

*Workforce Development and the Value of Ensuring
Access to Quality Health Care*



WELCOME TO BUILDING A HEALTHY GEORGIA

September 8, 2011

Southern Crescent Technical College, Butler, GA





www.togetherwecandobetter.com

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Definition of Public Health:

“The science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals.”

-- C.E.A. Winslow



Georgia's 2010 Health Rankings

Category	2010 Ranking	Georgia Value	No. 1 State Value
Premature Death (Years Lost Per 100K Population)	38	8,324	5,382
Infant Mortality (Deaths per 1,000 Live Births)	41	8	4.8
Cancer Deaths (Deaths per 1,000 Population)	24	193.9	142
Cardiovascular Deaths (Deaths per 1,000 Population)	40	304.3	206.3
Teen Birth Rate (Births/1,000 Women 15-19)	40	54.9	20
Low Birthweight (Pct Births under 2500 grams)	45	9.5%	5.7%
Preterm Birth (Pct Births under 37 weeks)	40	13.9%	9.1%
Infectious Disease (Cases/100,000 Population)	47	24.5	2.4
Lack of Health Insurance (Pct Population)	44	19.2%	5.0%



Connecting the Dots: Public and Economic Health

University of Wisconsin 2011 Health Outcomes Rankings

Premature Death

Poor or Fair Health

Poor Mental & Physical Health Days

Low Birth Weight

<http://bit.ly/Wisconsinhealth>

Georgia DCA 2011 Job Tax Credit Rankings

Average Per Capita Income

Unemployment Rate

Poverty Rate

<http://bit.ly/DCArankings>



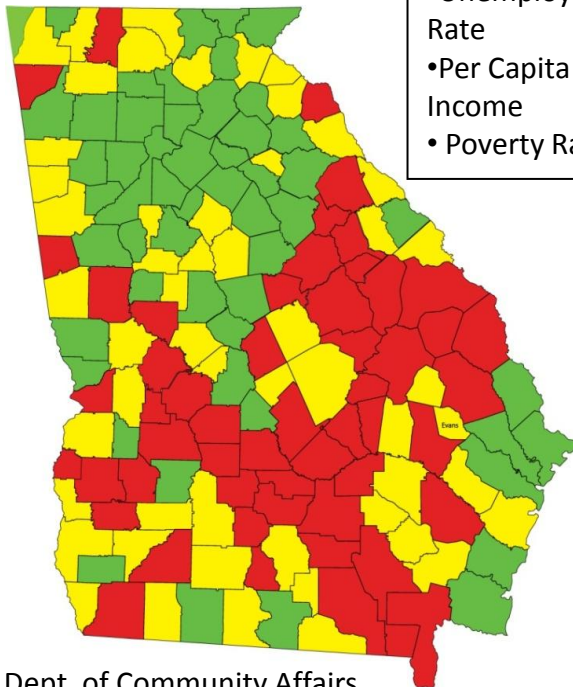
Top & Bottom 10

County	2011 Job Tax Credit Rankings (Reversed)	2011 Wisconsin Health Outcomes Rankings
Oconee	1	2
Columbia	2	8
Harris	3	14
Fayette	4	1
Forsyth	5	3
Bryan	6	23
Cherokee	7	6
Cobb	8	5
Effingham	9	27
Houston	10	17

County	2011 Job Tax Credit Rankings (Reversed)	2011 Wisconsin Health Outcomes Rankings
Calhoun	150	156
Warren	151	146
Macon	152	140
Treutlen	153	81
Johnson	154	101
Atkinson	155	58
Taliaferro	156	NR
Jenkins	157	134
Telfair	158	145
Hancock	159	113
Taylor	144	137

Economics & Public Health

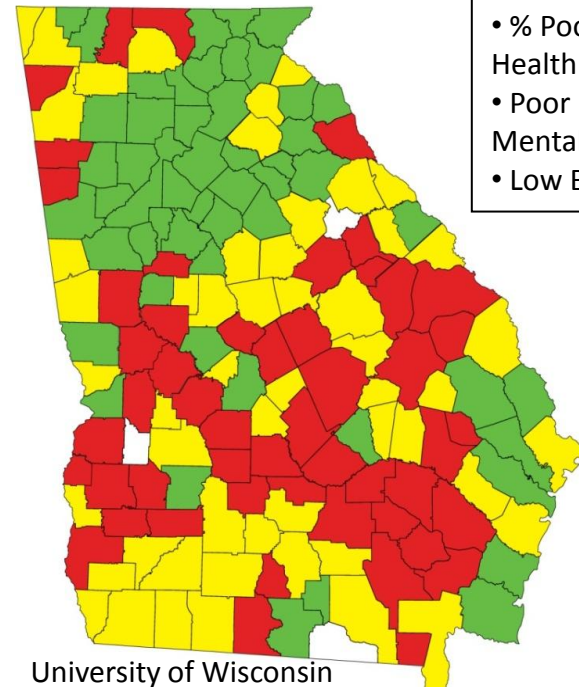
2011 Tax Credit Rankings



- Unemployment Rate
- Per Capita Income
- Poverty Rate

Georgia Dept. of Community Affairs
2011 Job Tax Credit Rankings

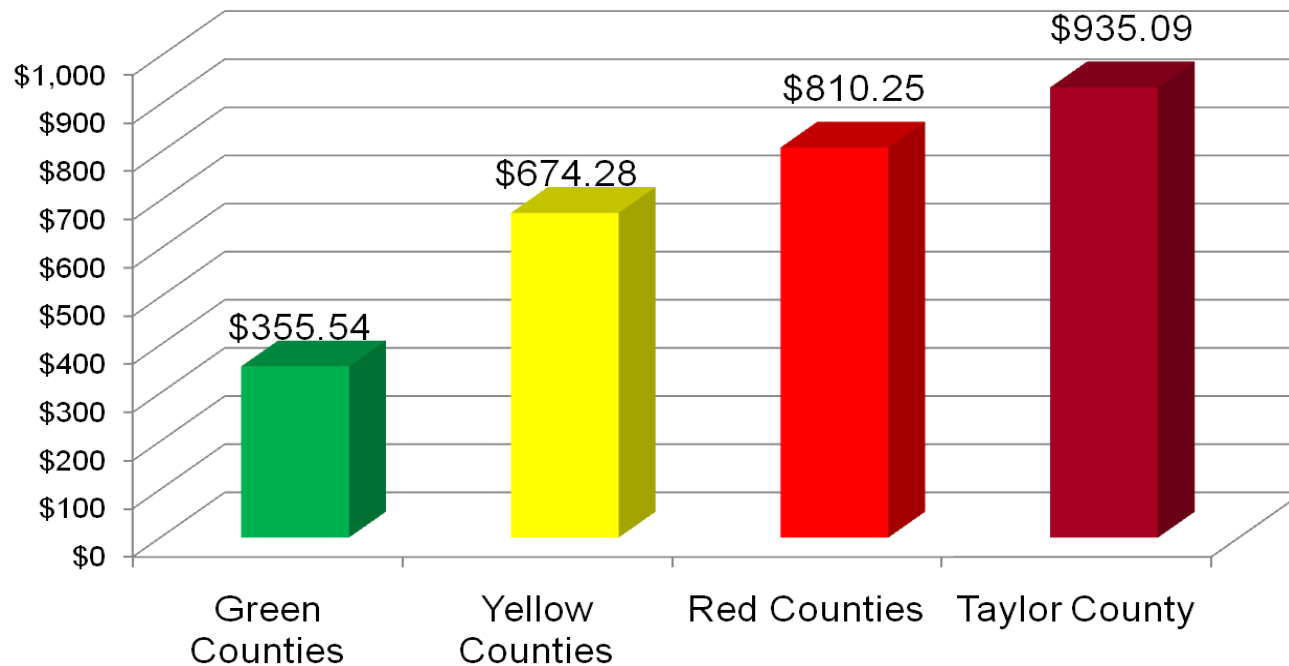
2011 Health Outcomes Rankings



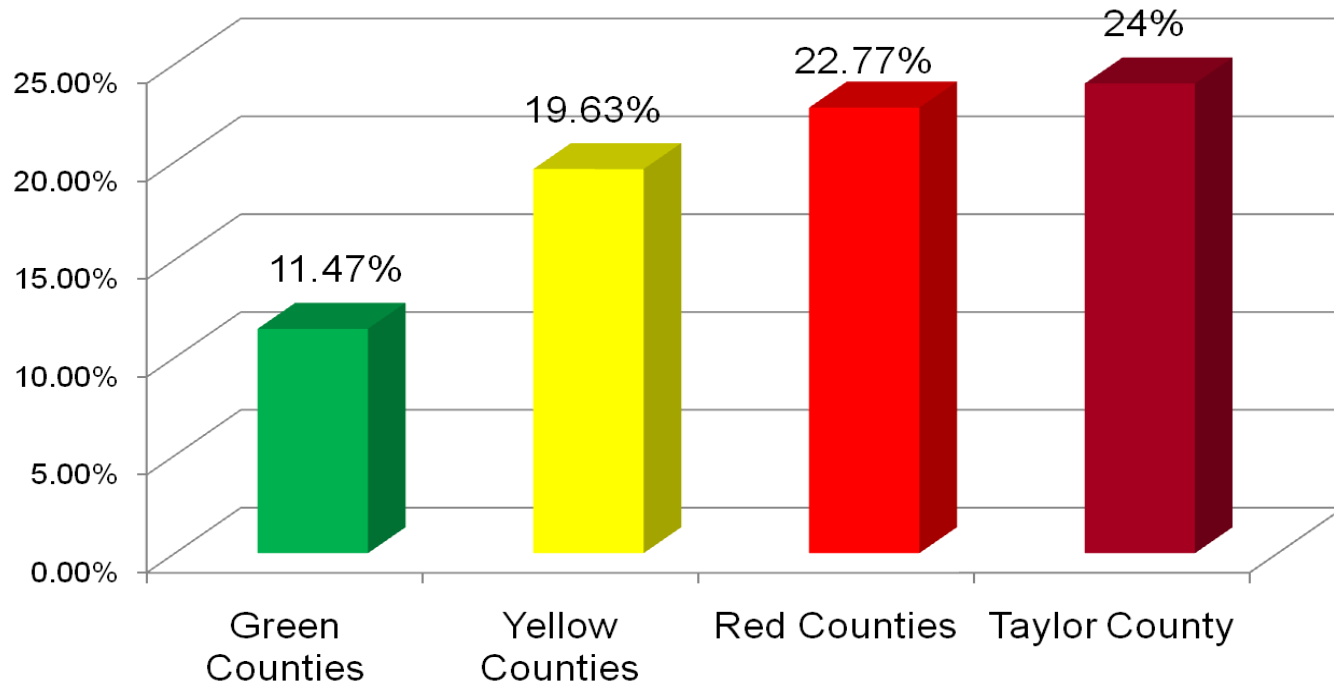
- Life Expectancy
- % Poor or Fair Health
- Poor Physical & Mental Health Days
- Low Birthweight

University of Wisconsin
2011 County Health Rankings
for Mortality & Morbidity

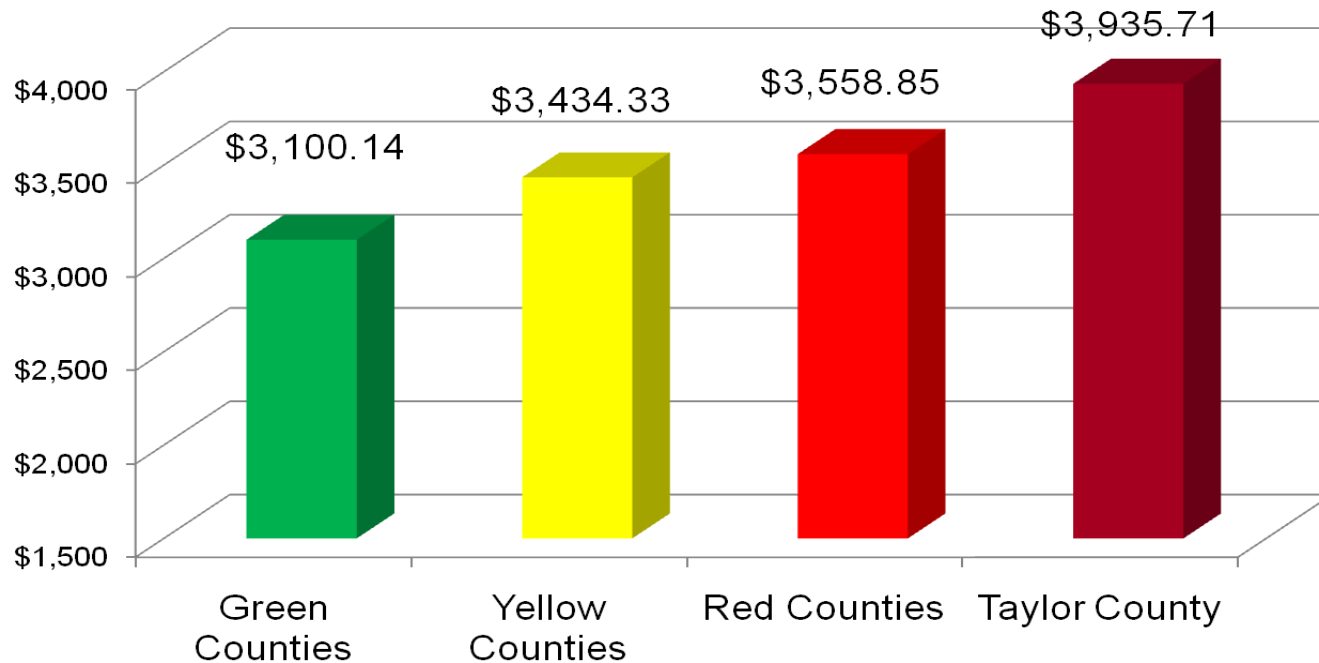
Average Medicaid Spending *Per Capita* By Combined Health & Economic Status



County Medicaid Population By Combined Health & Economic Status



Average Medicaid Spending Per Enrollee By Combined Health & Economic Status





Taylor County Profile

Category	Taylor County	Georgia	U.S.
Premature Death	11,304	8,146	5,564
Poor physical health days	6.7	3.5	2.6
Poor mental health days	5.1	3.4	2.3
Low birthweight	10.8%	9.3%	6.0%
Adult obesity	32%	28%	25%
Teen birth rate	61	55	22
Primary Care Physicians	8,707:1	1,024:1	631:1
Diabetic screening	79%	82%	89%
Mammography screening	67%	62%	74%
Uninsured adults	23%	22%	13%



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How the New Health Care Law's Coverage Expansions and Other Provisions Affect Georgia

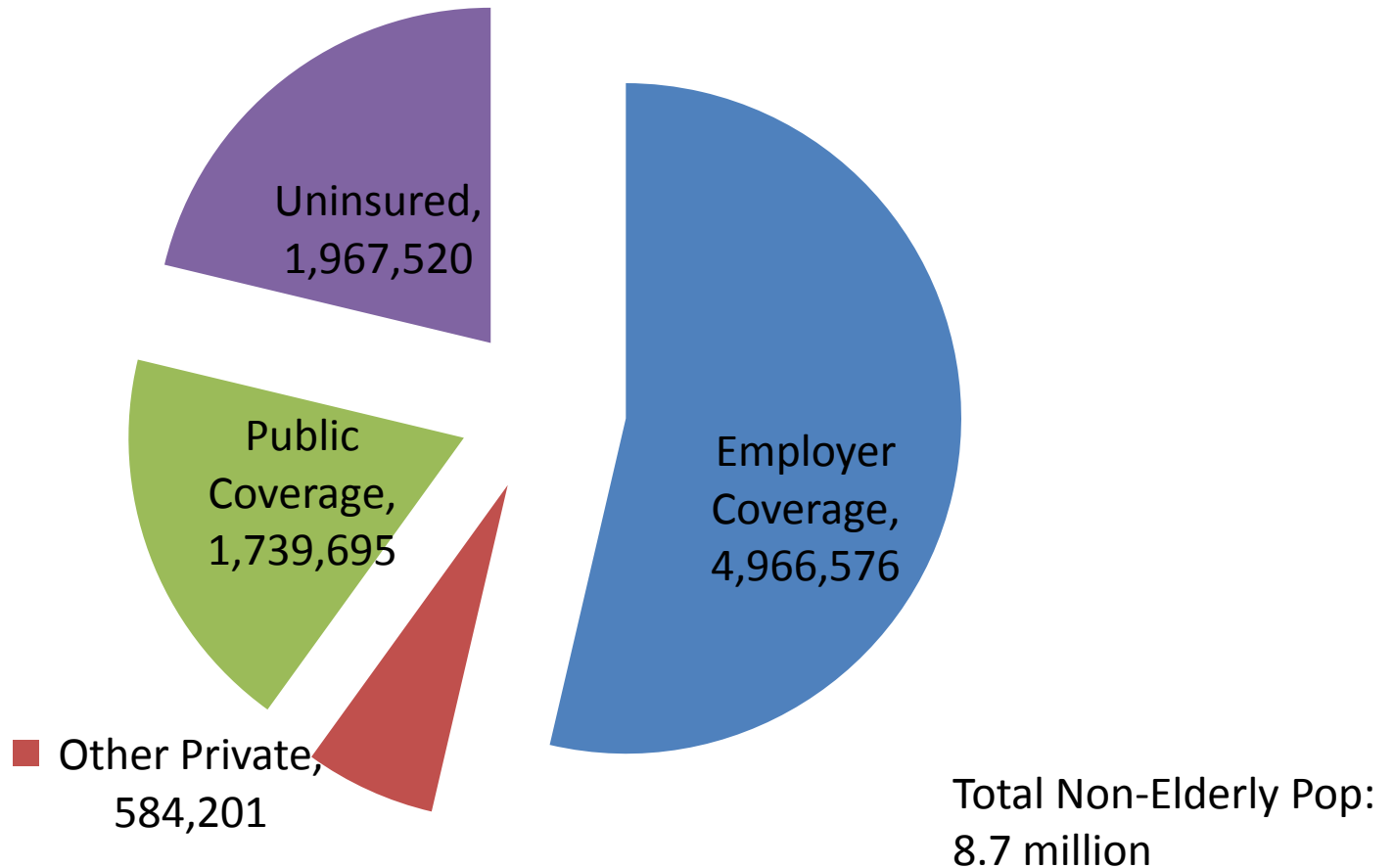
Tim Sweeney

Sr. Health Care Analyst

Georgia Budget & Policy Institute

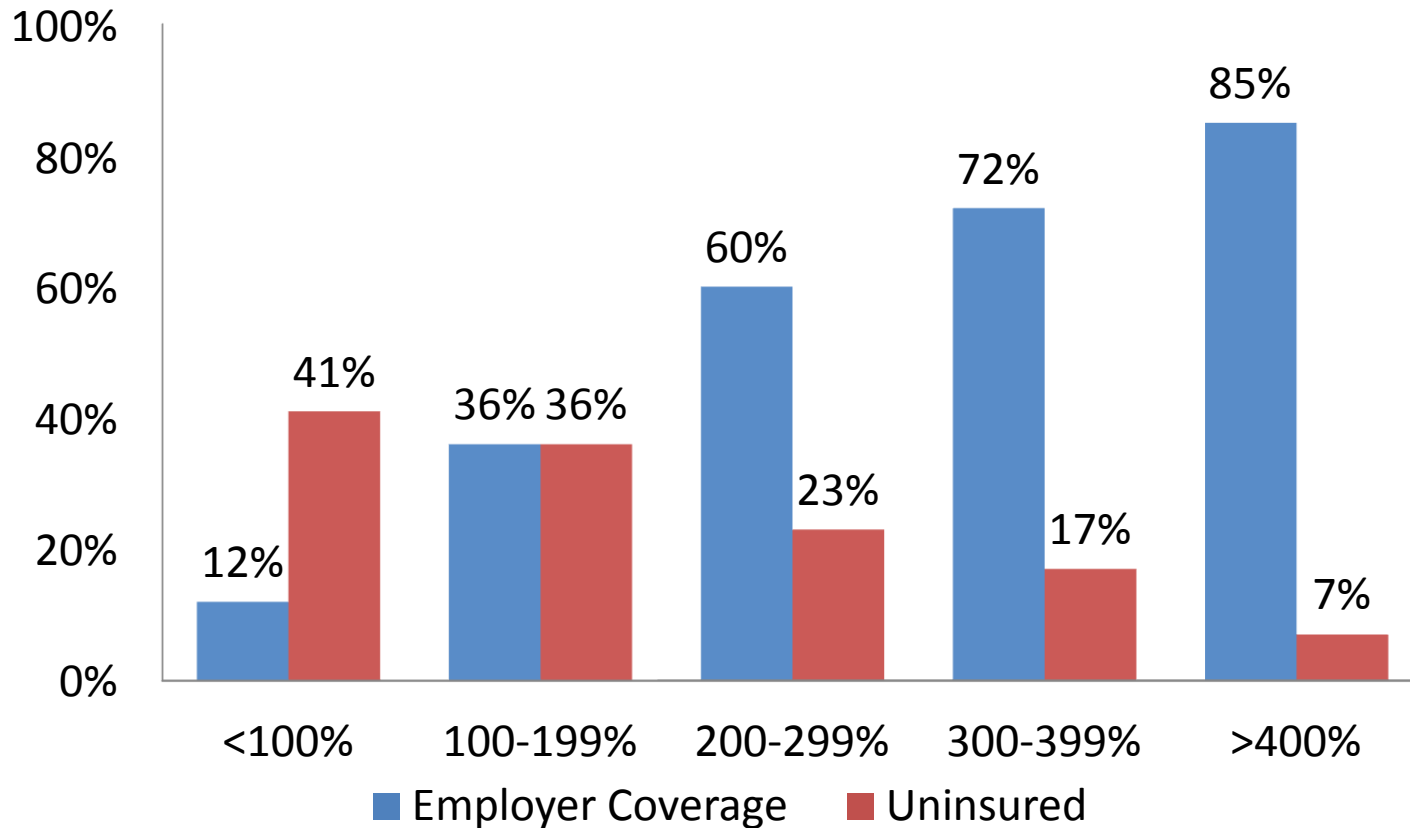


Health Coverage in Georgia (2009)

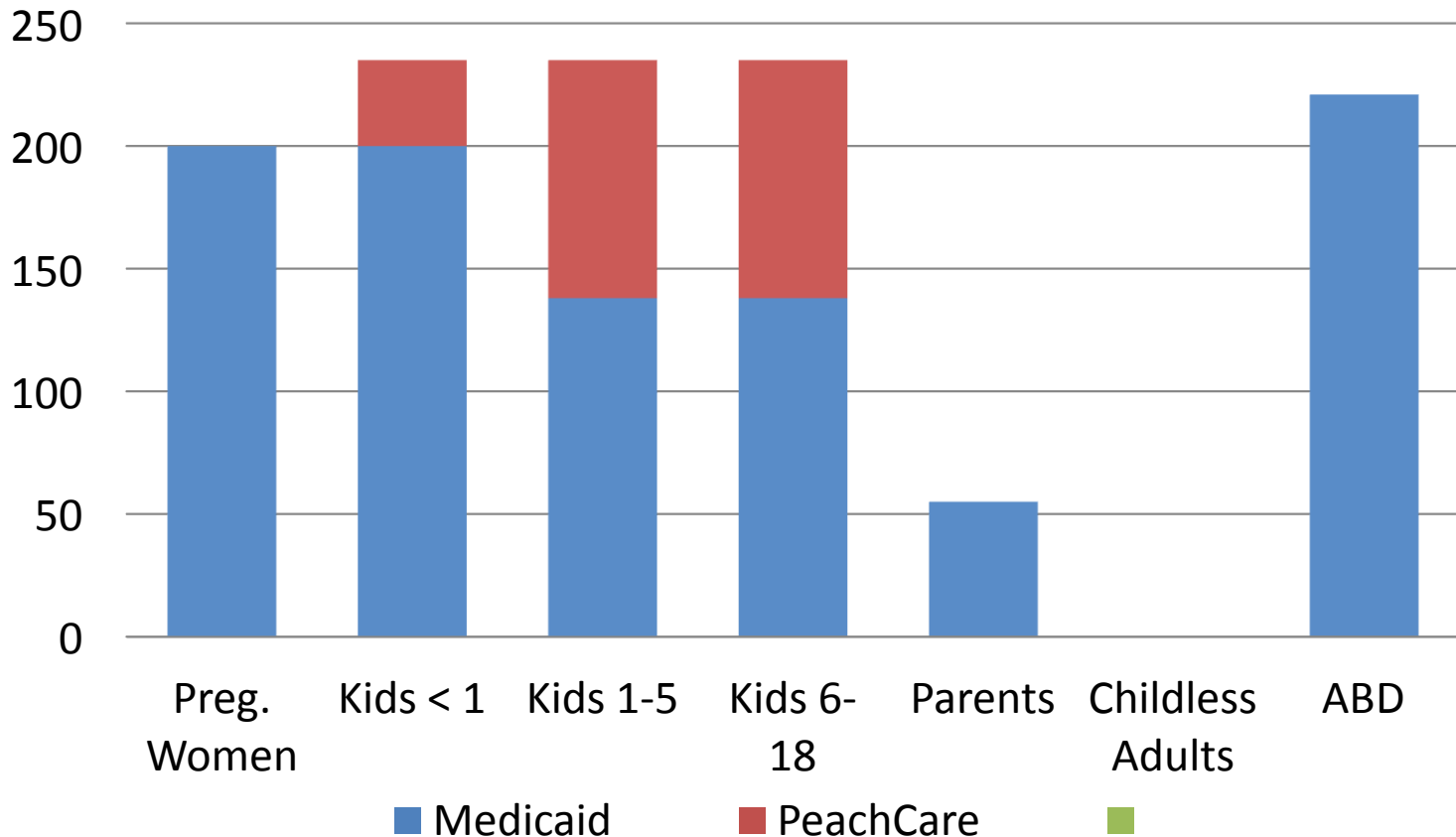


Health Coverage Varies Greatly By Income

(by Family Income as a % of Poverty, 2009)



Medicaid & PeachCare Eligibility as a Percent of Poverty





Theory Behind the Affordable Care Act

- Build on current system to expand coverage
 - Tax-preference for employer coverage remains
 - Subsidies for small businesses & middle-income individuals without employer coverage
 - Expand existing programs to cover lowest-income Americans
- Increase coverage of preventive care
- Invest in healthcare infrastructure and workforce
- Pilot projects for payment reforms

Financial Resources from the Affordable Care Act

- Federal funding for Medicaid expansion
- Federal tax credits for individuals and businesses
- Funding for health infrastructure development
 - Major funding for federally qualified health centers
- Grant programs for workforce development



Funding to Increase Medicaid Coverage

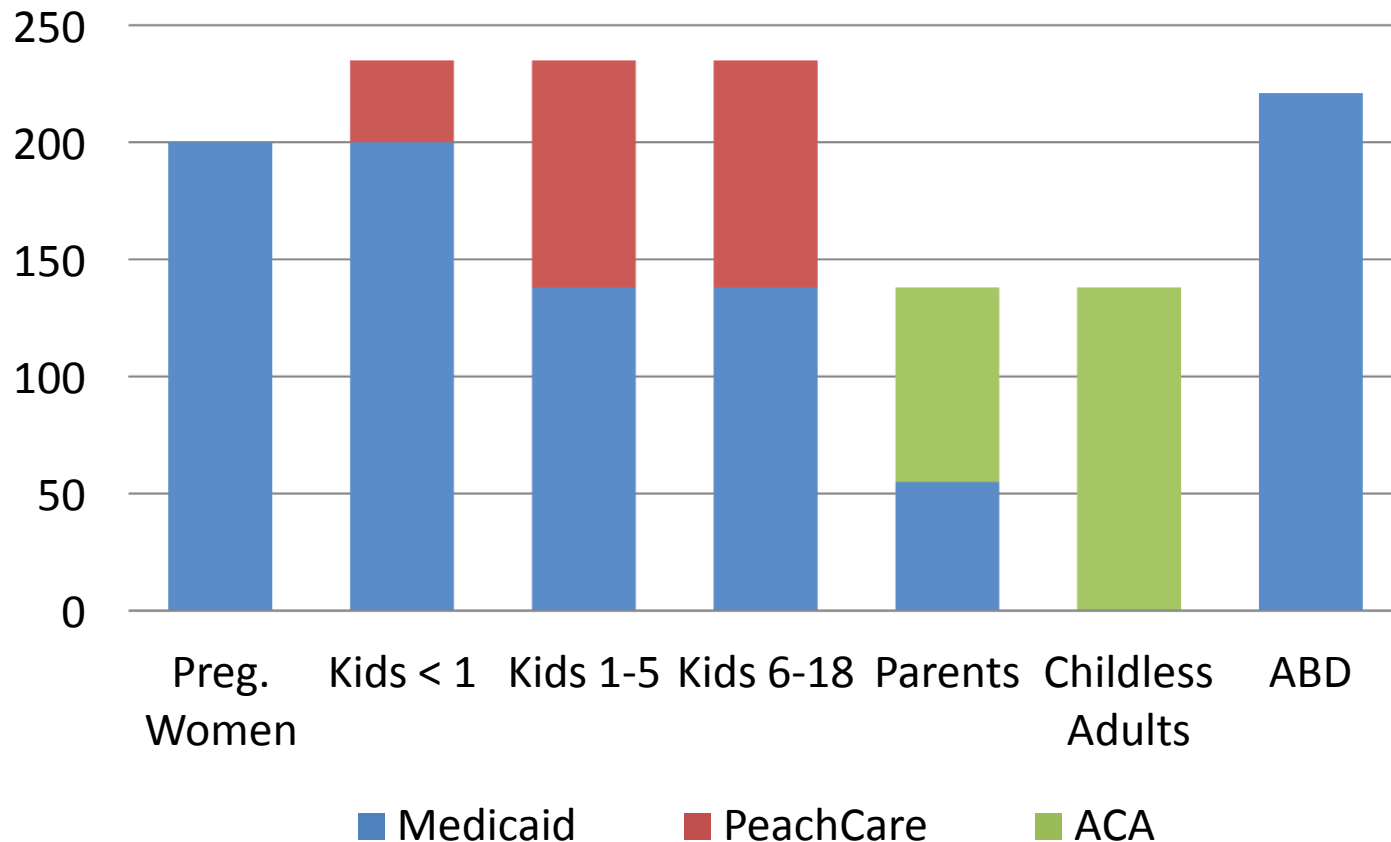
- Federal funds cover 100% of expansion costs in short term; 90% of costs after 2019
 - Increased coverage will increase resources for providers serving patients who were previously uninsured
 - Federal funding should help states increase reimbursement rates



Using Medicaid to Expand Coverage

- Benefits:
 - Builds on existing programs & infrastructure which are already familiar with needs of low-income families
 - Efficient, lower cost option to cover people
 - Target population lacks access to employer coverage
- Hurdles:
 - Provider payment rates (set by states) are lower than private insurance, can limit access to docs & other services
 - Stigma of “government program” can reduce participation

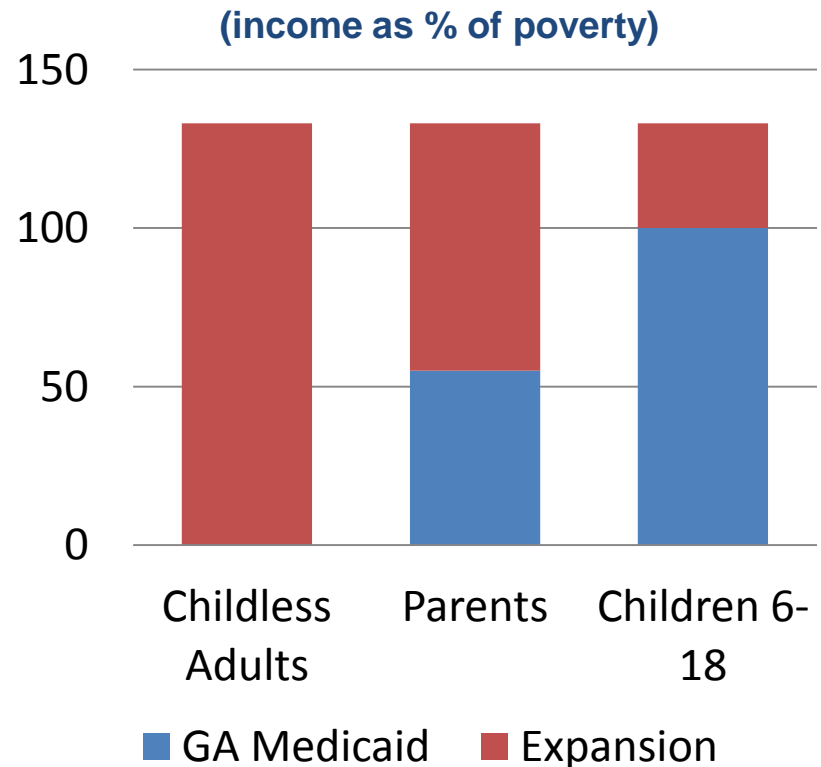
Post-Expansion Eligibility as a Percent of Poverty



The Medicaid Expansion in Georgia

- Coverage Forecasts:
 - 645,000 to 900,000 new Medicaid enrollees (by 2019)
 - 75% to 80% previously uninsured, newly enrolled
- Reduces low-income uninsured by 50% to 75%

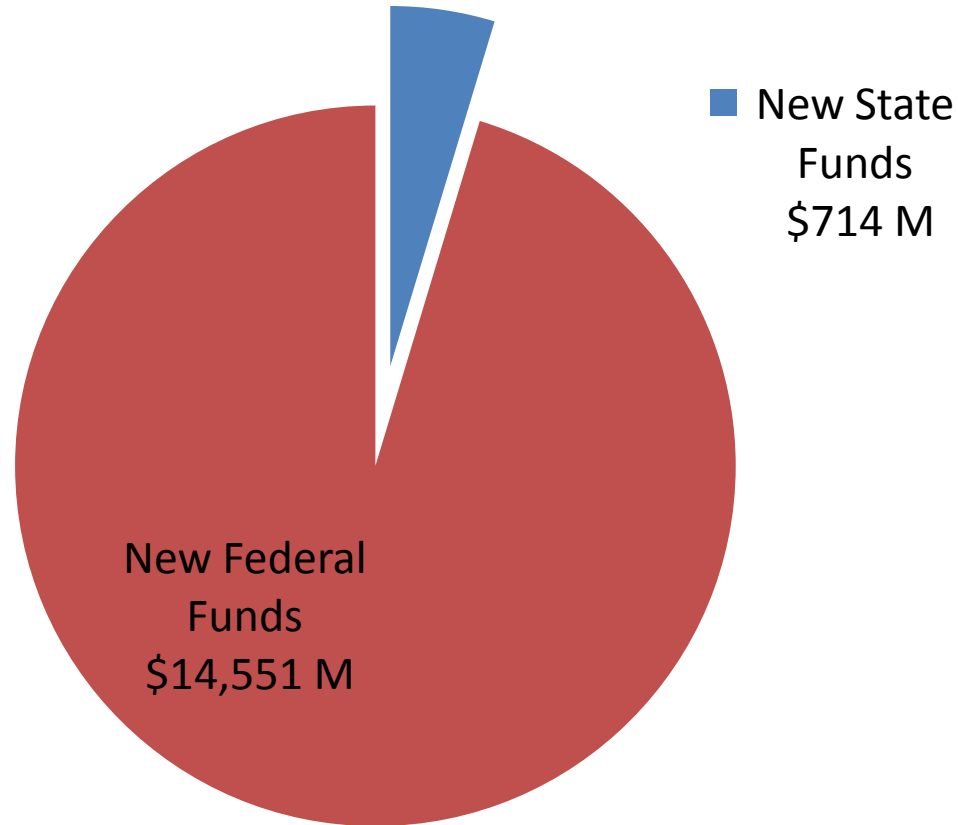
GA Medicaid After Expansion



Can Georgia Afford it?

(Cumulative spending from 2014 to 2019)

- New state funds average \$120 M for first 6 years
- New State Funds \approx 2.7% Increase Above Baseline without Reform



Potential Costs & Savings for GA

- State matching funds for new Medicaid enrollees
 - Long term, GA pays 10% of costs for newly eligible
 - “Welcome mat” effect – currently eligible more likely to enroll
- State savings due to the ACA
 - Fewer uncompensated care costs
 - Less churning of individuals into / out of coverage
 - Medicaid expansion covers some Georgians receiving state-funded services (esp mental health & DD)



Medicaid & Other Payment Reforms

- Pilot programs for bundled payments and pay for performance
- Penalties for avoidable hospital re-admissions
- Increased funding for home care & transitions programs
- Accountable Care Organizations – incentivize provider coordination
- Raises Medicaid payments for primary care providers to 100% of Medicare rates (federally funded for 2013-14)
- Medicare bonus payment (10%) to primary care physicians and general surgeons in shortage areas (2011-2015)



ACA Attempts to Address Workforce Issues

- Redistribute unused residency training slots to primary care and general surgery and to states with lowest resident physician-to- population ratios
- Increased loan repayment and funding for the National Health Services Corps
- \$11 billion for community health centers & school-based health centers
- Grants to states and others for workforce development

Politics Pose a Barrier

- Law painted with broad brush, politics drives much support/criticism
 - Barriers to nuanced discussion of implementation
 - Presidential election will make it more difficult
- Some aspects more controversial than others
 - Individual mandate, Medicaid expansion
 - Closing the Medicare “donut hole”, funding for community health centers...
- Not everything started controversial – even the mandate and the Medicaid expansion

What's the state doing now?

- Party to lawsuit moving through system
 - Challenge to individual mandate likely decided by supreme court next year
- Taking advantage of beneficial provisions
 - State employee kids to PeachCare, federal funds for Medicaid eligibility system and exchange planning activities, funding for rate review and state employee early retiree health care costs
- Governor Deal appointed health insurance exchange advisory committee
 - Recommendations this fall, possible legislation in 2012?

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