Access to Affordable Healthcare

Priority 1 - Increase the proportion of community members, including the uninsured and the working poor, who have access to affordable healthcare.

Priority 2 - Increase the number of providers available that accept Medicaid or offer low-cost/free services.[1]

THE PROBLEM

Access to routine medical care helps people prevent illness, identify health conditions, and treat health problems. Without access to preventive care, Kent County community members fail to get routine check-ups and health screenings that detect serious disease and ensure early treatment. The Michigan Behavioral Risk Factor Surveillance System Survey (BRFSS) asks several questions about access to healthcare. According to BRFSS findings, in Kent County:

- 13.6% of adults reported no healthcare access during the past 12 months.
  - The proportion increased for adults with less than a high school education (45.3%) and those lacking health insurance (54.9%).
- 10.7% of adults reported that they have no healthcare coverage.
  - These numbers increase to 16.9% for African Americans, 19.7% for adults with only a high school education, and 23.6% for adults with less than a high school education.

> *HP2020: Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines by 9%.*

> *HP2020: Increase the proportion of persons with a usual primary care provider from 76.3% to 83.9%.*

These results suggest that while access to healthcare in the county overall is a strength, there are substantial disparities between population groups. This extends to youth as well. According to Michigan Profile for Healthy Youth (MiPHY) findings:

- 52.4% of youth who received Ds/Fs in school received a checkup in the past 12 months, as compared with 71.1% of A/B students.

> *HP2020: Increase the proportion of adolescents who have had a wellness checkup in the past 12 months from 68.7% to 75.6%.*

> *HP2020: Increase the proportion of children, adolescents, and adults who used the oral healthcare system in the past 12 months from 44.5% to 49.0%.*

Access to dental care helps to ensure oral health, and it prevents serious diseases such as heart disease. Kent County has 65.3 licensed dentists per 100,000 people. The current supply of dentists to serve low-income patients is about 55% of what is needed in Grand Rapids and only 29% of what is needed countywide. Consequently, 65% of the children enrolled in Medicaid in the county are without regular dental care. According to BRFSS findings, approximately one-fourth of adults in Kent County had not seen a dentist in the previous 12 months and this proportion increased to nearly half for adults lacking health insurance.

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[1] As noted above, Priority 1 and 2 decided to work in partnership due to similarities in the two priority areas and overlap in the partners engaged in the process.

Access to behavioral health care was also identified as a challenge by community members, although population-level data were unavailable. Based on focus group findings, Kent County community members with a behavioral health problem face unique access issues. For this sub-population, the inability to get an appointment with a psychiatrist or inability to pay for needed medications led to deterioration in health.

Focus group participants reported using alcohol and drugs to self-medicate, and, some discussed losing a loved one to suicide because the loved one was unable to get necessary behavioral health care.

Focus group and interview participants discussed healthcare access and quality overall, and reported that the quality of healthcare in Kent County is excellent, if you can afford it. Kent County community members identified area hospitals, clinics, specialty providers, and the local health department as providing excellent service and care. However, the quality of healthcare community members received was dependent on their ability to pay for services and providers. Some of the issues that community members faced include:

- Inability to afford preventive health care;
- Using the emergency department to address deteriorating health;
- Inability to access dental and mental health providers;
- Lack of availability of low-cost and free providers;
- Lack of providers who serve patients who are insured through Medicaid;
- Provider location, availability, transportation, language, literacy, and services for individuals with special needs;
- Lack of information about what providers accept Medicaid;
- Inability to qualify for Medicaid or afford private healthcare, and a lack of jobs that provide health insurance;
- Cost of prescription medications;
- Lack of coverage for dental or vision care;
- Lack of care coordination or continuity in care; and
- Experiences that were demeaning or discriminatory when accessing care.

THE PLAN

Based on these data and their service system assessment, the Priority 1 and 2 workgroup drafted goals, objectives, strategies, and action plans to address access to healthcare issues in Kent County. In doing so, the workgroup considered the following:

1. The Patient Affordability Act will increase the number of people eligible in the State of Michigan by 500,000.
2. Medicaid Expansion: States may expand Medicaid eligibility as early as January 1, 2011. Beginning on January 1, 2014, all children, parents, and childless adults who are not entitled to Medicare and who have family incomes up to 133 percent of the Federal Poverty Level will become eligible for Medicaid. Medicaid rates will be increased to Medicare parity for FY 2013 and 2014 but there are no expectations for continued parity beyond 2014.
3. Once people are in a managed care environment, trends demonstrate appropriate utilization of care.
4. The trend in health care is for physicians to be employed by the health system. Employed physicians may increase the trend for accepting Medicaid patients.
5. The primary volume of people needing assistance with accessing care is the underserved population.