

Coverage, Access, Affordability, and Quality: With National Health Reform at Hand, Where Does Georgia Stand?

By Cindy Zeldin, Executive Director



Health reform has dominated the public policy agenda for the past six months. As the debate enters the final stretch, we are taking stock of where Georgia currently stands on four key features of our health system: coverage, access, affordability, and quality. Regardless of the outcome of the current debate, Georgians for a Healthy Future stands poised to monitor health care issues and legislation and to advocate for sound health policy for Georgia's health care consumers.

Coverage

The evidence is clear: health insurance plays an essential role in obtaining necessary care. It provides risk protection against the high cost of medical care and facilitates access to the health care delivery system, yet 1.6 million Georgians, 18 percent of our state's population, are uninsured.¹ According to research by the Georgia Health Policy Center, in Georgia, the uninsured are nearly four times more likely than the insured to have gone without a routine check-up in the past two years, are 7.5 times more likely than the insured to strongly disagree

with the statement that they get the care they need², and are more likely than the insured to experience avoidable hospitalizations for conditions such as diabetes, hypertension, and asthma.³

The majority of Georgians—about 55 percent of the state’s population, or 5.2 million people—



obtain health insurance through an employer-sponsored plan. About 2.2 million have some form of public coverage (such as Medicare, Medicaid, and Peach Care), just over 340,000 Georgians purchase private health insurance on the individual market, and more than 1.6 million

are uninsured.⁴ The majority of nonelderly uninsured Georgians are in working families: four-fifths of the uninsured are in families with at least one worker, and nearly 70 percent are in families with at least one full-time worker.⁵ Within Georgia, uninsurance rates vary between different regions of the state, from a low of 12 percent uninsured in the East Metro Public Health District to a high of 24 percent uninsured in the Clayton Public Health District. The South Central and Southeast Public Health Districts also feature high levels of uninsurance (22 percent in each of these districts).⁶

Access

In addition to health insurance, features of the health care delivery system such as the number and geographic distribution of primary care providers, care coordination and medical homes, and the availability of trauma and acute care services impact the utilization of necessary medical services.

Access to health care can be measured through a range of indicators. Structural indicators, such as the number of providers in a given area, supply information about the potential for a given population to access health care services. Realized access indicators, such as the percentage of Georgians who receive recommended cancer screenings, signify whether essential health care services are being obtained. Indicators that supply more detailed information about interaction with the health care system, such as avoidable hospitalizations, can demonstrate an unmet need or a lack of access.

Georgia ranks 9th in population in the United States, but 39th in physician supply⁷, and approximately 15 percent of our state’s population—more than 1.4 million Georgians—lives in a Primary Care Health Professional Shortage Area.⁸ More than 20 percent of adults in Georgia do not have a usual source of care⁹, and more than 40 percent of children do not have a medical home.¹⁰ Georgia also faces a crisis in trauma care: with only 15 dedicated trauma centers, millions of Georgians are at least two hours away from trauma care services.¹¹



On some realized access measures, Georgia is above the national average. For example, 73 percent of children had both a medical and dental preventive care visit in 2007, which ranks 20th in the nation.¹² Eighty-three percent of women age 50 and over in Georgia have had a mammogram, which is above the national median, and Georgia is right at the national median

with respect to colorectal cancer screening (62 percent of the state's population age 50 and over has had a colonoscopy or sigmoidoscopy).¹³ However, there is still significant room for improvement on these and other indicators where Georgia fares more poorly: for example, Georgia ranks 48th in the percent of children who received needed mental health care in 2007 (with only 51 percent receiving these services).¹⁴

Avoidable hospitalizations provide an indicator of unmet need: if a medical condition is being managed appropriately, emergency visits associated with that condition should occur only rarely. Within Georgia, 11 counties have exceptionally high rates of avoidable hospitalizations for ambulatory care sensitive conditions, and uninsured Georgians are more likely than insured Georgians to experience avoidable hospitalizations for conditions such as diabetes and hypertension.¹⁵

Affordability

In 2007, more than 1.1 million Georgians reported not seeing a doctor in the previous 12 months because of the cost¹⁶, adversely impacting access to care. Health insurance is essential, both because it provides access to health care services and because it provides financial protection. Due to high underlying health care cost growth, however, the cost of health insurance is also growing rapidly. In 2006, the full cost of an employer sponsored family health insurance policy in Georgia was \$10,793, which represented 22.31 percent of median family income in Georgia.¹⁷ Because most employers who offer health insurance contribute toward the cost of the premium, the average employee premium was \$2,909, which represents 6 percent of median income.¹⁸ Many employers, in an attempt to hold down premium increases, have been turning towards

health insurance arrangements that feature higher cost sharing through deductibles and other out-of-pocket costs. These policies are growing increasingly common in the non-group market as well. However, they also present an increased financial burden on consumers at the point of service, which can present a barrier to accessing needed care and can result in the accumulation of medical debt.

Nationally, between 2001 and 2004, inflation-adjusted out-of-pocket health care expenses increased by 16 percent, while inflation-adjusted wages were relatively flat. As a result, the percentage of the non-elderly population with a high financial burden (as defined by spending more than 10 percent of family income on health care) increased from 15.9 to 17.7 percent.¹⁹ According to a separate study by the Commonwealth Fund utilizing a representative



sample of 60 communities across the country, communities in which local residents face high medical cost burdens are more likely to be in rural areas and in the South. In Augusta, GA, for example, 39.7 percent of the population had a high medical cost burden in 2003, and in Atlanta, GA, 33.3 percent faced such a burden.²⁰

While the insured population faces high insurance premiums and the growing burden of increasing out-of-pocket costs, the uninsured also confront a high financial burden. Despite the common myth that the uninsured receive the care they need for free, the uninsured are actually much less likely to receive needed care than the insured and are often charged the sticker price

for the health care services they receive rather than the rates that are negotiated between providers and insurers for the insured population, resulting in serious financial challenges.²¹

Quality

A common definition of health care quality is getting the right care, in the right setting, at the right time. The Institute of Medicine, in its indispensable report “Crossing the Quality Chasm: A New Health System for the 21st Century,” determined that a high quality health care system should feature care that is safe, effective, patient-centered, timely, efficient, and equitable.²²

While Georgia boasts many providers and health systems that provide superb care, many of the quality and outcome indicators for our state illustrate the need for overall improvement.

One approach to measuring quality of care is to examine outcomes such as life expectancy, infant mortality, and obesity. Another approach is to look at process indicators for standard procedures that are known to be beneficial. For example, one such indicator is the percentage of hospitalized patients who received recommended care for a heart attack.

In a recent state-by-state ranking of overall quality of care, Georgia ranked 50th, with an infant



mortality rate considerably higher than the national average (8.15 per 1,000 live births) and obesity and diabetes incidence rates above the national average. The share of Georgia’s population that smokes, however, was lower than

the national average at 19.4 percent.²³ On a separate nationwide state scorecard, Georgia ranked

47th in the percentage of hospitalized patients who received recommended care for heart attack, heart failure, and pneumonia, and 41st in the percentage of surgical patients who received appropriate care to prevent complications. Georgia did, however, rank 3rd in the percentage of home health patients who get better at walking and moving around.²⁴ While there are some bright spots for Georgia, an investment in quality improvement could considerably improve our state's outcomes and result in potential cost savings in the long run.

Health Reform

Increased coverage, expanded access, affordability standards, and high quality are essential features of Georgia's healthy future. While the outcome of national health reform is unclear as of this writing in October 2009, Georgians for a Healthy Future stands poised to monitor the debate and to advocate for the most consumer-friendly health reform implementation possible.)(



For more information about Georgians for a Healthy Future or to get involved, please visit our website at www.healthyfuturega.org.

Endnotes

- ¹ Ketsche, Patricia et al, "The Uninsured in Georgia," Georgia Health Policy Center, November 2008.
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- ³ Minyard, Karen, "Avoidable Hospitalizations in Georgia: An Analysis of the Potential for Strategic Action," Georgia Health Policy Center, January 2005.
- ⁴ Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2007 and 2008 Current Population Survey (CPS: Annual Social and Economic Supplements).
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- ⁶ Custer, William, et al, "Sources of Health Insurance Coverage in Georgia, 2007-2008," Georgia Health Policy Center & Center for Health Services Research.
- ⁷ Georgia Board for Physician Workforce
- ⁸ Kaiser State Health Facts and Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration (HRSA)
- ⁹ The Commonwealth Fund State Scorecard 2009
- ¹⁰ The Commonwealth Fund State Scorecard 2009
- ¹¹ Georgia Statewide Trauma Action Team
- ¹² The Commonwealth Fund State Scorecard 2009
- ¹³ Behavioral Risk Factor Surveillance System, CDC
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- ¹⁵ Minyard, Karen, "Avoidable Hospitalizations in Georgia: An Analysis of the Potential for Strategic Action," Georgia Health Policy Center, January 2005.
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- ²¹ The Access Project, "Paying for Health Care When You're Uninsured: How Much Support Does the Safety Net Offer," January 2003.
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