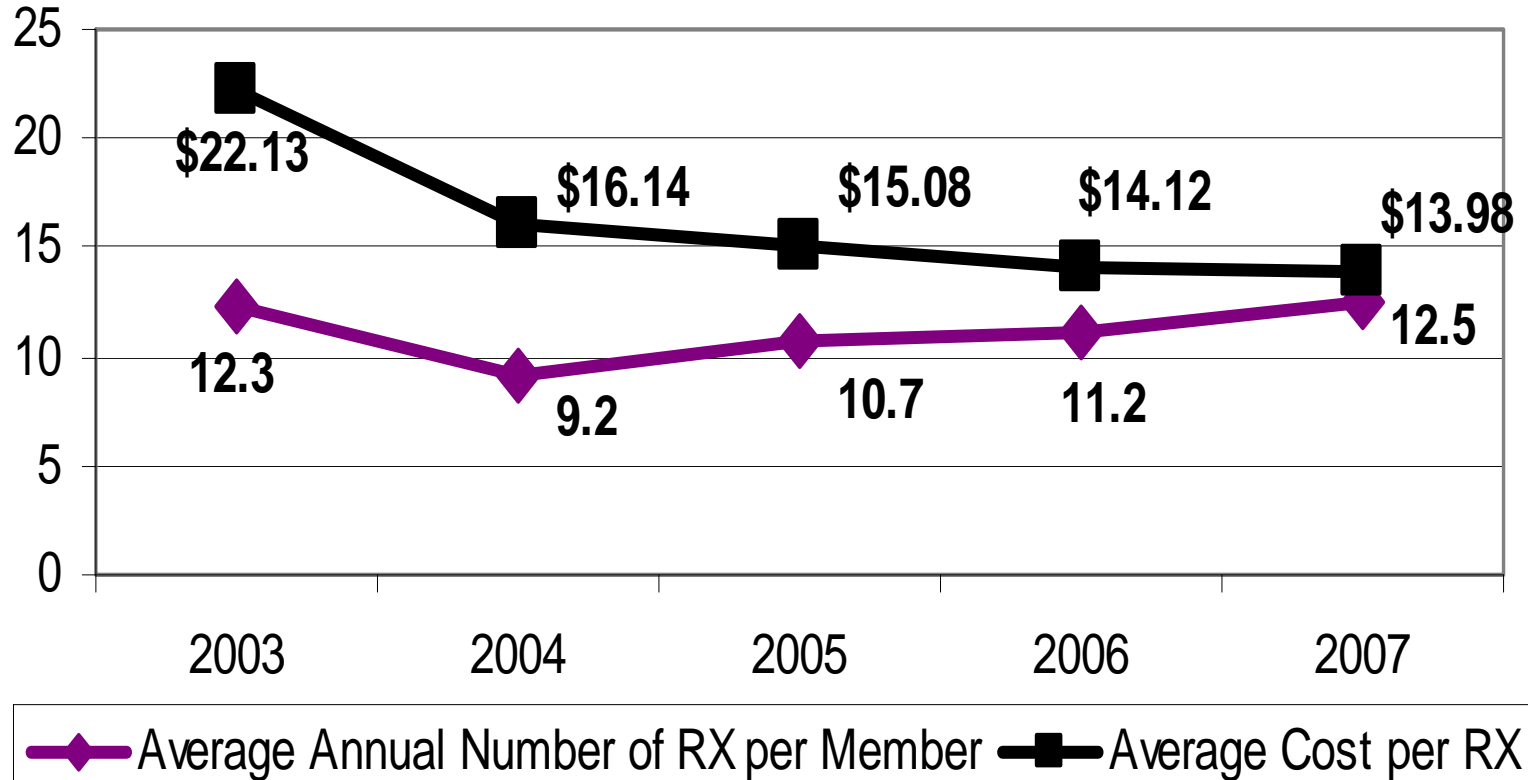


Comparison: Annual Emergency Room Use

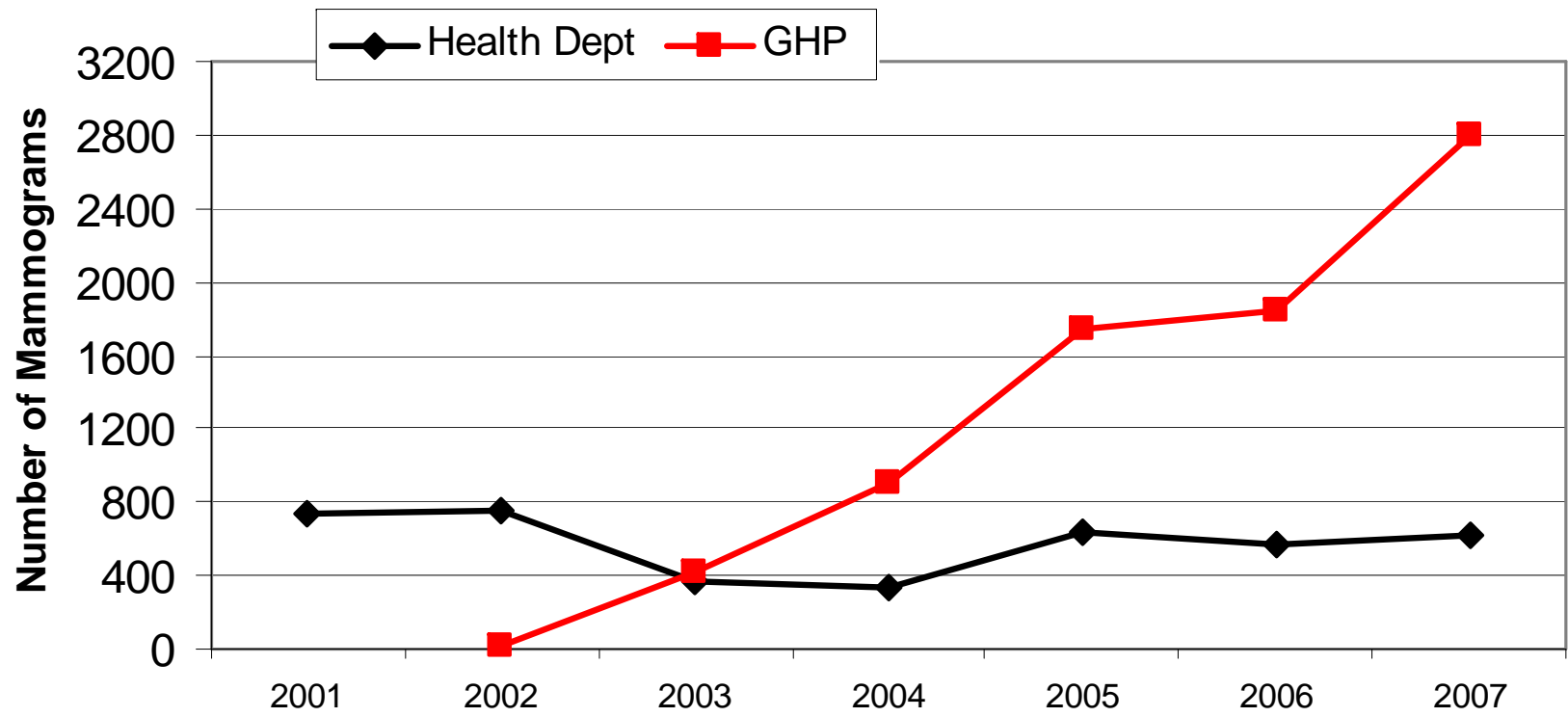


GHP Filled 906,000 Prescriptions 2003 - 2007

Trends: GHP Member Prescription Drug Use and Cost



Trends: Number of Mammograms Provided to Low Income Women in Genesee County 2001- 2007



Data Illustrated Key Points Pertinent to Sustainability...

- Pent-up demand had been met
- Newer members less ill and less costly
- Per Member Per Month cost predictable and affordable
- **Reduction in unnecessary and uncompensated hospital services can be 'taken to the bank'**

100% Access: Sustainability as a Personal Journey

- **Phase 1: Getting oriented**
- **Phase 2: Opportunity finds us**
- **Phase 3: Getting to “Yes!”**
- **Phase 4: Maintenance**



Phase 1: Getting Oriented

- **Order from chaos**
 - **Primary Care Policy Fellowship, 1993**
 - **Primary care for all at GCHD: a failure**
 - **A community clinic: 1995-2002**

Phase 2: Opportunity Finds Us

- **One governor**
 - **a state waiver**
- **The next governor**
 - **100% access**
- **HMA stops by, 2000**

Phase 3: Getting to “Yes!”



- **Seizing and seeking opportunity**
 - **Support from partners, Boards, and elected officials**
 - **Establishing a non-profit organization**
 - **At the health department or from local physicians?**
 - **A County Board chair seeks help**
 - **Seeking support from Foundations**
 - **A “small” project → “shooting the moon”**
 - **Projecting sustainability through millage**
 - **A political campaign for tax based funding**

Phase 4: Maintenance

- **Contracting for services**
- **Covering costs**
- **Providing oversight**

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Genesee Health Plan

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